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D.C. Breaks Ground With Automatic HIV Testing Program

By Devon Brown

Viewed from whatever angle, whether social, economic, administrative, or moral, it is seen that adequate provision for health supervision of the inmates of penal institutions is an obligation which the state cannot overlook without serious consequences to both the inmates and the community at large.

— National Society for Penal Information, 1929[1]

Although it has been approximately 80 years since the National Society for Penal Information first published its findings on the nexus between public health and correctional operations, its observations remain poignant and acutely relevant today. Nowhere have these concerns taken on greater significance than in the area of HIV/AIDS. The Centers for Disease Control and Prevention (CDC) reports that at the end of 2003, nearly 1.2 million people in the U.S. were living with HIV/AIDS, with as many as 27 percent undiagnosed and unaware of their HIV infection.[2] While the District of Columbia does not publicly report HIV data, the existing AIDS data points to the city as having among the highest HIV rates in the country.

Notwithstanding the prevalence of the virus in our nation's communities, statistics show that more than one-fourth of all individuals with HIV in the U.S. pass through correctional systems each year. As a result, the D.C. Department of Corrections, like other correctional systems across the country, has become a major provider of basic human services, including HIV/AIDS treatment. According to the latest data from the Bureau of Justice Statistics (BJS), there were nearly 766,010 detainees held in the nation's local jails at midyear 2006, up from approximately 750,000 at midyear 2005.[3] Of the 1.5 million confined in state and federal prisons at year-end 2005, nearly 1.4 percent (20,000) were known to be HIV-infected, a prevalence rate 97.6 times higher than for people who are not incarcerated.[4] Given that 95 percent of prisoners eventually return to society, correctional systems cannot ignore that their responsibilities expand beyond public safety and now include the protection of public health. This reality does not stand alone, for there are profound operational reasons for corrections officials to direct heightened attention to the HIV crisis. The establishment of fair and humane routine measures for the identification of this illness within correctional environments will expedite medical intervention, promoting the health and safety of not only offenders who have the virus but fellow inmates, staff, volunteers and visitors.

Automatic Testing

Even before the District of Columbia announced its citywide initiative to test all people age 14 to 84 for HIV, the DOC had begun to expand its existing HIV program by integrating automatic testing into the standard medical intake and release procedures for inmates. The testing begins during the intake process at the Central Detention Facility (D.C. Jail), which is the primary correctional institution for pretrial detainees and sentenced misdemeanants in the city. It serves as the point of entry for everyone who has been arraigned and committed for incarceration by the Superior Court of the District of Columbia and the U.S. District Court.

The automatic HIV testing program was launched in June 2006 in collaboration with the D.C. Department of Health's Administration for HIV Policy and Programs (now known as the HIV/AIDS Administration). Inmates are screened for the virus by swabbing around the gums at intake and again before they are released to the community. Testing helps to determine the prevalence of HIV and presents the opportunity to provide appropriate services — from information to treatment — based on testing results. In addition to the HIV test, inmates are also automatically tested for tuberculosis, syphilis, gonorrhea and chlamydia, and all females are given a pregnancy test. An inmate may elect not to be tested for HIV, in which case he or she is referred to a medical professional who will counsel the inmate on the importance of the screening procedures. The final decision is then left to the inmate, who is not subjected to disciplinary action for his or her decision.

The department's testing program began shortly after the release of two significant studies with varying findings on the HIV/AIDS epidemic relative to correctional populations. An April 2006 study published by CDC examined men in Georgia's prison system and found that the overwhelming majority of HIV-positive men come into the correctional system already infected. Research conducted by the Goldman School of Public Policy at the University of California at Berkley in July 2005 found that the rise in black AIDS patients, black females in particular, is directly linked to the escalating number of incarcerated black men.

The department's approach in addressing HIV by automatically testing all detainees at the front and back end of incarceration is pioneering. Between June 2006 and January 2008, a total of 19,776 inmates were tested at intake. Three percent were confirmed positive via serology — one

quarter of which were newly identified cases and three quarters of which were previously identified or self-reported cases. This screening represents one of the largest organized testing efforts not only in Washington but in the country. Most correctional systems test for HIV under limited, voluntary conditions, making the district's program among the first to automate testing and allow inmates to voluntarily seek testing at any point during their incarceration.

Prevention and Education

The DOC has actively promoted HIV prevention among its inmate population through a host of measures, including counseling, condom distribution, peer education and, most recently, educational television programming. The condom distribution program, implemented in the early 1990s, supports the automatic HIV testing program and contributes to the deterrence of HIV transmission. This year, the city's health department provided more than 8,000 condoms at no cost to the DOC for distribution to inmates at intake, upon request and at release. While the DOC policy strictly prohibits sexual activity among inmates, the HIV/AIDS issue is considered more pernicious than the consequences resulting from inmates committing consensual sex infractions. Because the department realizes that its role transcends jail walls, condoms are included in packages given to male and female inmates upon discharge.

The DOC also provides a forum by which inmates may increase awareness about HIV during their incarceration. In partnership with Miracle Hands Community Development Corp., a medical nonprofit organization, the department has led an effective HIV/AIDS peer education program at the jail for the past two years. Inmates participate in a highly structured and comprehensive six-week program that equips them with the tools to enlighten others about the virus. The program, which has claimed national attention, serves as a marketable employment opportunity for inmates who become HIV-certified counselors.

Community-Oriented Model

In October 2006, the department changed its inmate medical program to one that provides a community-oriented health care system. The community-oriented model of inmate health care was originally established in Hampden County, Mass., in 1992. Under this model, inmates are viewed as temporarily displaced members of the community, with neighborhood health centers serving as the critical link to care both in and out of jail. The Robert Wood Johnson Foundation approved a three-year, $7.5 million grant in February 2006 to replicate the successful Hampden County model in communities across the country. The D.C. Department of Corrections is the first jurisdiction to benefit from this funding.

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Central to this model is the single entity that is responsible for managing inmates through the full health care continuum, including primary, specialty, emergency and hospital care. Unity Health Care, Washington's largest federally qualified health center, provides this service for the department. Medical teams from 28 community-based clinics, along with staff assigned to the jail, practice at the detention facility to diagnose diseases and develop treatment plans. Medical personnel and staff also practice at community-based health centers to ensure that each released inmate has a comprehensive health care plan and a medical appointment at a community health center upon release.

An indispensable ingredient for continuity of care is the issuance of bridge medications to inmates upon their release. In January 2008, the department expanded the provision of medications to a 30-day supply for all HIV-positive inmates released to the community or a residential substance abuse treatment program. This treatment enhancement was initiated in collaboration with health department's HIV/AIDS Administration. From April 2007 to January 2008, a total of 158 released inmates received their medications through the AIDS Drug Assistance Program (ADAP). By furnishing a 30-day supply of medication, releasees are afforded an extended period of time to report to one of the many available community clinics to continue their treatment.

The DOC's efforts toward building healthier, safer neighborhoods extend beyond the jurisdictional boundaries of the District of Columbia. The department enthusiastically anticipates partnering with George Washington University's School of Public Health and Health Services to conduct research to enhance HIV testing, treatment and discharge planning programs. The aim is to strengthen the model so that it can be replicated in similarly situated jail settings across the country.

D.C. Department of Corrections officials are widely sought by health and correctional organizations to serve as panelists in providing advice, information and recommendations regarding the formulation of programs and policies designed to effectively address HIV/AIDS prevention and to advance research on the disease in correctional environments. The department's program was highlighted at the National Association of Social Workers (NASW) Regional Re-Entry Conference held last December in Washington, D.C., and at the National HIV Prevention Conference in Atlanta in 2006. In addition, congressional interest in the department's program has been expressed by Maxine Waters, D-Calif., who introduced legislation in 2007 calling for the program's duplication in all federal prisons (H.R. 1943). In like fashion, jurisdictions including Maryland, New Jersey and the city of Philadelphia have moved to establish their own inmate HIV testing pro-

grams based on the department's model.

In striking testimony of the impact that the corrections profession is capable of making toward furthering the health and general well-being of our communities, approximately one-third of all testing performed to date in the government's citywide HIV Awareness initiative has been achieved through the program launched by the D.C. Department of Corrections. It is the department's firm belief that society benefits when those who enter jail return to neighborhoods healthier and more constructively oriented in all respects.

ENDNOTES

[1] National Society for Penal Information; F.L. Rector, ed. 1929. *Health and medical service in American prisons and reformatories*. New York: J.J. Little & Ives.

[2] Centers for Disease Control and Prevention. 2005. *HIV/AIDS surveillance report, 2004 edition, vol. 16*. Atlanta: U.S. Department of Health and Human Services, CDC. Available at www.cdc.gov/hiv/topic/surveillance/resources/reports/index.htm.

[3] Bureau of Justice Statistics. 2006. *Jail Statistics*. Washington D.C.: U.S. Department of Justice, BJS. Available at www.ojp.usdoj.gov/bjs/jails.

[4] MacGowan, R., G. Eldridge, J. Sosman, R. Khan, T. Flanigan, B. Zack, A. Margolis, J. Askew and C. Fitzgerald. 2006. HIV counseling and testing of young men in prison. *Journal of Correctional Health*, 12(3):203-213.

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