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Prison Issues [Binder]

Stack:	Row:	Section:	Shelf:	Position:
S	66	6	4	1

PRISON ISSUES

Public Law 105–370
105th Congress

An Act

Nov. 12, 1998
[H.R. 2070]

To amend title 18, United States Code, to provide for the testing of certain persons who are incarcerated or ordered detained before trial, for the presence of the human immunodeficiency virus, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

Correction Officers Health and Saftey Act of 1998.
18 USC 4001 note.

SECTION 1. SHORT TITLE.

This Act may be cited as the "Correction Officers Health and Safety Act of 1998".

SEC. 2. TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS.

(a) IN GENERAL.—Chapter 301 of title 18, United States Code, is amended by adding at the end the following:

"§ 4014. Testing for human immunodeficiency virus

"(a) The Attorney General shall cause each individual convicted of a Federal offense who is sentenced to incarceration for a period of 6 months or more to be tested for the presence of the human immunodeficiency virus, as appropriate, after the commencement of that incarceration, if such individual is determined to be at risk for infection with such virus in accordance with the guidelines issued by the Bureau of Prisons relating to infectious disease management.

"(b) If the Attorney General has a well-founded reason to believe that a person sentenced to a term of imprisonment for a Federal offense, or ordered detained before trial under section 3142(e), may have intentionally or unintentionally transmitted the human immunodeficiency virus to any officer or employee of the United States, or to any person lawfully present in a correctional facility who is not incarcerated there, the Attorney General shall—

"(1) cause the person who may have transmitted the virus to be tested promptly for the presence of such virus and communicate the test results to the person tested; and

"(2) consistent with the guidelines issued by the Bureau of Prisons relating to infectious disease management, inform any person (in, as appropriate, confidential consultation with the person's physician) who may have been exposed to such virus, of the potential risk involved and, if warranted by the circumstances, that prophylactic or other treatment should be considered.

"(c) If the results of a test under subsection (a) or (b) indicate the presence of the human immunodeficiency virus, the Attorney General shall provide appropriate access for counselling, health

care, and support services to the affected officer, employee, or other person, and to the person tested.

"(d) The results of a test under this section are inadmissible against the person tested in any Federal or State civil or criminal case or proceeding.

"(e) Not later than 1 year after the date of the enactment of this section, the Attorney General shall issue rules to implement this section. Such rules shall require that the results of any test are communicated only to the person tested, and, if the results of the test indicate the presence of the virus, to correctional facility personnel consistent with guidelines issued by the Bureau of Prisons. Such rules shall also provide for procedures designed to protect the privacy of a person requesting that the test be performed and the privacy of the person tested.". Deadline. Regulations.

(b) CLERICAL AMENDMENT.—The table of sections at the beginning of chapter 301 of title 18, United States Code, is amended by adding at the end the following new item:

"4014. Testing for human immunodeficiency virus.".

(c) GUIDELINES FOR STATES.—Not later than 1 year after the date of the enactment of this Act, the Attorney General, in consultation with the Secretary of Health and Human Services, shall provide to the several States proposed guidelines for the prevention, detection, and treatment of incarcerated persons and correctional employees who have, or may be exposed to, infectious diseases in correctional institutions. Deadline. 18 USC 4042 note.

Approved November 12, 1998.

LEGISLATIVE HISTORY—H.R. 2070:

HOUSE REPORTS: No. 105–665 (Comm. on the Judiciary).
CONGRESSIONAL RECORD, Vol. 144 (1998):
Aug. 3, considered and passed House.
Oct. 20, considered and passed Senate, amended.
Oct. 21, House concurred in Senate amendment.

○

Potential Discussion Topics

Federal System

During Incarceration
- Quality of Care
- Training of Prison Doctors
- Prevention and Education
- Impact of HR2070
- Coordination with Substance Abuse Treatment

Post-Incarceration
- Continuity of Care services

State, County, and Local System
- NCI Trainings
- Standard of Care
- HR2070 Requirements
- Substance Abuse Treatment

2-10-99 4:41

Todd, Dr. Khan,

Would like an appointment with you ASAP. if possible please call.

Mary

Children's National Medical Center
Serving Children and Their Families Since 1870

111 Michigan Avenue, N.W.
Washington, D.C. 20010-2970
(202) 884-5000

FAX SHEETS No: 4

1

* Date: January 14, 1999 & February 10, 1999

* To: Sandy Thurman - Director — Todd Summers Deputy Director

* Firm: AIDS program at the White House

* Tel#: (202) 456-2437

* Fax#: (202) 456-2438

* From: Dr. Waheed N. Khan - Director
Microbiology Research in Infectious Diseases
Tel:(202) 884-5546 Fax:(202) 884-5989

Subject: AID'S preventive Test.

Dear Ms. Thurman:

Your secretory Sarah Holinski with whom I had number of conversations to schedule a meeting with you. She suggested that I send this request in writing along with my resume.

I have developed a rapid AID's test which can be used for preventive purposes. Use of condoms have not prevented this dreadful disease to any extant. This test is simple, accurate and inexpensive. This test is good for "Home use".

I would like to meet you for the above mentioned reason and seek your advice for distribution of this useful test. I hope you would find some time for me.

Thanks in anticipation. With best regards.

Sincerely,

Waheed Khan

Dr. Waheed N. Khan
Infectious Disease Research

Note: I am sending this at the request of Renuka Kher with the hope that I would be able to see Sandy Thurman or you some time soon.

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

National Meeting on Prisons
Additional Federal Contacts

Valerie Mills
SAMHSA
301-443-0556

ref:	Warren Hewett	301-443-8387	n/a
	David Thompson:	301-443-6523	n/a

John Polenicek
HRSA
301-443-4274

Eric Goosby
HRSA
202-690-5560

Subj: **RE: Prison Memo**
Date: Friday,December 11, 1998 3:41:29pm
From: jrm2@cdc.gov
To: RAPANUIJER@aol.com
cc: jrm2@cdc.gov

Jeremy:

I realize that your focus will be the Federal System; Attention should also be given to these issues in the larger state systems with the FBOP as a model. I think there needs to be an emphasis on the need for comprehensive discharge planning programs that link the inmate back to their home community and assist with their successful reintegration. The committee should discuss plans for comprehensive care that would link (A) and (C) and flow smoothly into discharge planning services. (B) needs to be developed and incorporated in to the comprehensive care of inmates and must include peer education and community involvement. I believe that (D) is a moot point at this time. It is more important to discuss substance abuse treatment over harm reduction in facilities because over 61% of inmates contracted their HIV from injection drug use and the amount of sexual activity within the walls is small. Plus this put you in direct conflict with the Department of Justice. Clearly access to drug treatment is key (only 13% of inmates need treatment are able to access it; plus treatment should be linked to treatment on the outside. We have to address the issues associated with substance abuse if we are going to break the cycle of crime, addiction, and disease transmission.

Over arching concept is that "corrections are part of the community and should be included that communities comprehensive HIV prevention plan.

Hope this is useful.

J

Subj: **Re:Prison Meeting**
Date: Monday,December 14, 1998 9:18:35 am
From: JONeill@hrsa.dhhs.gov
To: RAPANUIJER@aol.com

Jeremy
Ive been on the road and, due to technical glitches, was unable to check my e
mail until i returned. Ive talked with Daniel and he sugested that we set up a
conference call involving you, he, myself and Terje (our HRSA advisory chair) to
discuss these issues. I am happy to do this and look forward talking with you.
Thanks
Joe O'Neill

---------- Headers ----------
Return-Path: <JONeill@hrsa.dhhs.gov>
Received: from relay28.mx.aol.com (relay28.mail.aol.com [172.31.109.28])
by air15.mail.aol.com (v53.20) with SMTP; Mon, 14 Dec 1998 10:18:30 -
0500
Received: from smtp.psc.dhhs.gov (terminator.psc.dhhs.gov [158.72.7.77])
by relay28.mx.aol.com (8.8.8/8.8.5/AOL-4.0.0)
with ESMTP id KAA22401 for <RAPANUIJER@aol.com>;
Mon, 14 Dec 1998 10:18:18 -0500 (EST)
Received: from boris.psc.dhhs.gov (158.72.7.88) by smtp.psc.dhhs.gov
(LSMTP for Windows NT v1.1a) with SMTP id
<0.27647CC0@smtp.psc.dhhs.gov>; Mon, 14 Dec 1998 10:18:54 -0500
Received: from ccMail by boris.psc.dhhs.gov
(IMA Internet Exchange 3.11) id 000429A4; Mon, 14 Dec 1998 10:18:10 -
0500
Mime-Version: 1.0
Date: Mon, 14 Dec 1998 10:04:11 -0500
Message-ID: <000429A4.C21322@hrsa.dhhs.gov>
From: JONeill@hrsa.dhhs.gov (Joseph O'Neill)
Subject: Re:Prison Meeting

Subj: **Re: Prison Meeting**
Date: Monday,December 14, 1998 5:25:59pm
From: nkendig@bop.gov
To: RAPANUIJER@AOL.com
cc: dgood@bop.gov

Jeremy,

As per our conversation on Friday, I believe key issues for discussion for your conference could include the following:

1. HIV testing for inmates - Impact of recently passed federal legislation requiring mandatory HIV testing for newly incarcerated inmates with a 6 month sentence or greater who are determined to be at risk for HIV infection. The law also requires mandatory testing of inmates who are involved in an exposure incident that may have potentially transmitted HIV to any other person in a federal correctional facility.

2. Inmate education - review of inmate education programs - HIV transmission, prevention, natural history, and treatment.

3. Staff education - review of staff educational programs - HIV transmission, natural history, treatment, and prevention - including post-exposure prophylaxis

4. HIV treatment guidelines in the correctional setting.

5. HIV case management - maximizing the smooth transition of inmates from prison to community services.

These are very broad topics that could obviously be expanded to address subtopics. I am not certain what specific role you are requesting from BOP personnel, but I believe you mentioned that you would be forwarding a request to the Director in writing.

Best regards,

Newton Kendig

Subj: **Re: Prison Meeting**
Date: Monday,December 14, 1998 4:57:02pm
From: Ursula_J._Sanville@ondcp.eop.gov
To: RAPANUIJER@aol.com

Jeremy --

Here are some suggestions for presenters

George De Leon, PhD, National Development and Research Institutes, Inc.
Douglas Lipton, PhD, Senior Research Fellow, National Development and Reseach Institutes
D. Dwayne Simpson, PhD, Texas Christian University
James Swartz, PhD, Treatment Alternatives for Safe Communites
Gary Field, PhD, Oregon Department of Corrections

You should really talk to Beth Weinman at BOP -- she oversees the drug treatment programs. Here number is 202.514.4492.

Jane

---------- Headers ----------
Return-Path: <Ursula_J._Sanville@ondcp.eop.gov>
Received: from rly-ya03.mx.aol.com (rly-ya03.mail.aol.com [172.18.144.195]) by air-ya02.mx.aol.com (v53.27) with SMTP; Mon, 14 Dec 1998 17:57:02 -0500
Received: from gatekeeper.eop.gov (gatekeeper.eop.gov [198.137.241.3])
by rly-ya03.mx.aol.com (8.8.8/8.8.5/AOL-4.0.0)
with SMTP id RAA12878 for <RAPANUIJER@aol.com>;
Mon, 14 Dec 1998 17:56:58 -0500 (EST)
From: Ursula_J._Sanville@ondcp.eop.gov
Received: from Ingate3.eop.gov by gatekeeper.eop.gov;
(5.65v3.2/1.1.8.2/17Oct95-0424PM)
id AA02878; Mon, 14 Dec 1998 17:56:58 -0500
Received: by Ingate3.eop.gov(Lotus SMTP MTA SMTP v4.6 (462.2 9-3-1997))

Subj: **draft**
Date: Monday,December 7, 1998 1:17:40pm
From: RAPANUIJER
To: RAPANUIJER

Dear

As we discussed, the Presidential Advisory Council on AIDS is in consultation with the Office of National AIDS Policy, concerning a National Meeting on Prisons. We are seeking your input in developing this activity.

This important event, tentative scheduled for the day of March 11, 1999, is to bring together Prison officials and community experts to dialogue on strengths and weaknesses and opportunities for growth and change in our nations prisons.

Among other issues, we need to develop a short list of proposed outcomes for the National Meeting. We also need input concerning potential convenors in each area.

We have developed four key focus areas: (a) Standards of Care for inmates with HIV/AIDS, Case Management - Release & Compassionate Release, (b) HIV Prevention Education, (c) Substance Abuse Treatment Programs, (d) The viability of a federal pilot program in the availability of Protective Barriers for inmates based upon existing models.

If possible, by Thursday, I would like to hear from you with any details concerning these or any other topics to be discussed in our planning for the National Meeting.

I will then develop and forward to you any responses we have developed.

Thank you for your assitance.
-- Jeremy Landau

JEREMY G. LANDAU

119 del Rio Drive, Santa Fé, NM 87501 • 505.988.2537 • FAX: 988.2492 • E-MAIL: rapanuijer@aol.com

December 18, 1998

Todd Summers, *Deputy Director* *via FAX # :* 202-456-2438
Office of National AIDS Policy
721 Jackson Place, N. W.
Washington, D. C. 20009

Dear Todd:

I am writing to you at the conclusion of this last series of Council meetings in Washington, to provide you with some final comments on the National Meetingon Prisons. The Committee on Prison Issues, in small discussions, generally felt that we had provided you with most of the input you requested, and short of you convening a formal meeting, the best wecould offer you was our expertise and support as you plan for this March 11th event (which is also well-timed to report back to the Council).

As you requested, I solicited some input from relevant federal staffers. That material plus scheduling suggestions, was provided to you, last week. Inthe spirit of cooperation, there are a few additional comments several members of our committee wanted to make:

- **Speakers** - It is recommended that each working group be convenenedjointly by a community or Council expert and a federal expert. There is already a good working list from both perspectives on these issues.

- **Issues** - It was suggested that perhaps the presentors would prepare (or provide previous) working papers or abstracts for participant review, prior to the event.

- **Outcomes** - Proposed outcomes to guide workshop groups and guide follow-up referrals would greatly facilitate a smooth and productive schedule.

- **Proceedings** - The committee is interested in collaborating on a final report, similar to but more condensed than, the ONAP Youth report.

- **Funding** - There is interest in this meeting from some segments of the funding community. Please advise the committee if you want assistance in this.

We hope these remarks are helpful, andwe look forward to an update from you on this and other issues on our conference call on January 19th.

Yours truly,

Jeremy Landau, *Chair*
Subcommittee on Prison Issues
Presidential Advisory Council on AIDS

PRESIDENTIAL ADVISORY COUNCIL ON AIDS
SUBCOMMITTEE ON PRISON ISSUES

National Summit on Prisons

Preliminary Report
June, 1998

Proposed Date(s):
- October, 1998 (TS)

Proposed # of Attendees:
- 25 -- 50 (all-including reps. from ONAP/PACHA) 35ish

Proposed Site(s):
- Washington, D. C
- Alternates: Atlanta, New York (JC) More Central (JB)

Proposed Keynote Speaker or Honorary Chair:
- Dr. David Satcher (JL)

Proposed Meeting Style:
- Relatively Informal (MR)
- Firm and friendly leadership to insure we do not digress too much (MR)
- Structure yet not-too-formal (JL)
- Workshops around key topics, feedback session, dynamic closing, action items for follow up, Good Final Report (JL)
- There should be a model in place from previous ONAP meetings (SA)
- Smaller is better. Breakout groups for specific issues works -- Then report back to larger group. (KG)
- Specific tasks or questions to answer to keep participants focused (KG)
- 1 &1/2 day, a two-day or what get-together. Seems like a single day might be too pressed. (JB)

Potential Outcomes:
- To try to lay out some collaborative approaches, get some commitments re time-lines and actions would be great (KG)
- To recommend a Nat'l Oversight Commission on Prison Health Issues (JL)

Proposed Purpose/Objectives:

- Clear set of objectives, beforehand (MR)
  - To deliver a clear message about our concerns. (KG)

- To expand the dialogue between feds, states, and community experts (JL)
  - To explore what the relationships are (if any) between the various "levels" of prisons/jails, i.e. private, local, state, and fed. (KG)

- To have accurate information about procedures, services, etc. from Prison folk; (KG)
  - To improve federal policy regarding HIV/AIDS in the prisons systems (JL)

- To insure the availability of good discharge planning when inmates are ready to be set free -- or compassionate release if necessary (MR)
  - To improve knowledge (and implementation of effective) case management and links to community upon discharge. (JC) (JL)
  - Access to drug and alcohol treatment while in prison and upon discharge. (JC)

- To bring together a diverse representation of parties whose policies or advocacies affect the lives of those living with HIV in corr. facilities. (SA)
  - To have a handle on what inmate experiences have been like (KG) (i.e., taped panel or interviews or comments from folks who have been in and are now out) (JG)
  - To bring together people who really KNOW what is going on in the Prisons
  - To bring people to the table who want to HELP the situation (KG) (does us no good to bring together those who can't talk to each other.)

- To increase knowledge and understanding of HIV infection and care within the Prison system among staff and healthcare people (KG) (JC)
  - To educate staff/incarcerated individuals. (JC)
  - To include the scope of treatment and access to therapies. (JC)
  - To advocate for better care for incarcerated individuals (KG) (MR)
  - To examine existing HIV prevention, service, discharge planning, and compassionate release programs in an effort to identify model initiatives (SA)

Other Issues :

- Perhaps, a prison site visit might be arranged for the group if it were small enough and close enough to a particular prison (KG)
- Workshops review Active Recommendations of the PACHA - Prison Comm. (JL)

Potential Day-Long Meeting

8:30am	Registration
9:00am	Welcome - PACHA
9:15am	Keynote Address - Dr. David Satcher
10:00am	Break
10:15am	Workshops - Brainstorming
	a. Access to Care
	b. Compassionate Release/Discharge Planning
	c. Prevention Education
	d. Substance Abuses Issues
	e. Protective Barriers
11:45am	Lunch
1:00pm	Workshops, continued - Action Steps
2:30pm	Break
2:45pm	Feedback Plenary Session
3:30pm	Closing Address - Sandy Thurmon
4:00pm	Adjournment

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues
Update: November 18, 1998

National Meeting on Prisons
March 11, 1999 *(tentative)*

Mission
A dialogue between the federal bureau of prisons and community leaders on AIDS/Health Care in Prisons. The foci will be on (i) Standards of Care, (ii) Release from Prison Issues, (iii) Case Management, (iv) Prevention, and (v) Substance Abuse issues.

Outcomes
A series of proposed outcomes will be suggested by the Subcommittee to guide the working groups of the conference. Outcomes should serve as a template for change regarding federal, state and local prisons and jails.

Style
Full day preferred by the Subcommittee.

Proposed Keynote Speaker
Kathleen Hawk Sawyer

Key Federal Partners
BoP, CDC, HRSA, ONAP, ONDCP, SAMHSA, and the Office of the Surgeon General. Community leaders and experts from separate list.

Working Group
It is recommended that a small planning meeting be convened on December 17th. Reps. of the Subcommittee and key partner representatives should participate. Potential participants: John Polinchik (DoJ), Joe O'Niel/Eric Gusby (HRSA), John Miles CDC), Newton Kendig (Bop), Valerie Mills/Brad Austin (SAMHSA), Jane Sanville (ONDCP), and perhaps someone from the Surgeon Generals office.

Adds/Deletes

For NMAC:	Dave Doolen replaces Rebecca Helems
For NAPWA:	Terje Andersen replaces J. Homar Perez
Add:	Dr. Victoria Sharp, St. Lukes Hospital, NYC
	Charlie Sullivan, CURE
	Daniel Mendelson, Nat'l Commission on Corr. Health
	Nat'l Prison Hospice Assn.

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

National Meeting on Prisons
Proposed Schedule

Dear Members of the Subcommittee on Prison Issues –

Todd has arranged for us to meet, this Thursday morning, Dec. 17th., from 9am -- NOON at ONAP (736 Jackson Pl., NW).

To facilitate our discussion, I am providing you with a draft worksheet. Preparing notes in advance, will help further our discussions. Let me know prior to this Wednesday, if you have any questions.

Thanks, Jeremy

Planning Meeting Agenda

Convene & Review Issues
Review Mission & Participation
Review Schedule
Review Form & Outcomes for Working Groups
Review Timeline
Discuss Funding (with Todd)
Other Business
Adjourn

Planning Meeting Worksheet
12/17/98

Working Group:

[Note: There are currently four topics. Others may be suggested.]

A. Standards of Care
B. Case Management & Compassionate Release
C. HIV Prevention & Education
(Protective Barriers should come in here)
D. Substance Abuse Treatment

Facilitators:

Format:

Goals & Objectives:

Proposed Outcomes:

Other Issues

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

National Meeting on Prisons
3/11/99 - tentative
A Proposed Schedule

8:30am	Registration
9:00am	Welcome: _____
9:15am	Opening Keynote: _____
10:00am	Working Groups
11:30am	lunch
12:30pm	Working Groups - continued
2:00pm	Feedback Session
2:30pm	Closing Keynote: _____
3:00pm	Adjourn

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

National Meeting on Prisons
3/11/99 - tentative
Proposed Timeline

12/17/98	Planning meeting by the Subcommittee
12/22/99	Subcommittee Report to ONAP
1/99	ONAP to approve funding and travel for event
	ONAP to finalize & invite speakers/facilitators
	ONAP to finalize list of Participants
2/99	Invite participants
3/11/99	National Meeting on Prisons
	PACHA meeting

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

National Meeting on Prisons
Planning Meeting Worksheet

Working Group:

A. Standards of Care

Facilitators: _____

_____

_____

Format:

Goals & Objectives:

Proposed Outcomes:

Other Issues

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

National Meeting on Prisons
Planning Meeting Worksheet

Working Group:
B. Case Management & Compassionate Release

Facilitators: _____

_____

_____

Format:

Goals & Objectives:

Proposed Outcomes:

Other Issues

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

National Meeting on Prisons
Planning Meeting Worksheet

Working Group:
C. HIV Prevention & Education

Facilitators: _____

_____

_____

Format:

Goals & Objectives:

Proposed Outcomes:

Other Issues

Presidential Advisory Council on AIDS
Subcommittee on Prison Issues

National Meeting on Prisons
Planning Meeting Worksheet

Working Group:
D. Substance Abuse Treatment

Facilitators: _____

_____

_____

Format:

Goals & Objectives:

Proposed Outcomes:

Other Issues

Jo Buchanan clean up the calls category

MEMO

DATE: June 4, 1998

TO: Jeremy Landau, Presidential AIDS Advisory Council

FROM: Rebecca Helem and Jackie Walker, Co-Chairs, NORA Incarcerated Populations Working Group

RE: Participants for National Meeting on HIV/AIDS in Prisons

Listed below is a draft of participants for a national meeting on HIV/AIDS in prisons. These participants have expertise in a variety of areas including compassionate release, discharge planning, education and prevention, legal issues, medical care and public policy.

We've also attached information on the Congressional committees that have oversight on the Federal Bureau of Prisons(both are appropriations subcommittees).

Dr. Joseph Bick ✓
Chief Medical Officer
HIV Treatment Services
California Medical Facility
P.O. Box 2000
Vacaville CA 95696-2000
(707) 453-7008

Ronald Braithwaite ✓
Associate Professor
Emory University
1518 Clifton Rd. N.E.
Atlanta GA 30322
(404) 727-1895
(404) 727-1369
email:braithwa@sph.emory.edu

Liz Craig
National Prison Hospice Association
P.O. Box 941
Boulder CO 80306-0941
(303) 666-9638

Dr. Anne DeGroot
Brown University
Box G - B4
Providence RI 02912
(401) 863-1374
(401) 863-1243 FAX
email:Anne_ DeGroot@Postoffice.Brown.edu

Dr. Timothy Flanigan
Department of Medicine
The Miriam Hospital
164 Summit Ave.
Providence RI 02906
(401) 793-7152

William Gibney
Prisoners Legal Services
105 Chambers St.
New York NY 10007
(212) 513-7373

Judy Greenspan
California Prison Focus- HIV in Prison (HIP) Committee
2489 Mission Street #28
San Francisco CA 94110
(510) 655-2931
email:judyg@igc.org

Michael Haggerty
Executive Director
Correctional HIV Consortium
1525 Santa Barbara St. #1
Santa Barbara CA 93101
(805) 568-1400
(805) 899-3820 FAX

Aurie Hall
D.C. Prisoners Legal Services
1400 20th St. NW
Suite 117
Washington DC 20036
(202) 775-0323
(202) 452-1868 FAX

Ted M. Hammett, Ph.D.
Vice President
Abt Associates
55 Wheeler St.
Cambridge MA 02138-1168
(617) 349-2734
(617) 492-7129 FAX
email:ted_hammett@abtassoc.com

Rebecca Helem
National Minority AIDS Council
1931 13th St. NW
Washington DC 20009
(202) 483-6622
(202) 483-1135 FAX

Yvonne "Bunny" Knuckles
[illegible] Organized to Respond to Life-threatening Diseases)

Yvonne "Bunny" Knuckles
WORLD(Women Organized to Respond to Life-threatening Diseases)
3948 Webster St.
Oakland CA 94611
(510) 658-6930
(510) 601-9746 FAX

Miguelina Maldonado
National Minority AIDS Council
1931 13th St. NW
Washington DC 20009
(202) 483-6622
(202) 483-1135 FAX

Axel Torres-Marrero
Hyacinth AIDS Foundation
103 Bayard St.
3rd Floor
[illegible] NJ 08901

Liz Mastroeni
AIDS Counseling and Education (ACE)
Bedford Hills Correctional Facility
247 Harris Rd.
Bedford Hills NY
(914) 241-3100 ext. 275

Louis Tanner Moore
AIDS Activities & Coordinating Office
Philadelphia Department of Health
500 S. Broad St.
Philadelphia PA 19146
(215) 685-6773

Steven Nesselroth
Osborne Association
AIDS in Prison Project
135 E. 15th St.
New York NY 10003
(212) 673-6633
(212) 780-9878 FAX

Aida Rivera
Housing Works
1044 Bedford Ave.
Brooklyn NY 11205
(718) 230-0211
(718) 230-0071 FAX

Jackie Walker
ACLU National Prison Project
1875 Connecticut Ave. NW
Washington DC 20009
(202) 234-4830
(202) 234-4890 FAX

Dan Miller, Fla.
Jay Dickey, Ark.
Jack Kingston, Ga.
Mike Parker, Miss.
Rodney Frelinghuysen, N.J.
Roger Wicker, Miss.
Michael P. Forbes, N.Y.
George R. Nethercutt Jr., Wash.
Mark W. Neumann, Wis.
Randy "Duke" Cunningham, Calif.
Todd Tiahrt, Kan.
Zach Wamp, Tenn.
Tom Latham, Iowa
Anne M. Northup, Ky.
Robert B. Aderholt, Ala.

Rosa DeLauro, Conn.
James P. Moran, Va.
John W. Olver, Mass.
Ed Pastor, Ariz.
Carrie P. Meek, Fla.
David E. Price, N.C.
Chet Edwards, Texas
Robert E. "Bud" Cramer, Ala.

Subcommittees

Agriculture, Rural Development, FDA and Related Agencies 162 RHOB 20515; 225-2638

Republicans	Democrats
Skeen, chairman	Kaptur
Walsh	Fazio
Dickey	Serrano
Kingston	DeLauro
Nethercutt	
Bonilla	
Latham	

Commerce, Justice, State and Judiciary H-309 CAP 225-3351

Republicans	Democrats
Rogers, chairman	Mollohan
Kolbe	Skaggs
Taylor (N.C.)	Dixon
Regula	
Forbes	
Latham	

District of Columbia H-147 CAP 225-5338

Republicans	Democrats
Taylor (N.C.), chairman	Moran (Va.)
Neumann	Sabo
Cunningham	Dixon
Tiahrt	
Northup	
Aderholt	

Energy and Water Development 2 62 RHOB 20515; 225-3421

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Knollenberg	Edwards
Frelinghuysen	Pastor
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Callahan	
Dickey	

Foreign Operations, Export Financing and Related Programs H-150 CAP 225-2041

Republicans	Democrats
Callahan, chairman	Pelosi
Porter	Yates
Wolf	Lowey
Packard	Torres
Knollenberg	
Forbes	
Kingston	
Frelinghuysen	

Interior B-308 RHOB 20515; 225-3081

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McDade	Murtha
Kolbe	Dicks
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CONF - 11/98 - New York -
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November 16 & 17, 1998
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Hospice Programs and Palliative Care Units

Barbara A. Verri
Bereaved Mother

All I can do is speak from the heart about what my son and I experienced regarding his terminal illness while incarcerated at the Federal Medical Center for Prisoners in Springfield, MO.

On January 13, 1995 my 26 year old son Mark Anthony Nolan was arrested for violating his parole and committing a robbery. Mark at the time was back on drugs for about one month. He was healthy even though he had tested positive for HIV virus two years earlier.

For the first six months after his arrest he was sent to a federal holding facility in Dublin, California for trial and sentencing.

While at the federal holding facility Mark was diagnosed with an opportunistic infection called MAI. He was then sent to the Federal Medical Center in Springfield, MO.

The next eight months was a living hell for Mark and myself. On several occasions I was denied a bedside visit with my son due to lack of staff. What would have been my last visit on a Saturday afternoon with my son Mark was also denied due to lack of staff. They said on Sunday they would have staff available for my morning visit. All I could do on Saturday night was look forward to my visit with Mark on Sunday morning.

But Sunday morning never came; I was told that my son Mark, at the age of 27 died at 1:30am in the morning. At first I thought that god played a terrible cruel trick on me. I remember asking where is my son and saying I wanted to see him.

I was told he was moved to a funeral home and I couldn't see him until the prison did some paper work. I had been living in hotels for several months while in Springfield, so I had no friends there. I felt so alone all I could do was drive to the locked up funeral home and sit in front of the building and cry. I just want to say how important it is to have hospice for terminally ill inmates and their extended families, allow more frequent and longer visits. Maybe someday changing guidelines regarding compassionate release.

Barbara Verri

Barbara Verri currently serves on the Board of Directors for the National Prison Hospice Association based in Boulder, Colorado. NPHA exists to promote hospice care for inmates who are terminally ill and face the prospect of dying in prison. She is also actively involved with Mothers Organizing Mothers, a San Francisco-based organization that provides support and advocacy services for caregivers and individuals with HIV/AIDS. Barbara is employed as a Network Specialist with IBM Corporation. Most importantly she is a bereaved mother whose only child Mark Anthony Nolan died in 1996 at the Federal Medical Center for Prisoners located in Springfield, MO.

Ms. Verri can be contacted at (415) 346-7724.

AMERICAN CIVIL LIBERTIES UNION FOUNDATION

NATIONAL PRISON PROJECT

1875 Connecticut Avenue NW Suite 410 Washington, DC 20009

(202) 234-4830 Fax (202) 234-4890

MEMO

DATE:November 6, 1998

TO: Jeremy Landau,

FROM:Jackie Walker, ACLU National Prison Project

RE: Ongoing Complaints Regarding the Federal Bureau of Prisons

This week I've already received two complaints regarding medical care in different BOP facilities. In addition to these complaints I'm currently in the process of investigating complaints from prisoners at FCI-Jessup. I've also attached a list suggestions from federal prisoners regarding improving conditions for prisoners living with HIV/AIDS. Finally, I've attached a compilation of complaints I've received from federal prisoners living with HIV/AIDS during 1997-1998.

RECENT MEDICAL COMPLAINTS

North Carolina-FCI-Butner-Dee Farmer-Ms. Farmer complained to physicians' assistants(PAs) for two weeks about chest pains. She didn't receive a doctor's appointment until her attorney wrote the U.S. attorney. Ms. Farmer is in a controlled housing unit, due to an infraction. As a result of this status PAs won't examine her. The prison is also locked down anytime she's transported to the doctor. Despite these recent problems she feels prisoners living with HIV/AIDS in BOP facilities receive good medical care, but feels there's a void in HIV/AIDS education programs.

Texas-FCI-Prisoner has experienced numerous problems with medical care. You can contact his attorney, Mr. Thomas M. Haayes at (334) 432-0457 for further details.

Virginia-FCI-Petersburg- Prisoner recently transferred from a Federal Medical Center(FMC) is having problems with monitoring and receiving a device for his sleep disorder. Since being transferred the prisoner has been taken off previous medications. When this prisoner questioned this decision the doctor stated the medications were costly and no longer on the formulary.

SUGGESTIONS FOR IMPROVEMENTS FROM FEDERAL PRISONERS

1. More compassionate medical staff. Medical staff should learn how to interact better with prisoners who are informed about HIV/AIDS treatments.

2. More doctors with experience in treating prisoners living with HIV/AIDS.

3. Have prison facilities work closer with infectious disease consultants.

4. More education for correctional and medical staff about protecting the confidentiality of prisoners living with HIV/AIDS.

5. Regular HIV/AIDS education programs at all facilities. These programs should occur throughout the year, not just during orientation.

COMPLAINTS RECEIVED BY NPP AIDS PROJECT FROM FEDERAL PRISONERS LIVING WITH HIV/AIDS DURING 1997-1998

Medical Care for Prisoners Living with HIV/AIDS-Women

FCI-Danbury-Former client pleased with medicine distribution, her viral load remains undetectable. But she has cervical cancer and has problems receiving regular gynecological care.

Medical Care for Prisoners Living with HIV/AIDS-Men

Georgia-FPC-Jessup- Timothy Tucker was denied medication while being housed at this facility in February 1997. Although he filed administrative remedies none were answered. Mr. Tucker has been transferred to FCI-Petersburg.

Virginia-FCI-Petersburg- Prisoner has been denied regular viral load testing and has received no treatment for lymphona since being incarcerated in February 1998. Physicians Assistants(PAs) claim no knowledge regarding the usefulness of viral load testing.

Immigration and Naturalization Service(INS) Detainees Living with HIV/AIDS

Maryland-Wicomico County Detention Center-INS Prisoner possibly being denied medications. ACLU Affiliate received this complaint. Prisoner says staff have refused to give him medications.

Louisiana-East Feliciana Parish Prison-INS Prisoner possibly being denied medications. Prisoner says prison staff have told him he must pay for his medications. Prisoner feels he's not getting his medications because the INS won't pay for them.

Psychological Support for Prisoners Living with HIV/AIDS

This has been a common complaint received over the past 3 years. Dee Farmer, FCI-Butner, has stated this is a major problem.

Minnesota-FMC-Rochester-Prisoner mentions HIV/AIDS is rarely discussed. Prisoner also expressed a lack of information on HIV/AIDS at facility.

Indiana-USP-Terre Haute- Prisoner complains of depression and lack of access to the psychosocial staff. He was later placed on Prozac but received no counseling or "talk

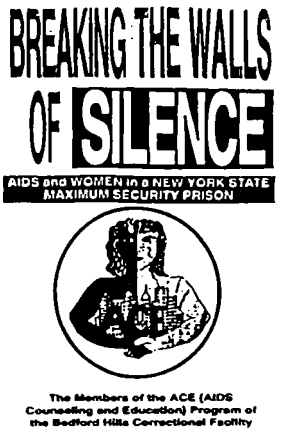
therapy". He was diagnosed as manic depressive before his incarceration.

Access to Medical Care for Prisoners Living with HIV/AIDS at Halfway Houses or On Work Release

New York-Brooklyn Comm. Corr. Services-Raul Martin, a parolee formerly incarcerated at FCI-Allenwood, was denied medical care and correspondence stating proof of residence. When Mr. Martin arrived at this facility his supply of medications was almost depleted. Mr. Martin's case highlights the problems experienced by parolees who must agree to provide for their own medical care before being placed in a halfway house. Although Mr. Martin was given a month's supply of medication from FCI-Allenwood no discharge planning was completed to assist him in continuing prescriptions for his medications. He eventually received care from St. Clare's Hospital.

Status of Compassionate Release

Oklahoma-FCI-El Reno-Prisoner filed for compassionate release but hasn't received any information on the status of his application. Prisoner still has questions about the process.



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The Authors are women incarcerated at the Bedford Hills Correctional Facility and members of its ACE program. The royalties from this book will benefit AIDS-related organizations.

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Prison system's lack of AIDS care criticized

Robert Selna
SPECIAL TO THE EXAMINER
July 31, 1998

URL: http://www.sfgate.com/cgi-bin/article.cgi?file=/examiner/archive/1998/07/31/NEWS15185.dtl

Oakland forum on prisoners with HIV alleges neglect

OAKLAND - Ezra Davis believes the California Department of Corrections is hastening the death of prisoners with AIDS.

Davis, who spent 10 years in the state prison system and is HIV-positive, said he watched as fellow inmates deteriorated and died due to what he alleged was medical neglect at Corcoran and other state prisons.

"They (Department of Corrections) have no idea how to treat prisoners with HIV, and they are indifferent," Davis said.

During an open forum at the Webster Street YWCA on Wednesday night, Davis recounted stories about HIV-infected inmates suffering in prison because of incomplete and inconsistent administration of drugs, a shortage of trained staff, and what he claimed was a general disregard for seriously ill inmates.

"I saw a man collapse in his cell and by the time they responded two days later, he was dead," Davis said. "We all yelled, "Man down,' but they just ignored us."

Dubbed "Eyewitness Report: HIV Behind Bars," the forum coincided with state hearings this week regarding alleged widespread brutality at Corcoran state prison. Local prisoner advocates said they hoped the event would encourage state officials to broaden the scope of those hearings to include what they believe is a crisis in medical care at Corcoran and other state facilities.

"We have just learned of another death of an HIV-positive prisoner and we are appalled at the continuing medical neglect of more than 200 HIV-positive men incarcerated at Corcoran prison," said Judy Greenspan, spokeswoman for California Prison Focus. "The medical care is just as brutal as the beatings and the abuse."

Greenspan said her group has visited more than 50 Corcoran HIV-positive inmates several times in the past year and claims to have found poor treatment ranging from delays in drug treatments to insufficient pain management to lack of trained staff.

Greenspan explained that inconsistent drug treatment is particularly dangerous for those with HIV because if doses are missed, the disease can develop an immunity to the drugs, and accelerate illnesses associated with HIV.

Prison health advocates also spoke of similar conditions at the Central California Women's Facility in Chowchilla, Merced County.

"For women prisoners all over the state, conditions like those at Corcoran are the norm," said Cynthia Chandler, director of the Women's Positive Legal Action Network. "No women's facility has an HIV specialist and so no one reviews infectious-disease cases."

Women at the forum also described prison conditions they witnessed that they believed led to unnecessary suffering and death.

Pauletta Santos-Martinez, who spent several years at Chowchilla and suffers from full-blown AIDS, said there was not enough trained medical staff at the facility to handle the number of HIV cases.

"They (prison doctors) say they will see you in two weeks. You'll be dead in two weeks, but that's as soon as they will see you," she said.

Maribell Valencia, an HIV case worker who led a now-defunct health program at Chowchilla, confirmed Santos-Martinez's testimony.

"Officials need to realize that a more humane approach needs to be taken, and that they do not have the manpower available to do it," Valencia said.

She said that in the two years she worked at Chowchilla she counseled between 30 and 40 women a day. Her program, sponsored by a nonprofit organization in Merced, ended when private funding ran out and the state refused to pick up the tab to keep it going.

Valencia said approximately 40 percent of the 11,000 prisoners at Chowchilla have HIV, although only about 15 percent have been positively diagnosed with the condition.

Prison employee representatives said the prison system treats inmates as humanely as possible.

"As far as I know, we have one of the best hospice programs in any prison system," said Lance Corcoran, vice president of the California Corrections Peace Officer's Association. However, Corcoran said it is difficult to attract medical professionals to the underpaid and less-than-glamorous prison system.

Out of nearly 160,000 inmates in the state prison system, 1,500 have been identified by the Department of Corrections as having HIV. But, a 1996 department study estimated the HIV-positive population to be closer to 4,500. Prisoner advocates believe the number to be greater than 10,000.

According to local prisoner advocates, there are no official figures showing how many inmates have died of AIDS-related illnesses while in state prisons.

Department of Corrections health services officials did not respond to repeated phone calls seeking comment on state prison health care conditions.

 Page A 8

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PACHA

Divider Title: _____

Prisons

V.X.1e **Date Passed** 12/15/96 **Resolved?** No

Description

e. Description of case management for prison inmates with HIV/AIDS.

Date	Action Type	Formal?
4/5/97	**Administration Response (DHHS)**	☑

The Health Resources and Services Administration (HRSA) has several programs to help address the HIV related needs of incarcerated populations. Historically over the last six years, numerous local communities and States, under Titles I and II of the Ryan White CARE Act, have identified HIV positive incarcerated individuals as a priority population in terms of linking those about to be released to essential health and supportive services in the community (such as primary care, drug reimbursement and housing) prior to their release. In addition, four programs received Title II CARE Act funding as Special Projects of National Significance to develop model programs that address the linkage of incarcerated and recently released inmates with HIV/AIDS and their families to community-based services. This combination of efforts has demonstrated considerable success in linking inmates to medical and community services, providing support to people who are trying to change behaviors and reaclimate to community norms, and reducing recidivism rates related to parole violations and medical compliance. A report was disseminated by HRSA in June 1995 entitled, "Progress and Challenges in Linking Incarcerated Individuals with HIV/AIDS to Community Services".

Recently, the Office of the Inspector General issued a draft report, "Audit of the Ryan White Comprehensive AIDS Resources Emergency Act of 1990, Title II, Administered by the Health Resources and Services Administration," which included a recommendation that HRSA issue specific guidance that CARE Act funds should only be used to supplement and enhance existing State programs, particularly State funded drug assistance programs and programs for inmates under the custody of the States. The Division of HIV Services, the organizational unit within HRSA that administers Titles I and II of the CARE Act, has established a Policy Review Board with responsibility to develop and disseminate program guidance and direction for grantees. It does so in conjunction with the Office of General Counsel, HRSA AIDS Advisory Council and Office of Grants Management, and with a public comment period.

The Division of HIV Services has a draft policy regarding services for incarcerated individuals with a clear understanding that such individuals are the responsibility of the institution and jurisdiction in which they are confined, not Federal CARE Act funding/programs. However, it also acknowledges that where other funding for pre-release case management and linkage services is unavailable, CARE Act funds may be used to provide case management services to HIV positive incarcerated individuals who are about to be released with the purpose of linking them to essential health and support services in the community. Such case management services typically include assessment of needs, development of a care plan, referral and follow-up to ensure access to needed service, and an ongoing reassessment of needs.

Additionally, the AIDS Education and Training Centers (AETC) Programs provide funding for training programs in correctional facilities. During the period June 1, 1995 - May 31, 1996, the AETC network conducted 289 programs on HIV/AIDS care in Federal, State and local correctional facilities. These educational and training programs were attended by 2, 863 health care providers from the correctional facilities.

During 1995 to 1996, several additional AETC HIV/AIDS training programs specifically were targeted to health care providers in Federal, State and local correctional facilities, were transmitted by satellite and down linked into correctional facilities. These programs were transmitted to an average of thirty-one States. The programs covered HIV/AIDS topics such as: oral management; medical management; wasting/opportunistic infections; antiretroviral therapy; and non viral

opportunistic infections. Total attendance at these satellite presentations was 5, 811 correctional facility health care providers. Additional programs are scheduled for May and September 1997.

The AETC program also sponsors an HIV Clinical Conference Call Series which is available in the U.S. and internationally. This quarterly conference call brings together a panel of experts who discuss a current HIV topic and then takes calls from the audience on that topic. Health care providers from correctional facilities have been strongly encouraged to participate in these calls.

4/23/97 **Administration Response (DoD)** ☑

Case Management for all DoD inmates currently diagnosed as HIV positive is provided through the Directorate of Treatment Programs (DTP). These services include individual psychotherapeutic counseling and rehabilitation case management, formal group treatment aimed at both crime-specific and non-crime-specific factors, and delivery of organized self growth activities. HIV positive inmates receive extensive psychological testing and development of a comprehensive psychological history to determine individual rehabilitation and mental health needs. A DTP case manager is assigned to each prisoner for counseling and monitoring. Social Work Services personnel are also involved in case management to provide individualized counseling and assistance with issues such as medical health care directives, availability of medication, and specific point of contact for a designated location. Medical personnel assigned to correctional facilities provide case management under the supervision of a Senior Nurse or Medical Officer.

5/9/97 **Administration Response (DOJ)** ☑

See VI.X.3 "Administration Response (DOJ)"

5/10/97 **Assessment of Response** ☑

We appreciate receiving a complete response from the Federal Bureau of Prisons to one out of ten items in this recommendation and look forward to other complete responses.

PACHA Recommendations - Unresolved Only

V.X.1f

Date Passed 12/15/96 **Resolved?** No

Description

f. Availability of voluntary peer education opportunities for HIV+ inmates. (Please include curriculum participation, site, and frequency statistics.)

Date	Action Type	Formal?
4/23/97	**Administration Response (DoD)**	☑

Voluntary peer education opportunities are available for HIV positive inmates on a weekly basis at the U.S. Disciplinary Barracks. Peer sessions are conducted through support group method. Information on related HIV/AIDS topics is available to inmates through newspaper and magazine articles, videos, and guest speakers to include HIV Positive individuals. All prisoners diagnosed as HIV positive are authorized to subscribe to the magazine Positively Aware.

5/9/97	**Administration Response (DOJ)**	☑

BOP realizes that substance abuse treatment and HIV/AIDS awareness among inmates are crucial to curtailing the transmission of HIV in prisons. As such, it provides extensive education and prevention programs on HIV/AIDS, in addition to programs on tuberculosis, Hepatitis B and C, and sexually transmitted diseases. As part of the HIV/AIDS program, all newly committed federal inmates are required to view the Department's "AIDS Awareness and Prevention" video and to attend a question-and-answer session about HIV/AIDS.

PACHA Recommendations - Unresolved Only

V.X.1g

Date Passed 12/15/96 **Resolved?** No

Description

g. Accessibility of condoms and barrier protection against HIV transmission to prison inmates.

Date	Action Type	Formal?
4/23/97	**Administration Response (DoD)**	☑

DoD correctional facilities do not distribute condoms or barrier protection to prison inmates. No known transmission of HIV has occurred in a military confinement facility.

3/12/98	**Administration Response (ONAP)**	☑

Please see response to recommendation II.P.3b

PACHA Recommendations - Unresolved Only

V.X.1h

Date Passed 12/15/96 **Resolved?** No

Description

h. Specific details concerning the availability of ongoing (at least every 6 months) educational programs for incarcerated individuals regarding all aspects of HIV, including substance abuse issues and sexuality.

Date	Action Type	Formal?
4/23/97	**Administration Response**	☑

Correctional facilities with HIV positive inmates offer educational programs and training opportunities on all aspects of HIV/AIDS. Medical Department personnel provide training to inmates on substance abuse and sexuality on a routine basis. This training emphasizes high-risk behaviors and preventive measures.

5/9/97	**Administration Response (DOJ)**	☑

The Department of Justice in their memo of May 9, 1997, indicates that "inmates receive education on the dangers of HIV and other sexually transmitted diseases during Admission and Orientation at each institution, and following any transfer."

11/11/97	**Assessment of Response**	☑

This seems inadequate given this recommendation. We further request copies of curriculum used in such programs.

11/11/97	**Follow-up Action**	☑

We further request copies of curriculum used in such programs and scheduling information regarding frequency of use.

PACHA Recommendations - Unresolved Only

V.X.1i

Date Passed 12/15/96 **Resolved?** No

Description

i. Definition of the limits of jurisdiction which differentiate the authority of the federal government in all correctional facilities; District of Columbia, military, federal, state, and local correctional institutions, including federal funding streams.

Date	Action Type	Formal?
4/23/97	**Administration Response (DoD)**	☑

Title 10 U.S.P., chapter 47, authorizes the Secretaries of the Military Departments to establish and maintain correctional facilities. All DoD facilities are operated in accordance with applicable federal laws and regulations

DoD Directive 1325.4, Confinement of Military Prisoners and Administration of Correctional Programs and Facilities, sets forth DoD guidance on the administration of correctional facilities. The Military Departments budget for and receive appropriated funds to construct, maintain, and operate correctional facilities. Congress authorizes and appropriates these funds through the annual DoD Authorization and Appropriations Acts.

3/12/98	**Administration Response (ONAP)**	☑

ONAP requests clarification from PACHA on this recommendation.

PACHA Recommendations - Unresolved Only

V.X.1j **Date Passed** 12/15/96 **Resolved?** No

Description

j. The scope of implementation of the seven major recommendations of the National Commission on AIDS (March, 1991).

Date	Action Type	Formal?
4/23/97	**Administration Response (DoD)**	☑

The 1991 National Commission on AIDS Report, entitled "Living with AIDS" contains recommendations addressing major areas such as disease characterization of epidemiology; prevention through education, training, and early diagnosis; accessibility to care and treatment; and aggressive, basic, applied, and clinical research programs. Military policies and programs are consistent with the recommendations contained in this Report. Service members who are HIV positive, including those who are incarcerated, are closely monitored within the military medical system and are provided the most effective drug therapy available. Additionally, the Army as the Lead Agent for HIV research has expanded the Clinical HIV/AIDS Research Program. The Navy is conducting basic and applied research efforts targeted at elucidating the evolving epidemiological changes in the worldwide distribution of HIV, developing novel immunological approaches to early diagnosis and treatment, and developing and assessing the effectiveness of behavioral modification strategies to reduce disease incidence. Under Army leadership, the Services are working together and with other Federal agencies to ensure a coordinated, aggressive research effort.

5/9/97	**Administration Response (DOJ)**	☑

We note at the outset that we have not had the opportunity to review the recommendations of the National Commission on AIDS and accordingly, are unable to comment on its implementation. However, we will be pleased to review and comment on any information that the Office of National AIDS Policy wishes to provide in this regard.

11/11/97	**Assessment of Response**	☑

The Department of Justice in their memo of May 9, 1997, indicates that they "have not had the opportunity to review the recommendations of the National Commission on AIDS (1992) and accordingly, are unable to comment on its implementation." We find this problematic.

11/11/97	**Follow-up Action**	☑

We request that the Office of National AIDS Policy to again forward them a copy of that report in conjunction with a re-forward of this set of recommendations and assessments.

3/12/98	**Administration Response (ONAP)**	☑

ONAP has re-submitted copies of the Commission recommendations to DOJ, which has been asked to prepare response to PACHA.

PACHA Recommendations - Unresolved Only

V.X.2

Date Passed 12/15/96 **Resolved?** No

Description

The Administration should direct the Secretary of Health and Human Services to develop oversight language appropriate for discharge planning (including accessing benefits) for ex-offenders with HIV/AIDS designed to assure their continuity of care through Probation Departments in various locales as well as the accessibility of appropriate linkages within the community.

Date	Action Type	Formal?
	Administration Response (HHS)	☑

One of the least served and most needy of populations is that of the HIV infected ex-offender. The most effective method for reaching this population is through existing community based organizations providing linkages of health care services to under served populations. The Health Resources and Services Administration has funded through its program Special Projects of National Significance a model project that provides a partnership approach for engaging and retaining HIV infected ex-offenders and their families in primary and HIV-specific ambulatory medical care. The project is under the auspices of the Fortune Society and through a linkage with the Institute for Urban Family Health provides clients with medical care, discharge planning, intensive case management and a family focus. The model is designed with the goal of developing, evaluating, and disseminating a holistic model of care that reaches and retains one of the most difficult populations to reach through traditional medical models.

4/5/97	**Assessment of Response**	☑

The response on the part of HHS regarding our request for information concerning Discharge Planning (Dec. '96), is hardly adequate, although the Federal Bureau of Prisons does comment upon this in its current report.

7/31/97	**Progress (HUD)**	☑

(The following information was received in a letter from Secretary Cuomo to Sandy)
In 1994, HUD created the Office of HIV/AIDS Housing (OHH) within the Office of Community Planning and Development. A primary function of this office has been the management of the Housing Opportunities for Persons with AIDS (HOPWA)....
The Department is also seeking to increase resources that address housing needs. For FY98 the Administration has requested $204 million for HOPWA, an increase of $8 million over current funding.... HUD anticipates that 10 new jurisdictions will qualify for formula allocations in 1998 and that all areas will experience increased needs.... An on-going dialogue with AIDS Housing providers and residents has provided this Department with up-to-date information about the epidemic and changes in care, to address challenges in meeting the housing needs of persons living with HIV/AIDS, and to seek ways that HUD could improve its responsiveness and programs.

Housing in Discharge Planning:
The OHH will develop HOPWA guidelines and technical assistance publications which highlight the need for transitional services and discharge planning for recently discharged prisoners/parolee's with HIV/AIDS.
Furthermore, the OHH will work in collaboration with national technical assistance providers, such as AIDS Housing of Washington (AHW), to address HIV/AIDS housing issues unique to recently incarcerated persons. Our collaboration will develop appropriate and replicable guidelines to better evaluate a community's current efforts, if any, and to expand or develop programs that would address these needs. The collaboration will also explore creative ways to coordinate efforts with other federal programs, such as resources available through HRSA's AIDS Educational Training Centers (AETC's), the Federal Bureau of Prisons, Ryan White Care Act Planning Councils, as well as HOPWA Planning Councils.

We can also learn from HOPWA projects that have been funded with Special Projects of National Significance (SPNS) competitive grants that address the needs of prison populations. One such project, the Tarzana Treatment Center in Tarzana, California, was funded in 1994 and focuses on emergency and transitional housing to State prison parolees with HIV/AIDS. Other projects funded through HOPWA formula grants have successfully integrated recently released prisoners into their client services programs. A review of HOPWA Annual Progress Reports identifies 1.5% of clients receiving housing assistance by HOPWA grantee's are clients who were recently incarcerated.... The Department will seek to use these projects as models to help other jurisdictions develop appropriate efforts in their communities.

11/11/97 **Follow-up Action Recommended** ☑

A more complete analysis of this issue is necessary.

3/12/98 **Administration Response** ☑

ONAP requests clarification as to the distinction between this recommendation and VI.X.2.

VI.X.1

Date Passed 4/5/97 **Resolved?** No

Description

The President should direct the Justice Department and the Director of the Federal Bureau of Prisons to revise administrative and judicial standards of compassionate release for use in all Federal and Federally-funded prisons. Prisons will do this in accordance with American Bar Association (ABA) Standards. Furthermore, equivalent compassionate release programs should be required in state and local prisons as a condition of these institutions receiving federal funds. The Federal Bureau of Prisons also should be directed to maintain statistical and evaluative records concerning the compassionate release policy and file an annual report to the President, Secretary of Health and Human Services and the Office of National AIDS Policy.

Date	Action Type	Formal?
	Administration Response (DOJ)	☑

There are two models for compassionate release legislation:

ADMINISTRATIVE MODEL FOR COMPASSIONATE RELEASE LEGISLATION

Many of the concerns underlying the model legislation are already addressed pursuant to the above referenced statute and Bureau of Prisons regulations and policy. The model legislation would however, substantially alter the procedure followed by the Bureau of Prisons with respect to requests for a Compassionate Release. In addition, it is presumed that this legislation would not be restricted to inmates diagnosed with HIV/AIDS, but would apply to all serious medical conditions.

In section (a), Authorization, it appears that the proposed language would authorize either the United States Parole Commission or the Bureau of Prisons to directly grant parole or release for an inmate with a terminal medical condition. As such, there would be no need for the sentencing court to modify the inmate's sentence as currently required. We advise against changing this process. The sentencing court should have the final decision making authority. The Bureau of Prisons serves an advisory role, but should not be the sole decision maker.

In addition, section (b) replaces the discretion currently granted to the Director of the Federal Bureau of Prisons with mandatory release language. Under the proposed model, the Director would be required to release an inmate upon finding that the inmate is likely to die within one year, unless there is a finding that the prisoner poses a danger of committing additional crimes, that the prisoner will not receive adequate care upon release, or that the release would denigrate the seriousness of the offense*. This mandatory language could conceivably create an entitlement to a compassionate release. As drafted, there is a presumption in favor of releasing terminally ill inmates, thereby placing the burden on officials to preclude release. Furthermore, there is no explanation for the removal of discretion, such as an abuse of discretion. Therefore, the Bureau would strongly advise maintaining discretion with the Director, as opposed to mandating a release.

* These issues and others are currently taken into consideration by the Bureau of Prisons.

In section (c), Application Process, as drafted, only the inmate or a medical officer of the Department of Corrections may file an application of release. According to current Bureau of Prisons policy, anyone, including the inmate's family may request a compassionate release on behalf of an inmate. The model language may want to provide similar language. In addition, under current Bureau policy, the United States Attorney 5 Office is consulted throughout the process, but receives a formal request to file a motion on behalf of the Bureau of Prisons only upon final approval by the Director**. One reason for this is that a request may be denied prior to the Director's review. Thus, a copy of a request for release need not be served upon the prosecutor immediately upon receipt as required in section (c).

With the various levels of review required by the Bureau and the need to achieve a consensus with the United States Attorney's Office, the time lines listed in section (d) Medical Report and section (e), Summary Disposition of Unmeritorious Applications, may be unrealistic. The Bureau of Prisons appreciates the urgency of a request for compassionate release and all efforts are made to ensure expedient review. However, in addition to possibly being unrealistic, statutorily mandated time lines may create liability for the agency if not strictly adhered to.

The Bureau of Prisons would also advise against requiring a hearing, and thereby creating a due process interest, as indicated in section (f), Procedure for Hearing. The Bureau has operated the compassionate release program for years and based upon agency experience, there is no need for a hearing in this process. If the inmate's medical condition has deteriorated so severely and there are no policy concerns such as those listed in section (a) of the model language, the inmate's request will generally be granted. In addition, there are grievance procedures available to the inmate if he or she is denied a compassionate release.

** According to current Bureau of Prisons policy, the request is first reviewed at the institutional level. If approved by the designated committee and Warden the request is then forwarded to the Regional Office. Upon approval, the Regional Office then forwards the request to the Office of General Counsel in Central Office which reviews the request with consultation from the Health Services Division. The request is then presented to the Director for final approval.

In section (g), Decision, the Bureau would again advise against statutorily mandated time lines. In addition, under subsection (3), the Bureau proposes using the term parole officer or probation officer as inmates ineligible for parole would report to the United States Probation Office. Also, the provision for periodic re-examination of the inmate's medical condition is prudent. Current Bureau policy does not provide such a condition.

The Bureau of Prisons recommends that section (h), Review, explicitly state that if an inmate's request for release is denied, he or she must exhaust administrative remedies prior to seeking judicial review.

There are no objections to section (1), Revocation of [medical parole] [conditional release].*** Subsection (2) is prudent as advances in medical care could dramatically change an inmate's prognosis and life expectancy.**** With this provision, the Bureau could regain custody of an individual if there is such a change in his or her medical condition. Currently, the Bureau of Prisons has no such provision.

There are no objections or concerns with sections (j) and (k).

*** There could be some legal challenges to subsection (2) based on the common law rule prohibiting the imposition of a sentence in installments. Dunne V. Keohane, 14 f.3d 335, (7th Cir. 1994). However, if the inmate receives credit for time on release, courts may interpret the sentence as continuous and uninterrupted.

**** In addition, this provision could be used to alleviate the current dilemma regarding organ transplants. The Bureau could propose that language be included in section (a), Authorization, providing for release of an inmate in need of an organ transplant. If the inmate is so released and receives an organ transplant, subsection (2) could enable the Bureau to regain custody of the individual. The language in section (a) could be easily modified to read: "...whose medical condition is terminal within the meaning of paragraph (b), below" or is in need of an organ transplant.

JUDICIAL MODEL FOR COMPASSIONATE RELEASE LEGISLATION

The Bureau of Prisons has substantial concerns with the proposed Judicial Model for Compassionate Release. Initially, in section (a), Authorization, the court may reduce an inmate's sentence on motion of the defendant, the Department of Corrections, or on its own motion. In this

model, an inmate could completely circumvent agency review by filing a motion with the court directly. This would dramatically increase costs as it would shift from an administrative review to litigation, involving the United States Attorney's Office from the onset. The Bureau of Prisons would strongly urge against such legislation. Even allowing the court to reduce the sentence on its own motion is cautioned against. There are enough safeguards in a purely administrative policy to guard against abuse of discretion or other concerns.

In addition, the proposed language states that the court may reduce a sentence of imprisonment upon "proof that the defendant has a medical condition that is critical." This language is troubling in that there are very few, if any, conditions that the Bureau of Prisons cannot accommodate. According to this language, however, an inmate with any critical medical condition, even one which the Bureau can accommodate, may file a motion for modification of sentence.

In section (c), Motion, the proposed language states that a motion filed by the defendant be accompanied by an affidavit of the medical officer attesting to the nature of the defendant's illness. The Bureau of Prisons would require full review of the medical conditions and the policy implications by the Office of General Counsel, the Health Services Division, and if necessary, the Director, prior to providing any documentation to the court.

For the remaining sections, the same concerns regarding time lines and hearings apply to this model as with the Administrative Model discussed above.

Assessment of Response ☑

Of special concern is whether inmates or their representatives may "motion" for compassionate release. What are the plans for the Bureau to improve treatment protocols consistency to ensure continued health to inmates with AIDS? Suggesting that, "revision of the current process for a compassionate release is necessary," does not adequately address our concerns.

10/15/97 **Administrative Response (BOP)** ☑

The Federal Bureau of Prisons (BOP) has provided extensive comments to the Council in the past regarding the administrative and judicial standards for compassionate release proposed by the American Bar Association. A copy of these comments is enclosed for your reference.

In general, the BOP does not believe that revision of the current process for compassionate release is necessary. The BOP revised the compassionate release procedures in January, 1994, in accordance with 18 U.S.P. ** 3582 (c)(1)(A) and 4205 (g). Pursuant to these statutes, the Director of the BOP may make a motion for modification of sentence under "extraordinary and compelling circumstances." The BOP has chosen to restrict the application of this statute to those inmates suffering from a serious medical condition. Generally, the condition must be terminal, with a determinable life expectancy. However, an inmate with some other serious and debilitating medical condition may also be considered. Additionally, the severity of the illness must be of such nature that it could not reasonably have been foreseen by the court at the time of sentencing. Thus, where an inmate's physical health has deteriorated severely, and his or her current medical condition is critical, the BOP may make a motion for modification of sentence even if the court was aware that an inmate was seriously ill at the time of sentencing.

We believe that the Bureau's current procedure regarding compassionate release is sufficient to address all serious medical conditions, including HIV/AIDS. Furthermore, the BOP currently maintains statistical and evaluative records on compassionate release requests. From July, 1990 to the present, 90 compassionate release requests for HIV/AIDS inmates have been forwarded to the courts for disposition. Sixteen such compassionate release requests have been denied by the BOP.

Compassionate release does not apply to Immigration and Naturalization Service (INS) detainees due to the transient nature of their detention. All INS detainees are destined to be released in a

very short period of time.

10/15/97	**Progress (DOJ)**	☑

There are two models for compassionate release legislation which are being considered: The Administrative Model and the Judicial Model. (See DOJ memo to ONAP Director, Sandra Thurman; October 15, 1997)

11/1/97	**Follow-Up Action Recommended**	☑

We request a copy of the Bureau's official procedures regarding Compassionate Release (January, 1994) and their statistical evaluative records regarding Inmates with AIDS (1990, on). We also request copies of appropriate statutory language for review.

PACHA Recommendations - Unresolved Only

VI.X.2 **Date Passed** 4/5/97 **Resolved?** No

Description

The President should direct the Secretary of Health and Human Services to develop standards of care to ensure that, prior to release, ex-offenders with HIV/AIDS are provided timely, thorough, and appropriate case management/discharge planning. These standards should address behavioral and social service needs; continuity of care; and appropriate linkages to local community services, medical services, social service benefits, appropriate case management, and housing assistance programs to ensure against homelessness.

Date	Action Type	Format?

Administration Response (DOJ) ☑

The BOP concurs with the recommendation to direct the Secretary of Health and Human Services to develop case management/discharge planning for appropriate linkages of medical and social services available in the local community. The BOP presently provides community discharge planning for all HIV/AIDS patients at all six Medical Referral Centers. Staff social workers contact the appropriate agencies and care providers in the community in which the inmate is to be discharged. This service is currently not available at the Bureau's general population institutions, where non-inpatient HIV/AIDS inmates are housed.

This recommendation does not apply to INS detainees due to the transient nature of their detention. However, INS provides counseling, which includes, but is not limited to, facts about the cause and progression of HIV infection, treatment techniques, and effective measures to prevent transmission of infection to others.

Administration Response (HUD) ☑

In 1994, HUD created the Office of HIV/AIDS Housing (OHH) within the Office of Community Planning and Development. A primary function of this office has been the management of the Housing Opportunities for Persons with AIDS (HOPWA). The Department is also seeking to increase resources that address housing needs. For FY98 the Administration has requested $204 million for HOPWA, an increase of $8 million over current funding. HUD anticipates that 10 new jurisdictions will qualify for formula allocations in 1998 and that all areas will experience increased needs. An on-going dialogue with AIDS Housing providers and residents has provided this Department with up-to-date information about the epidemic and changes in care to address challenges in meeting the housing needs of persons living with HIV/AIDS and to seek ways that HUD could improve its responsiveness and programs.

Housing in Discharge Planning:
The OHH will develop HOPWA guidelines and technical assistance publications which highlight the need for transitional services and discharge planning for recently discharged prisoners/parolees with HIV/AIDS. Furthermore, the OHH will work in collaboration with national technical assistance providers, such as AIDS Housing of Washington (AHW), to address HIV/AIDS housing issues unique to recently incarcerated persons. Our collaboration will develop appropriate and replicable guidelines to better evaluate a community's current efforts, if any, and to expand or develop programs that would address these needs. The collaboration will also explore creative ways to coordinate efforts with other federal programs, such as resources available through HRSA's AIDS Educational Training Centers (AETC's), the Federal Bureau of Prisons, Ryan White Care Act Planning Councils, as well as HOPWA Planning Councils.

We can also learn from HOPWA projects that have been funded with Special Projects of National Significance (SPNS) competitive grants that address the needs of prison populations. One such project, the Tarzana Treatment Center in Tarzana, California, was funded in 1994 and focuses on emergency and transitional housing to State prison parolees with HIV/AIDS. Other projects funded

through HOPWA formula grants have successfully integrated recently released prisoners into their client services programs. A review of HOPWA Annual Progress Reports identifies 1.5% of clients receiving housing assistance by HOPWA grantee's are clients who are recently incarcerated. The Department will seek to use these projects as models to help other jurisdictions develop appropriate efforts in their communities.

Progress ☑

See V.X.2 "Progress"

10/15/97 **Assessment of Response** ☑

The Federal Bureau of Prisons maintains six medical referral centers with discharge planning. That this service is not available at general institutions where non-patient HIV/AIDS inmates reside is of great concern.

11/11/97 **Follow-up Action Recommended** ☑

Statistical data on both types of facilities is requested. What are the plans for the Federal Bureau of Prisons to extend Discharge Planning to inmates in general (non-medical) facilities, specifically in conjunction with local parole boards and community-based agencies? How is the Bureau working with HHS to "go forward with" standards of care and compassionate release? What is the timeline? A mechanism for demonstrating effectiveness has yet to be devised.

3/12/98 **Administration Response (ONAP)** ☑

On March 9, 1988, ONAP and the Dept. of Justice agreed to meet with representatives of HCFA, HRSA, and SSA to identify possible gaps in service for offenders on parole status or who have been fully discharged. ONAP will follow-up with specific recommendations to address any gaps identified.

3/12/98 **Administration Response (ONAP)** ☑

ONAP requests that the Prisons committee provide clarification as to the distinction between this recommendation an V.X.2.

PACHA Recommendations - Unresolved Only

VI.X.3

Date Passed 4/5/97 **Resolved?** No

Description

The President shall direct the Federal Bureau of Prisons to incorporate the upcoming Report from the HHS Panel on Clinical Practices for the Treatment of HIV Infections in all correctional medical facilities. It should be required that care providers be adequately trained to implement these standards and all appropriate therapeutic options associated with the management of HIV disease be available.

Date	Action Type	Formal?
5/9/97	**Administration Response (DOJ)**	☑

The BOP provides medical care for federal inmates through the medical staff assigned to BOP Health Services Units. Health Services staff clinically evaluates HIV-positive federal inmates at least once quarterly and monitors them closely. The BOP contracts for local medical services and transfers seriously ill inmates who are without families to Federal Medical Centers for advanced levels of care.

In providing medical care to inmates, the BOP follows the latest clinical care guidelines published by the Centers for Disease Control and Prevention. Pharmaceuticals approved by the Food and Drug Administration for use in the treatment of HIV/AIDS and associated illnesses, such as anti-viral medication, and protease inhibitors, are provided when needed. Furthermore, the BOP offers a compassionate release program, under which seriously ill inmates may be evaluated for release by the sentencing court. Inmates who are in the advanced states of AIDS may be released to their families under this program.

BOP realizes that substance abuse treatment and HIV/AIDS awareness among inmates are crucial to curtailing the education and prevention programs on HIV/AIDS, in addition to programs on tuberculosis, Hepatitis B and C, and sexually transmitted diseases. As part of the HIV/AIDS program, all newly committed federal inmates are required to view the Department's "AIDS Awareness and Prevention" video and to attend a question-and-answer session about HIV/AIDS. In addition, the BOP provides substance abuse treatment and drug education programs for inmates. Finally, BOP's new employees are provided HIV/AIDS and infectious disease training upon initial employment, and annually thereafter.

Additionally, BOP administers HIV testing to a number of categories of inmates. As part of a routine physical examination, BOP interviews newly admitted inmates to determine if they have an elevated risk for HIV infection. When warranted, HIV testing is administered in conjunction with an education and counseling program. Additionally, a ten percent sample of newly incarcerated inmates and another the percent sample of all inmates are tested for HIV annually. Inmates are authorized voluntary annual testing if they do not otherwise fall under a standardized testing category. Thus, BOP maintains that from a clinical and statistical viewpoint, it is not necessarily desirable to test all inmates. Finally, an inmate under consideration for full-term release, parole, good conduct time release, furlough, or placement in a community-based program is tested within one year before his or her new placement or release.

10/15/97	**Administration Response (DOJ)**	☑

Current and future HHS guidelines for the medical management of HIV infections have been and will continue to define the community standard of care for BOP inmates. Ten anti-retroviral medications, including all four FDA-approved protease inhibitors, have been added to the BOP drug formulary and are being prescribed through combination therapy to inmates with HIV infections as medically indicated. Infectious disease subspecialty consultation is provided to inmates through community sub-specialists, BOP Medical Referral Centers, and the BOP Chief of Infectious Diseases.

The INS Manual on Policies and Procedures contains detailed information on standards of care, which should conform with the upcoming report from the HHS Panel on Clinical Practices for the Treatment of HIV Infections in correctional medical facilities.

11/11/97 **Assessment of Response** ☑

There is a growing concern regarding inmate reports of the noncompliance of prison officials/medical officials concerning AIDS Treatment Protocols -- especially with regard to Protease Therapies, with which compliance is crucial.

11/11/97 **Follow-up Action Recommended** ☑

We would like to see a written memo to all appropriate prison officials addressing and remedying this issue.

PACHA Recommendations - Unresolved Only

VI.X.4

Date Passed 4/5/97 **Resolved?** No

Description

The President shall direct the Attorney General to direct the Federal Bureau of Prisons to ensure that condoms and dental dams are made readily available for all prisoners within correctional facilities to prevent transmission of HIV/AIDS.

Date	Action Type	Formal?
10/15/97	**Administration Response (DOJ)**	☑

This recommendation is inappropriate for inmates incarcerated in the Federal Bureau of Prisons. Sexual activity among inmates is prohibited and highly linked to a rise in inmate violence. Policy guidance is presented in P.S. 5270.07, Inmate Discipline in Special Housing Units. Condoms and dental dams are not medically necessary for use other than during sexual activity and therefore are not authorized. Inmates receive education on the dangers of HIV and other sexually transmitted diseases during admission and orientation at each institution and following any transfer. The Health Services Unit also provides inmates educational pamphlets and counseling. P.S. 6100.01 Health Promotion Disease Prevention, February 22, 1994, is designed to increase HIV/AIDS awareness and to decrease the number of seropositive conversions.

This recommendation is also inappropriate for INS detention facilities, given the transient nature of their detention.

11/11/97	**Assessment of Response (DOJ)**	☑

The statement that protective barriers "are not medically necessary and, therefore not authorized" is unacceptable in the context of AIDS prevention. This is underscored by several successful state models where Protective Barriers are available in prisons.

11/11/97	**Follow-up Action Recommended**	☑

We request copies of PS 5270.07 & PS 6100.01 and comment on how these statutes might be revised.

PACHA Recommendations - Unresolved Only

VI.X.5

Date Passed 4/5/97 **Resolved?** No

Description

The President shall direct the Attorney General to direct the Federal Bureau of Prisons to investigate and report within 90 days on the feasibility of and various options for providing comprehensive substance abuse treatment for incarcerated individuals with a dual diagnosis of chemical dependency and HIV disease.

Date	Action Type	Formal?
5/9/97	**Administration Response (DOJ)**	☑

See VI.X.3 "Administration Response (DOJ)"

10/15/97 **Further Administration Response (DOJ)** ☑

The Violent Crime Control and Law Enforcement Act of 1994 requires the BOP, subject to the availability of appropriations, to provide residential drug abuse treatment to all eligible inmates. To be eligible, an inmate must be sentenced to BOP custody, determined by the BOP to have a substance use disorder, and volunteer for treatment. The BOP makes its determination of a drug abuse problem based on the American Psychiatric Association's standards as published in the Diagnostic and Statistical Manual, Fourth Edition (DSM IV). BOP staff encourage inmates with drug abuse problems to enter the residential drug abuse treatment program, and approximately two-thirds of all inmates with drug use disorders volunteer for residential treatment.

Since the BOP does not require HIV testing for all inmates, the HIV status of all inmates is not always known. Inmates with a substance abuse problem who volunteer for treatment are admitted into residential substance abuse programs in sequential order based upon release date. To deter the passing on of HIV, each BOP drug abuse treatment program provides education on HIV transmission and high risk behaviors associated with HIV. The BOP also offers specialized group and individual sessions for inmates who disclose a positive HIV status or have close ties with others who are HIV positive. The counseling is available to inmates in the drug program with "dual diagnoses" of drug use disorders and HIV.

While INS initiates primary health care measures, comprehensive treatment is neither appropriate nor feasible due to the transient nature of detention in INS facilities.

11/11/97 **Assessment of Further Response** ☑

Greater surveillance data is needed in order to adequately assess seroprevalence as well as greater access to Treatment programs.

11/11/97 **Follow-up Action Recommended** ☑

A request for investigation into the viability and effectiveness of improved substance abuse intervention programs, including needle exchange, is needed. How would the Federal Bureau of Prisons respond?

PACHA Recommendations - Unresolved Only

VIII.X. 1

Date Passed 12/7/97 **Resolved?** No

Description

The Council recommends that the Director of the Office of National AIDS Policy convene a community and government meeting on AIDS in Prisons as soon as possible. Key constituencies should include advocates and experts, exoffenders, representatives of relevant government agencies, correctional health providers and departments, international experts, and other relevant persons or organizations.

Date	Action Type	Formal?
5/21/98	**Administration Response (ONAP)**	☑

ONAP and the Subcommittee on Prison Issues are in the process of refining the goals and objectives for this meeting. It is expected that this meeting will be held in the Fall of 1998.

PRESIDENTIAL ADVISORY COUNCIL ON AIDS
SUBCOMMITTEE ON PRISON ISSUES

Unfinished Business Regarding Recommendations & Assessments

Date/#	Issue	PACHA Response	Date/Current Status
V.X1. a – c			Referred.
V.X1.d 12/15/96	Quality Assurance		The Committee is awaiting additional information from DoJ through ONAP
V.X1.e. 12/15/96	Inmate Case Management		The committee is awaiting additional information from DoJ through ONAP regarding how this relates to Programs of Excellence? How are model programs regulated? Will there be an interagency meeting?
V.X1. f			Referred.
V.X1.g. 12/15/96	Protective Barriers		See II P.3b. (p.55) placement? DoJ in a minutes from a meeting with ONAP has indicated this is a closed subject. Please see attached proposed
		Response:	*See attached memo.*
V.X1.h 12/15/96	**Education**		The committee is awaiting additional information from DoJ through ONAP requesting to see curriculum, how is it used, and how does it also address women's issues?
		Incorporates:	*IV.R.1.a & IV.R.1.f*
V.X1.i. 12/15/96	**Jurisdiction**		The committee is awaiting additional information from ONAP on this issue. + K. Hawke mtg.
V.X1.j. 12/15/96	**National Commission (1991)**		A letter in follow up from ONAP has been requested regarding the status of a response from DoJ.
V.X2			Referred.
IV.X1.a – j.	**Department of Defense**		Complete.

Unfinished Business Regarding Recommendations & Assessments
continuation

VI.X.1 4/5/97	**Compassionate Release**	**Response:**	*See attached memo.*
VI.X.2 4/5/97	**Standards of Care**		ONAP has been requested to follow up on this issue. TBA: An interagency meeting. Close-out ***Incorporates:*** ~~*V.R.2*~~
VI.X.3 4/5/97	**Clinical Practices**		ONAP has been requested to follow up on this issue. TBA: An interagency meeting. ***Incorporates:*** *V.R.1.b & V.R.1.c*
VI.X.4 4/5/97	**Protective Barriers**		ONAP has been requested to follow up on our request for copies of PS 5270.07 & PS 6100.01
VI.X.5 4/5/97 yet	**Comp. Substance Abuse Trtmt**		A requested meeting with Dr. Kathleen Hawk Sawyer has to occur.
VIII.X.1 6/15/98	**Nat'l Mtg.**	**Response:**	pending/IN PROGRESS *Action by Prison Committee*
6/15/98	**Surveillance Recommendation**	**Response:**	pending/IN PROGRESS *Action by PACHA*

NOTE: **Department of Justice/Federal Bureau of Prisons.**
None of the recommended items have been completed-to-date .

MEMO ON COMPASSIONATE RELEASE

May 20, 1998

FROM: JEREMY LANDAU

TO: DANIEL MONTOYA

& Subcommittee on Prison Issues

SUBJ: RECOMMENDATION # VI.K.1:

COMPASSIONATE RELEASE

REF : Proposed Follow Up Action Recommended

In reviewing the Administrative Response to the Recommendation from the Presidential Advisory Council on HIV/AIDS - Subcommittee on Prison Issues, we feel that the following issues still need to be addressed regarding Compassionate Release:

- Existing federal compassionate release programs appear to be overly bureaucratic, requiring interaction with multiple layers of correctionjal professionals.

- Time-lines are needed defining the actual amount of days in which one can expect to receive a decision.

- System-wide education needs to occur regarding treatment options, including treatment failures, in order to overcome the misperceptions that compliance equals a cure. It should not be assumed that medical advances in any way negate the need for a viable compassionate release program.

- There needs to be some mechanism in place to assure that compassionate release plans are implemented, in a timely manner, and that an apprpriate staffperson is identified for effective follow-through of compassionate release plans.

- An impartial appeals mechanism needs to be in place.

MEMO ON COMPASSIONATE RELEASE

June 10, 1998

FROM: JEREMY LANDAU
TO: SUBCOMMITTEE ON PRISON ISSUES

SUBJ: RECOMMENDATION # V~~X~~.1.g:
PROTECTIVE BARRIERS

REF : Proposed Follow Up Action Recommended

In reviewing the Administrative Response to the Recommendation from the Presidential Advisory Council on HIV/AIDS - Subcommittee on Prison Issues, we feel that the following issues still need to be addressed regarding Protective Barriers:

Existing federal policies regarding the use of protective barriers lack compassion and common sense with regard to good standards of health care and HIV/AIDS preveition.

Specifically:

- Protective barriers save lives.
- Protective barriers do not encourage sexuality.
- Despite the fact that sex is prohibited in most prison facilities, it does occur. Protective Barriers acknowledge a reality and address a growing health care concern.
- Numerous state and international experts regarding AIDS prevention and prison issues acknowledge the efficacy of protective barriers in the prison setting.
- Numerous state and internationl prison facilities effectively employ the use of protective barriers as a viable HIV intervention modality in the prison setting without endangering inmates of prison staff and without encouraging other illicit practices.
- The federal prohibition of the use of protective barriers in prisons may place the bureau at-risk for being names in wrongful death actions should the established precedent of prosecuting those who knowingly infect others with HIV be carried forward at a national level.

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WH MEETING

Divider Title: _____

PRESIDENTIAL ADVISORY COUNCIL ON AIDS
SUBCOMMITTEE ON PRISON ISSUES

National Summit on Prisons

Preliminary Report
June, 1998

Proposed Date(s):
- October, 1998 (TS)

Proposed # of Attendees:
- 25 -- 50 (all-including reps. from ONAP/PACHA)

Proposed Site(s):
- Washington, D. C
- Alternates: Atlanta, New York (JC) More Central (JB)

Proposed Keynote Speaker or Honorary Chair:
- Dr. David Satcher (JL)

Proposed Meeting Style:
- Relatively Informal (MR)
- Firm and friendly leadership to insure we do not digress too much (MR)
- Structure yet not-too-formal (JL)
- Workshops around key topics, feedback session, dynamic closing, action items for follow up, Good Final Report (JL)
- There should be a model in place from previous ONAP meetings (SA)
- Smaller is better. Breakout groups for specific issues works -- Then report back to larger group. (KG)
- Specific tasks or questions to answer to keep participants focused (KG)
- 1 &1/2 day, a two-day or what get-together. Seems like a single day might be too pressed. (JB)

Potential Outcomes:
- To try to lay out some collaborative approaches, get some commitments re time-lines and actions would be great (KG)
- To recommend a Nat'l Oversight Commission on Prison Health Issues (JL)

Proposed Purpose/Objectives:

- Clear set of objectives, beforehand (MR)
  - To deliver a clear message about our concerns. (KG)

- To expand the dialogue between feds, states, and community experts (JL)
  - To explore what the relationships are (if any) between the various "levels" of prisons/jails, i.e. private, local, state, and fed. (KG)

- To have accurate information about procedures, services, etc. from Prison folk; (KG)
  - To improve federal policy regarding HIV/AIDS in the prisons systems (JL)

- To insure the availability of good discharge planning when inmates are ready to be set free -- or compassionate release if necessary (MR)
  - To improve knowledge (and implementation of effective) case management and links to community upon discharge. (JC) (JL)
  - Access to drug and alcohol treatment while in prison and upon discharge. (JC)

- To bring together a diverse representation of parties whose policies or advocacies affect the lives of those living with HIV in corr. facilities. (SA)
  - To have a handle on what inmate experiences have been like (KG) (i.e., taped panel or interviews or comments from folks who have been in and are now out) (JG)
  - To bring together people who really KNOW what is going on in the Prisons
  - To bring people to the table who want to HELP the situation (KG) (does us no good to bring together those who can't talk to each other.)

- To increase knowledge and understanding of HIV infection and care within the Prison system among staff and healthcare people (KG) (JC)
  - To educate staff/incarcerated individuals. (JC)
  - To include the scope of treatment and access to therapies. (JC)
  - To advocate for better care for incarcerated individuals (KG) (MR)
  - To examine existing HIV prevention, service, discharge planning, and compassionate release programs in an effort to identify model initiatives (SA)

Other Issues :

- Perhaps, a prison site visit might be arranged for the group if it were small enough and close enough to a particular prison (KG)
- Workshops review Active Recommendations of the PACHA - Prison Comm. (JL)

Potential Day-Long Meeting

8:30am	Registration
9:00am	Welcome - PACHA
9:15am	Keynote Address - Dr. David Satcher
10:00am	Break
10:15am	Workshops - Brainstorming
	a. Access to Care
	b. Compassionate Release/Discharge Planning
	c. Prevention Education
	d. Substance Abuses Issues
	e. Protective Barriers
11:45am	Lunch
1:00pm	Workshops, continued - Action Steps
2:30pm	Break
2:45pm	Feedback Plenary Session
3:30pm	Closing Address - Sandy Thurmon
4:00pm	Adjournment

MEMO

DATE:June 4, 1998

TO: Jeremy Landau, Presidential AIDS Advisory Council

FROM:Rebecca Helem and Jackie Walker, Co-Chairs, NORA Incarcerated Populations Working Group

RE: Participants for National Meeting on HIV/AIDS in Prisons

Listed below is a draft of participants for a national meeting on HIV/AIDS in prisons. These participants have expertise in a variety of areas including compassionate release, discharge planning, education and prevention, legal issues, medical care and public policy.

We've also attached information on the Congressional committees that have oversight on the Federal Bureau of Prisons(both are appropriations subcommittees).

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Dan Miller, Fla.
Jay Dickey, Ark.
Jack Kingston, Ga.
Mike Parker, Miss.
Rodney Frelinghuysen, N.J.
Roger Wicker, Miss.
Michael P. Forbes, N.Y.
George R. Nethercutt Jr., Wash.
Mark W. Neumann, Wis.
Randy "Duke" Cunningham, Calif.
Todd Tiahrt, Kan.
Zach Wamp, Tenn.
Tom Latham, Iowa
Anne M. Northup, Ky.
Robert B. Aderholt, Ala.

Rosa DeLauro, Conn.
James P. Moran, Va.
John W. Olver, Mass.
Ed Pastor, Ariz.
Carrie P. Meek, Fla.
David E. Price, N.C.
Chet Edwards, Texas
Robert E. "Bud" Cramer, Ala.

Subcommittees

Agriculture, Rural Development, FDA and Related Agencies 162 RHOB 20515; 225-2638

Republicans	Democrats
Skeen, chairman	Kaptur
Walsh	Fazio
Dickey	Serrano
Kingston	DeLauro
Nethercutt	
Bonilla	
Latham	

Commerce, Justice, State and Judiciary H-309 CAP 225-3351

Republicans	Democrats
Rogers, chairman	Mollohan
Kolbe	Skaggs
Taylor (N.C.)	Dixon
Regula	
Forbes	
Latham	

District of Columbia H-147 CAP 225-5338

Republicans	Democrats
Taylor (N.C.), chairman	Moran (Va.)
Neumann	Sabo
Cunningham	Dixon
Tiahrt	
Northup	
Aderholt	

Energy and Water Development 2 62 RHOB 20515; 225-3421

Republicans	Democrats
McDade, chairman	Fazio
Rogers	Visclosky
Knollenberg	Edwards
Frelinghuysen	Pastor
Parker	
Callahan	
Dickey	

Foreign Operations, Export Financing and Related Programs H-150 CAP 225-2041

Republicans	Democrats
Callahan, chairman	Pelosi
Porter	Yates
Wolf	Lowey
Packard	Torres
Knollenberg	
Forbes	
Kingston	
Frelinghuysen	

Interior B-3 18 RHOB 20515; 225-3081

Republicans	Democrats
Regula, chairman	Yates
McDade	Murtha
Kolbe	Dicks
Skeen	Skaggs

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Porter, cha
Young (Fla
Bonilla
Istook
Miller (Fla
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Packard
Callahan
Tiahrt
Aderholt

Treasury, Po
Government

Republicans
Kolbe, chairm
Wolf
Istook
Forbes
Northup
Aderholt

Veterans Affa
Development

Republicans
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PRISON ISSUES CONTACTS

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DOJ CORR

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THE WHITE HOUSE

WASHINGTON

5/28

Todd —

Your copy

- Brad

MEMORANDUM FOR: **ELEANOR D. ACHESON**
KATHLEEN HAWKE SAWYER
MATHEW NOSANCHUK

From: Todd Summers
Deputy Director
Office of National AIDS Policy
(202) 456-2437

Date: May 27, 1998

Re: Outstanding Issues with the Presidential Advisory Council on HIV/AIDS

The following list itemizes current areas requiring further collaboration between The Office of National AIDS Policy (ONAP), the Department of Justice (DoJ), and the Bureau of Prison (BoP). I would appreciate your help in looking into these matters.

On 4/14/98 Mathew Nosanchuk, Senior Counsel, Office of Policy Development, U.S. Department of Justice and LCDR Brad Austin of my office went over the following matters:

1. PACHA Recommendation V.X.1 -- District of Columbia Jails

DoJ agreed to send ONAP a few paragraphs detailing the upcoming changes to the D.C. jail system. Questions to be addressed include: Who is currently responsible for the D.C. jails and when/how does the transition in authority take place?

2. PACHA Recommendation V.X.1j -- Seven Major Recommendations of the 1991 National Commission on AIDS

In May 1997, DoJ wrote to ONAP that they had not had time to review the seven recommendations. Since then, DoJ has not responded in writing to these recommendations. It would be beneficial if DoJ could re-review the recommendations and respond in writing.

3. Prison Site Visit

DoJ will act as intermediary between ONAP and BoP in setting up a visit by the Subcommittee on Prison Issues to a Federal Correctional Institution The Subcommittee on Prison Issues is

interested in having this visit occur either June 14 or June 18, 1998. DoJ and BoP are responsible for seeing that a proposal for a visit is forwarded to ONAP. ONAP will work in concert with DoJ and BoP in working out the details for the visit. The Federal prison currently being considered for the site visit is in Petersburg, VA.

4. Data on Native Americans in Prisons

DoJ agreed to provide data on Native Americans in Federal and State Correctional settings, focusing on data concerning Incarcerated HIV-positive Native Americans.

Additional Items Not Yet Communicated to DoJ/BoP (The following requests were made by the Prison Subcommittee on their 5/18 Conference Call)

4a. PACHA Recommendation VI.X.3 -- Incorporate Clinical Practices on HIV/AIDS

The Council had requested (and has not yet received) a copy of the memo which addresses the AIDS treatment protocols -- especially with regard to protease therapies.

4b. PACHA Recommendation VI.X.4 -- Condoms & Dental Dams in Federal Prisons

The Prison Subcommittee would like to see P.S. 5270.07 and PS 6100.01 so that they may comment on how these might possibly be revised.

4c. PACHA Recommendation VI.X.5 -- Comprehensive Substance Abuse Treatment for Incarcerated Individuals

A request for investigation into viability and effectiveness of substance abuse intervention programs is needed. DoJ and BoP should consider responding by addressing the number of slots currently being used for substance abuse treatment and any evaluations of the effectiveness of these programs.

Thank you very much for your help on these items. As we move toward the June meeting of the Council, it will be helpful to have as much "movement" as possible. Please give me a call if you have any questions!

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COMMUNITY REC'S.

Divider Title: _____

Summary of meeting held December 19, 1995, with National Office on AIDS Policy, individuals providing HIV services to the incarcerated & the newly released, and the National Organizations Responding to AIDS (NORA) Working Group on Incarcerated Persons

Issues presented by attendees:

I. PREVENTION AND EDUCATION MATTERS

Need for educational programs regarding all aspects of HIV for both the prison staff and incarcerated individuals

Need for the establishment and on-going maintenance, in the form of recognition, promotion and funding, of support groups for incarcerated individuals

Necessity of dealing with substance abuse issues (such as prevention and intervention strategies) in education and prevention programs

There exists a great window of opportunity to provide educational programs regarding HIV, substance abuse, etc. to the incarcerated as they are presently sober and accessible to educators

Importance of understanding that often the issues that have put individuals (especially women) at risk for HIV have been issues that have landed them in prisons

A number of successful education and support programs stress the importance of using peers to provide education and to lead the recommended support groups

II. PRIMARY CARE DELIVERY ISSUES

Concern about medications approved by the FDA but not allowed/approved/available to persons in the Bureau of Prisons

Medical staff need basic and on-going educational programs to maintain knowledge base for the treatment of HIV disease and to ensure good continuity of care

Confidentiality of information about who is HIV positive as well as medical records is sorely lacking

Presently, the Department of Corrections (DOC) "runs the show" in the delivery of HIV primary care. Clinicians at the meeting, experienced with the delivery of care in a prison/jail system feel that the perspective of DOC in fashioning and delivering health care is in direct conflict with the perspective of a health care provider delivering care

III. DISCHARGE/RELEASE ISSUES

For released individuals, behaviors learned in order to survive prison now act as a barrier to success in accessing and obtaining services of the traditional AIDS Service Organization (ASO)

There is an acute and pressing need for a "bridge" to the outside for the newly released that would connect these individuals, immediately upon release, with ASO and HIV primary care services in the communities to which they return

IV. REQUESTS MADE (to the White House Office on AIDS Policy by NORA Working Group)

Set the stage for a national leadership role to address the issue of HIV and the incarcerated in the United States

Increase the visibility of this as a national problem that needs to be addressed.

At the core of the message about HIV and the incarcerated is "Treat people humanely"

Increase the involvement of ex-offenders and those with a history of substance abuse, at the federal level, in addressing these issues. It is important to hear the voices of former injection drug users and those in Alcoholics Anonymous around these issues.

Send the message, via a Treatment Education communication, that there is hope, real hope, in seeking treatment if one is HIV positive and therefore, real value in finding out one's HIV status

Send a national message: treatment of the HIV positive incarcerated person is both a public health as well as a humanitarian issue

Resurrect and re-visit the recommendations from the National Commission on AIDS in its Fourth Interim Report to the President and Congress: "HIV Disease in Correctional Facilities" from March 1991.

Convene a National Conference on AIDS with representatives from government and the affected community to look at the recommendations in the Fourth Interim Report to the President and Congress: "HIV Disease in Correctional Facilities" and to offer suggestions about how to implement those recommendations that remain appropriate.

Convene the first national round table on HIV in Prisons

Supplementary Recommendations on Incarcerated HIV+ community

FROM GMHC:

1. Remove administrative barriers to the eligibility of correctional inmates to apply for Medicaid coverage while still incarcerated. Eligible inmates ought to be able to receive a Medicaid card prior to discharge.

2. Ensure that a portion of CDC prevention funds are targeted towards the development of HIV prevention services in correctional settings. Including inmates ready access to voluntary and anonymous HIV counseling and testing. In particular, CDC should promote the distribution of condoms and dental dams in prisons and jails.

FROM LAMBDA LEGAL DEFENSE FUND:

1. The President should direct the Department of Justice (DOJ) to promulgate policies allowing for the equitable access of federal prisoners to clinical drug trials.

2. The President should direct the DOJ to clarify that anti-discrimination laws apply to all incarcerated and institutional individuals with HIV.

3. DOJ and the US Sentencing Commission should adopt expanded guidelines on the nature of HIV disease and the unique health risks to which the incarcerated with HIV are exposed.

Legislation creating regulations for state prisons, especially those that segregate HIV+ inmates, including a monitoring mechanism.

Written, mandatory quality assurance criteria for prison health care with oversight responsibility by State health Department. Require inclusion of smoking cessation, drug treatment, and a continuum of care in treatment protocol.

Advocate for implementation of recommendations from the National Commission on AIDS report: "HIV Disease in Correctional Facilities" and the World Health Organization's report: "WHO Guidelines on HIV Infection and AIDS in Prisons"

Advocate for a standard of health care and support services equivalent to community norms for incarcerated populations living with HIV/AIDS that include adults, youth, women, and substance abusers.

Provide technical assistance to organizations working with incarcerated populations on how and where to access funding for the work they do

EDUCATION/PREVENTION

Advocate for comprehensive HIV/AIDS education and prevention programs for prisoners, correctional, court, medical and administrative staffs, families and significant others.

LEGAL

Encourage policies that are non-discriminatory in the areas of confidentiality, housing, testing, access to support services, medical care, alternatives to incarceration and compassionate release for prisoners with HIV/AIDS.

Work for changes in laws that result in a decrease of the prison population, including drug treatment and decriminalization.

TRANSITIONAL SERVICES

Advocate for comprehensive transitional services that facilitate reentry of former prisoners into the community and reduce recidivism.

COALITION BUILDING

Develop linkages and support from other national organizations, federal agencies and groups which service this population.

VOTER MOBILIZATION

Promote increased voter education and participation in elections by incarcerated populations, ex-offenders, their families and significant others.

Federal Representatives who attended meeting at Ms. Fleming's office on April 23, 1996

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Patricia S. Fleming
Director

Jeffrey Levi, Deputy

Linda Cairns
Patricia Milon
LaHoma Smith Romocki
Jane Sanville

Members of the community interested in HIV among the incarcerated who attended meeting in December at Ms. Fleming's office.

Frederick Altice, M.D.
HIV in Prisons Program\Yale University

Ann DeGroot, M.D.
S. Framingham Mass. Correctional Institute

Darnell Durio
HIV Community Coalition

Timothy Flannigan, M.D.
Rhode Island Prison/Miriam Hospital

Judy Greenspan
HIV/AIDS in Prison Project
Catholic Charities of the East Bay

Joanna Grossman
National Women's Law Center

Aurie Hall
DC Prisoner's Legal Services Project, Inc.

Wanda James
HIV Community Coalition

Joanne Page
Fortune Society

Jonathan Smith
DC Prisoners' Legal Services Inc.

B.J. Stiles
National AIDS Fund

Dennis L. Stover
National AIDS Foundation

Anthony Strickland
HIV Community Coalition

Also in attendance at meeting in December.

Members of the National Organizations Responding to AIDS (NORA) Working Group on Incarcerated Populations:

Ron Bogard
NORA Co-chair

Beri Hull
NAPWA

Paula Jones
Nat'l Conference of Mayors

Phillippa Lawson
HIV Community Coalition

Cochise Robertson
HIV Community Coalition

Javier Salazar (for Gary Rose, JD)
AIDS Action Council

Jane Silver
AMFAR

Jennifer Smith
Center for Women Policy Studies

Ken South
AIDS National Interfaith Network

Jackie Walker
National Prison Project of the ACLU Foundation, Inc.