

AFTERNOON SESSION

HOW DOES OUR NATION CONFRONT PRISON RAPE:

THE MEDICAL, EMOTIONAL AND MENTAL HEALTH

QUESTIONS

THE CHAIRMAN: We will reconvene this hearing at this time. Before we hear further testimony, I would like to acknowledge the fact that Congressman Wolf apologizes for his inability to be present, but he has some legislation that he is responsible for that prohibits him from being with us this afternoon. But he has submitted his written testimony that he asked be made part of the official record which we will do.

Our next panel will address the issue of the medical, emotional, and mental health issues that come into play as a result of prison rape. And we have three outstanding experts who can provide information to us in that regard. We have Dr. Roberto Potter, who is with the National Center for HIV, STD and TB prevention at the Center for Disease Control in the United States Department of Health and Human Services. We also have

Ms. Melissa Turner, who is the clinical social worker at the Veteran's Administration, and also Mr. Robert Dumond who is with the record, research and planning at the Massachusetts Department of Corrections, an individual who has been in the vineyard working on this issue for a long time, and is one of the noted experts in this area. So we're happy to have all of you present. If you'll please raise your right hand and take the oath.

(Panel members were sworn.)

THE CHAIRMAN: Thank you. The record will reflect that these three witnesses did affirm the oath.

Okay. We'll proceed in the order in which you appear on the agenda. Dr. Potter?

DR. POTTER: Thank you, Mr. Chair and commission members for the invitation today to talk with you about disease and injury-related concerns around prison rape. I believe most people will agree that HIV raises our awareness about the potential disease transmission problems in correctional populations. But, from our

perspective, we've been worried about a lot of other diseases and injuries for quite a while in addition to HIV. And although we know the potential dangers, we really don't have a solid grasp on the actual amount, the empirical, measurable outcomes of disease transmission within correctional facilities across the nation or among people who are then discharged back into the community.

There are several reasons for this. I want to spend a little bit of time talking about those. Most of what we know about the health status of prisoners in the United States comes from studies of their health status at intake to a facility, not during their time there and not upon their discharge. Most of this, unfortunately, comes from studies of either single institutions or at best, one state over any period from one week to a year and a half. We do have several studies that document the transmission of sexually transmittable diseases in correctional facilities whether it is HIV, Hepatitis B and various other STDs like

syphilis and chlamydia. But again, those are based primarily on single institutions or at best, one state's system.

At present, our disease surveillance systems across the United States do not generally capture the prisoner status of a newly diagnosed person, except for tuberculosis, and for a handful of states, an individual disease beyond tuberculosis. These cases are gathered at the state level, states require practicing physicians and institutions to report new cases of identifiable diseases. And in my written testimony, I've outlined the ones that are sexually transmissible. And then those were reported to the Centers for Disease Control and Prevention without identifiers through our national notifiable disease surveillance system which we call Enhance.

Therefore, by the time those aggregated figures come to us, it's very difficult for us to break out new cases of sexually transmitted diseases that occur amongst people who are incarcerated. We have a few where we've tried

that. And I reference those in the written testimony. So, we cannot confidently attribute the transmission of disease due to people acquiring that disease while they're incarcerated, nor can we tell you once people leave the environment, whether or not they're transmitting diseases that they caught in prisons. Whether that was a result of consensual sexual activity or prison rape.

We are currently working with our colleagues at NIJ. We hope to have a report from one of our contractors fairly soon on exactly what the surveillance systems are in the United States and how corrections fits into those. So hopefully in a few months we'll have a little bit more information for you. Thus, we would say we need better surveillance systems that will allow us to separate out how much disease is entering our facilities. You heard the comment that people who come into our facilities are sicker than the general public. That's true, but we do not know how those rates of illness relate to the particular communities from which they come.

We hope to work more closely with our friends in Justice and Corrections on these issues, and to develop better systems that will allow us to specify not only diseases that are transmitted while people are incarcerated, perhaps we can, working through the working group that BJS is doing as well, begin to identify some of those that are transmitted through sexual assaults and move towards the ultimate goal of this panel. Again, it is very difficult to know people who came in infected; people who did not come in infected; people who had sex, were infected, whether or not that happened consensually or through coercion, and then any subsequent behavior in the community. It is just a very hard logic chain to follow all the way through right now with our data systems.

The first part of my talk is really a caveat as a researcher. I also wanted to briefly mention a caveat that came out when we were reviewing and we were preparing another document that's currently under review. We did focus groups with families of prisoners and former prisoners

themselves. And they did ask us to be very careful. They're concerned that linking incarceration and disease transmission adds another layer of a stigma to an already stigmatized population. And I'm hoping that as we move towards better surveillance systems, better monitoring systems on the criminal justice side, that we will be able to disaggregate those things and we can avoid stigmatizing even further than there already are.

I'm going to try to conclude on a hopeful program person's note. And that is that I believe that the charge that the commission has before it and the kinds of programs that I think we will probably be moving towards, really have the opportunity not only to address disease transmission, not only to address risky sexual behaviors inside or outside, but also other behaviors, such as domestic violence, inter-partner and other things, by helping people to understand how their behavior affects others and how their sexual behavior affects others.

I also want to point out that we've come down to two types of programs for approaching prisoner rape as well as the other affects. One, of course, is behavioral, teaching people how to act; teaching people how not to act. There are only two diseases in the sexually transmittable list that I gave you that are, in fact, seen preventable at the moment; Hepatitis A and Hepatitis B. We have recommended since 1992 at CDC that all prisoners receive Hepatitis B vaccination. And we believe that will go a long way toward wiping the disease out of the United States.

So there are those two ways that we hope that commission work will allow us to address not only what occurs inside the facility, but what the folks will then do when they come back into the community as part of the reentry process. Again, let's not confuse our surveillance systems with the kind of testimony you heard this morning. We know it happens. And individual cases are regrettable and horrible and every other negative adjective you want to use. But currently, we're not in a great

position to tell you overall how much it is
occurring.

Thank you all very much.

THE CHAIRMAN: Thank you, Dr. Potter.

Ms. Turner?