

AFTERNOON SESSION

HOW DOES OUR NATION CONFRONT PRISON RAPE:

THE MEDICAL, EMOTIONAL AND MENTAL HEALTH

QUESTIONS

COMMISSIONER SMITH: One -- I wanted to go back to Dr. Potter for one minute. Sorry, Dr. Potter. In my notes, I have a question here where you talk about currently CDC's position is that there should be behavioral work around preventing the risk of HIV and AIDS transmissions in institutional settings. And then you also talked about vaccine preventable types of sexually transmitted disease, and noted, I think that there were two?

DR. POTTER: Hepatitis A and B.

COMMISSIONER SMITH: And I guess I just wanted some information, wanted to know if you had any information now about getting any states or jurisdictions where that was just a part of the protocol for prisoners, and would you make that a particular recommendation?

DR. POTTER: Well, we would encourage you-all and I would be happy to make available the

recommendations on hepatitis control for the correctional facilities that was put out about three years ago, and I think we're currently updating them. And I think I may be confusing them with TB. But, yes, we have, since the first Hepatitis B vaccine came out in the early 1990s, we have recommended that all prisoners be vaccinated.

At the moment, very few states are financially able to do that. Texas got a one-time legislative grant that they managed to carry forward for about three years, so they were vaccinating everyone that can in to TBCJ with all three doses over a period of a year and a half, that they would have them at least.

Michigan also had a program that was legislatively funded, but it's currently, like many things in the last few years, have been scaled back. There are other smaller groups who did it. We -- somebody mentioned earlier, Chair Hennessey's jail in San Francisco was one of our pilot areas. Public health actually provides healthcare in -- the Department of Public Health provides healthcare in the San Francisco jail.

And we did a project with them to look at Hepatitis B amongst high risk populations. And once we were able to fund an extra nurse to actually do the vaccine at work, they had great uptake. So it's mostly a matter of finding money. We don't have a vaccine for high risk adults, as we call it, programs like we have in the vaccines for children program. I think we've estimated it would probably cost us around 20 million in three years to vaccinate all the prisoners in the United States.

COMMISSIONER FELLNER: And what is the cost today of Hepatitis A and B, would you estimate, given the prevalence?

DR. POTTER: I would have to refer you back to the -- with that exact thing, but we believe that if we could do a vaccination program at least in prisons and locally in jails as well, we could probably wipe out the adult reservoir of Hepatitis B susceptible people in the United States within a five-year period.

COMMISSIONER FELLNER: That's remarkable.