



**TESTIMONY PRESENTED TO THE NEW YORK STATE ASSEMBLY  
COMMITTEE ON HEALTH AND COMMITTEE ON CORRECTION**

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**PRESENTED BY**

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**MEMBER  
LEGISLATIVE ACTION COALITION ON PRISON HEALTH**

Chairman Gottfried, Chairman Aubry, thank you for this opportunity to testify regarding the healthcare provided in New York State Prisons. My name is

Michele Bonan, and I am the Assistant Director of Government Relations for Gay Men's Health Crisis, GMHC.

Gay Men's Health Crisis (GMHC) is a not-for-profit, volunteer-supported and community-based organization committed to national leadership in the fight against AIDS. GMHC serves one in every five persons diagnosed with AIDS in New York City. As the world's oldest AIDS service provider, GMHC helped more than 15,000 men, women and children and their families last year. Our clients reflect the diversity of this expanding epidemic: 69% are people of color, 2/3 are lesbian, gay, bisexual or transgender, 19% are women, and more than half reside outside of Manhattan. The vast majority of our clients live at or below the poverty level. GMHC offers a comprehensive array of services including hot meals and nutrition, legal counseling and representation, case management, assistance accessing health care and stable housing, peer support networks, mental health services, testing and counseling services for HIV and sexually transmitted infection and substance use counseling.

We thank you for holding this hearing, and strongly support the legislation you have sponsored in the Assembly. Adequate healthcare in correctional facilities is an issue we have been advocating on for many years. Approximately 25% of GMHC's newly registered clients have been incarcerated at least once. We see the majority of these clients through programs related to substance use in our Prevention Case Management Programs and through various programs in the Women and Family Services Department. Stories communicated by our clients as well as outside reports and prison visiting projects have documented that the delivery of care in prison does not meet the standard of care for HIV/AIDS and Hepatitis C established by the State of New York.

GMHC, is also a member of the Legislative Action Coalition on Prison Health, a statewide coalition of nearly 40 organizations working together on a long term campaign to support legislation that would ensure proper healthcare,

HIV and Hepatitis C prevention and education to inmates in New York's prison system. Many of the advocacy, service provider and legal agencies involved are here today, and have been working on these prison health issues for a long time—we have come together to push for change. Our coalition has been steadily growing and has been energized to build support for these legislative initiatives. We have been meeting with members of the Assembly, Senate and members of the Department of Health; we have engaged former inmates in reaching out to their representatives, and; we have worked to demonstrate that good prison healthcare is good public health.

As you well know, New York State inmates suffer disproportionately from serious illness. For example, of the 66,000 inmates in the custody of the Department of Correctional Services (DOCS), approximately 10,000 are infected with Hepatitis C and more than 6,000 are HIV-infected. These are the highest rates of HIV infection in the US.

For the most part, men and women in the correctional system have not had ample access to health care prior to incarceration. At the same time, they have experienced high incidences of chronic diseases, mental illness and substance use. Incarceration provides a crucial public health opportunity to voluntarily test, treat, and educate this population.

However, many HIV-infected inmates are not receiving the benefits of early treatment for the disease because they have not been provided education and/or voluntarily testing for HIV. It is estimated that fewer than half of all HIV-infected inmates in the state prisons are known. Further, a recent study of newly admitted inmates found that 14% of male and 23% of female prisoners are infected with Hepatitis C, a rate 8 to 13 times greater than in the public. Yet, of the nearly 10,000 HCV-infected inmates in prison only 3% are receiving treatment. This is a public health travesty—we are missing an opportunity to curtail the spread of the infection and to reduce the total health care costs to the

public. In fact, The National Commission on Correctional Health Care recently called on states to treat inmates now or taxpayers will have to pay more later. The cost of treatment now is far less than the cost to treat liver failure over the next 20 years.

There are clearly deficiencies in the healthcare provided in NYS Prisons. Department of Corrections health services has not provided adequate education about the benefits of early detection and treatment of HIV Hepatitis C and other chronic illnesses, has not provided prompt testing or appropriate pre- and post-test counseling. They don't have sufficient numbers of adequately trained health professionals with the expertise to care for the inmates with chronic diseases. The prisons do not have an adequate number of HIV specialists to care for or supervise the care of HIV-positive inmates, and inmates with other chronic illnesses. They fail to prescribe care that is consistent with clinical guidelines supported by the DOH for people with chronic illnesses. The prisons do not ensure that patient care is available to all requiring it and that it is delivered without interruption. They fail to have an adequate quality assurance program to monitor the care being provided to inmates. Finally in most instances DOCS fails to act to preserve continuity of care during prison-to-prison transfers or on release from prison into the community.

Despite clear warnings of inadequate HIV and Hepatitis C care in prisons and recommendations of corrective action, little has been done to resolve these longstanding problems. These deficiencies in care have persisted in part due to the fact that prison environments are insulated from general public scrutiny and no other state agency or independent authority has consistently reviewed the care being provided DOCS inmates. The NYS Department of Health (DOH) has not performed any systemic review of medical care in DOCS facilities pursuant to its Public Health Law authority to review health services in the state, asserting that DOH lacks legislative authority for such review under Article 28 of the Public Health Law.

The Legislative Action Coalition on Prison Health is supportive of the bills you wish to highlight today at this public hearing. The pattern of failure in DOCS healthcare provision as well as the lack of a monitor of DOCS health care illustrates the crucial need for them. A.4204/S.1840, would require DOH to review DOCS policies and practices regarding HIV/AIDS and Hepatitis C care; A.3692/S.3898 would include DOCS health facilities (clinics, infirmaries, hospitals) and local correctional facilities under Article 28 of the Public Health Law, which already applies to all other hospitals and clinics; and A.3940-A/S.2082 would require the Corrections Commissioner to develop and implement programs for employees and inmates in each correctional facility to prevent the spread of sexually transmitted diseases and HIV infection.

In particular, the Coalition is focused on A4204/S1840, authorizing the Commissioner of Health to review policies and practices related to delivery of HIV/AIDS and Hepatitis C care on an annual basis and to prepare and implement a plan of correction where deficiencies are found. This is the best step to take toward improving the quality and consistency of care provided by DOCS health staff. This legislation would provide an opportunity for public participation in the review process and public dissemination of audit results. We believe that greater scrutiny of DOCS by DOH is crucial to any effort to correct serious deficiencies in HIV/AIDS and hepatitis C care delivered in the correctional system. This bill offers an important opportunity to improve prison health and therefore public health in New York State.

Each year, approximately 29,000 inmates return to the community. Providing essential medical care to these inmates is not only crucial to their well being, but also to their families, communities and the correctional staff with whom they come in contact.

Furthermore, this is a feasible plan. There already exists a cooperative relationship between DOH and DOCS that should be built upon by expanding the

role of DOH. Currently, the Department's AIDS Institute engages in a quality improvement partnership with DOCS. It shares quality improvement measures and its quality improvement software package, HIVQUAL, with staff at DOCS to enable them to measure their own performance. These indicators allow DOCS to have a snapshot of its performance regarding antiretroviral therapy, PCP prophylaxis (pneumocystis carinii pneumonia), tuberculosis screening and annual pelvic exams. But currently, this cooperative relationship does not extend to on-site performance reviews to evaluate practices or other external quality assurance audits that DOH would rely on to ensure quality care at other health care facilities that provide HIV and Hepatitis C care. This legislation would correct that incongruity. Additionally, the AIDS Institute is currently engaged in a three year plan to develop, implement and evaluate viral hepatitis education and training programs. Under this proposed legislation, DOCS could then utilize the expertise of the AIDS Institute to develop and implement HCV care policies and practices that meet community standards of care.

Oversight is urgently needed to clearly define DOH authority to conduct a complete review of policies and practices on an annual basis, to implement a corrective action plan where deficiencies are noted and to monitor implementation of the corrective action plan. Only with independent review of the health services provided and implementation of corrective action can we hope to significantly improve treatment for prison inmates with HIV, Hepatitis C and other chronic illnesses.

We look forward to working together to push for significant improvements in the health care afforded New York State's inmate population. Thank you once again for convening a hearing on such a critical public health issue, and allowing us this time to testify.

## LEGISLATIVE ACTION COALITION ON PRISON HEALTH

AIDS Center for Queens County	Latino Commission on AIDS
AIDS Treatment Data Network	Legal Action Center
AIDS Service Center	LOLA – Latino Organization for Liver Awareness
Alliance for Inmates with AIDS	Lower East Side Harm Reduction
Bailey House	Lutheran Social Services Free at Last Prison Outreach
Breathing Space, Inc. - Ray Rios	Mano a Mano
Bronx HIV Care Network	National AIDS Treatment Advocacy Program
Center for Community Alternatives	New York AIDS Coalition
Center for Comprehensive Care, St. Luke=s Roosevelt Hospital	New York Civil Liberties Union
Coalition of Persons Living with Hepatitis C	NYC AIDS Housing Network
Correctional Association of New York	Osborne Association
End AIDS Now!	Partnership for Family Health
Gay Men=s Health Crisis	The Partnership for the Homeless
Harlem Directors= Group	Prisoners= Rights Project - Legal Aid Society
Harm Reduction Coalition	Southern Tier AIDS Program
Housing Works	Staten Island AIDS Task Force
Incarcerated Mothers Program	STEPS to End Family Violence
Iris House	Urban Justice Center
Latino Health Advocacy Coalition	VIP Community Services <i>List in Progress – November 2003</i>