



**Testimony of
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Department of Corrections
In Support of H.R. 1943
House Committee on the Judiciary
Subcommittee on Crime, Terrorism, and Homeland Security
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Good Morning Mr. Chairman and members of the Judiciary Committee, I am Devon Brown, Director of the District of Columbia Department of Corrections. I appear before you today as a 33-year correctional executive whose experience includes leadership at both the State and local levels within Maryland, New Jersey State, and the District of Columbia correctional systems. I do so in firm support of House Resolution 1943.

Having spent the entirety of my career as a public servant in the proud membership of the correctional profession, I am acutely aware of the many challenges and demands of its operations and gravity of responsibilities. Having functioned as the Director of the Montgomery County Department of Corrections and Rehabilitation, warden of two of Maryland's Maximum Security institutions and as a forensic psychologist, I have faced many concerns and issues existing within prison walls but ultimately having impact upon all of society. None are more important than those addressed by H.R. 1943 as it recognizes the growing interface between public safety and public health.

This bill, like similar ones enacted throughout the country, recognizes the critical significance of diagnosing, educating, and treating, where appropriate, all inmates for HIV/AIDS as they enter, reside within, and leave prison gates. The proposed legislation understands that as we speak, over 2.2 million prisoners are currently incarcerated within our country's prisons and jails with over 600,000 of them returning to our communities each year. These individuals will be re-establishing themselves in our villages, hamlets, and neighborhoods, with many securing employment in fields requiring routine and close interaction with the public. Of acute concern is the realization that approximately 4 - 5% of them will be released from confinement with HIV/AIDS, a statistic which is five times the rate of prevalence in the general population. These individuals will return to their families, resituate themselves and resume their lives infected with a highly pernicious, destructive, and contagious disease. Many will be unaware that they are the host of this acutely devastating virus, nor will they know that their disorder has the potential of being innocently passed on to unsuspecting others both within and outside of prison gates.

H.R. 1943 endeavors to promote public health for all of the country by ensuring that inmates are automatically tested for HIV/AIDS upon commitment to federal custody, educated about the disease and treated where warranted. Moreover, they are again tested upon completing their term of incarceration. These provisions are consistent with the Centers for Disease Control (CDC) recommendations and those of several other jurisdictions among them the District of Columbia. As a means to offset the fiscal resources necessary to implement this legislation, funding is available through the U.S. Department of Health Department with guidance provided by the CDC.

As correctional systems take on an increasing and more vital role in promoting the vibrancy of our communities, their efforts must include doing more to contain the spread of HIV/AIDS. Inasmuch as 90% of all HIV positive cases detected in prisons reportedly involve those who have contracted the infection prior to incarceration, the proposed legislation will also play an important role in protecting the health of the brave men and women who serve the people of this country each day through their employment within correctional facilities. By diagnosing, educating, and treating the inmate population who possess the disorder, it is less likely to be spread to prison staff as well. House Resolution 1943 recognizes this necessity. Its enactment is in the best interest of our correctional systems and the public they serve.

In recognition of this reality, last June the District of Columbia Department of Corrections became the first municipal detention facility in the United States to comprehensively expand its existing inmate health care services to address the HIV pandemic by integrating automatic HIV testing into its routine medical intake and release procedures. As most correctional systems test for HIV under limited, voluntary conditions, our approach in automatically testing all detainees at the front and back end of incarceration is highly congruent with the elements of H.R. 1943 and stands as indisputable evidence of the feasibility as well as success of these procedures. Our condom distribution program, implemented during the early 1990's, was likewise one of the first initiatives of its kind in the nation and complements our automatic HIV testing strategy by contributing to the deterrence of the disease's transmission. The condom distribution initiative began at a time when only a handful of correctional systems supported such a response to controlling HIV in correctional settings. It is important to note that while our departmental policy strictly prohibits sexual activity among inmates, the HIV/AIDS issue is considered more insidious than the consequences resulting from inmates committing consensual sex related infractions.

In conclusion, I leave you with these observations made in 1929 by the "National Society for Penal

Information" as conveyed in a publication entitled, Health and Medical Service in American Prisons and Reformatories, by F.L. Rector:

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

These resounding words are as true today as when related over 7 decades ago. As it relates to HIV/AIDS transmission, the health of our nation shall be greatly influenced by the manner in which we address our prisons. House Resolution 1943 affirms this truth. Recognizing the profound importance that this bill will have in furthering the health of all citizens, I enthusiastically support its passage.

Mr. Chairman, this concludes my testimony. I would be pleased to respond to any questions that you may have of me at this time. Thank you