



**Breaching the Silence of
Institutional Hepatitis B
Discrimination**

July, 2019

They can't speak out . . .

- People who are ignorant or oblivious of HBV, i.e., most individuals outside this room
- Mothers traumatized to learn they infected their children
- The foreign born who recall how poorly the HBV-infected were treated in their countries of origin
- Students, military personnel and administrators who know institutional HBV discrimination exists and fear the price of reporting it
- HBV-infected persons who've successfully challenged discriminatory policies but are muzzled by settlement agreement confidentiality clauses
- Healthcare professionals with HBV who fear stigma, employment discrimination or loss of future opportunity, if colleagues learn of their infection
- The foreign born who are impacted by HBV and navigate the challenges of immigrant life, while hearing and reading anti-immigrant sentiment and threats in the public square

. . . SO WE MUST

QUESTIONS TO PONDER

Why was the discovery of the hepatitis B virus (HBV); its link to liver cancer; the ability to test for the virus; and development and widespread availability of the world's first anti-cancer vaccine not impressed on the public consciousness in the 1980's, even as doctors recommended the vaccine for young children and school districts nationwide adopted policies mandating student HBV immunization?

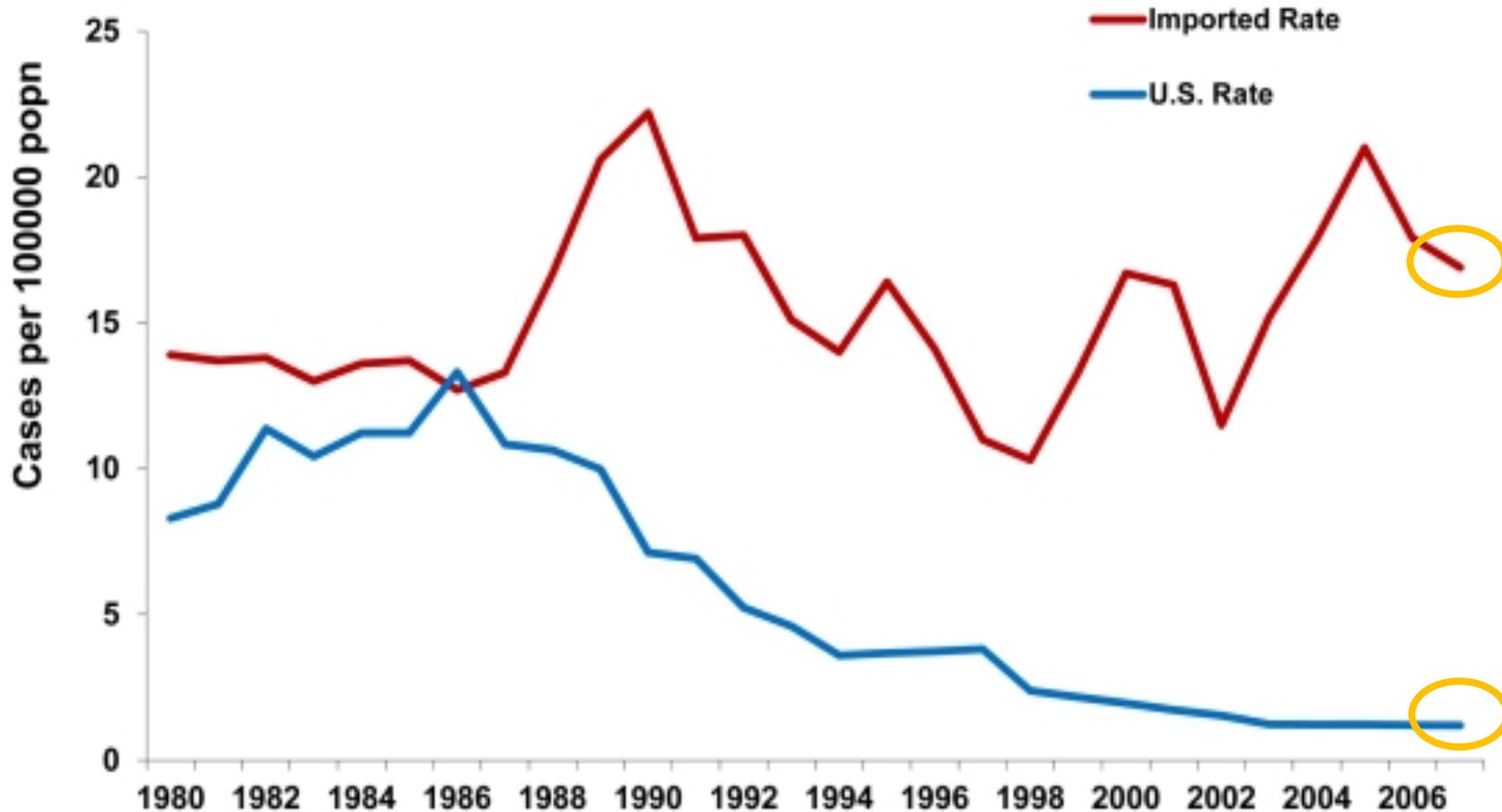
Why were Asian-Pacific Islander and other disparately impacted foreign-born communities not aware for decades of the HBV disparity in their communities or the undisclosed policies being adopted by many healthcare schools and the Dept of Defense to exclude students and military accessions with chronic HBV?

Why consider these questions?

Incidence of Chronic Hepatitis B, U.S.-Acquired vs. Estimated Imported, United States, 1980–2008

Source: www.ncbi.nlm.nih.gov/pmc/articles/PMC3233539

Published online 2011 Dec 7

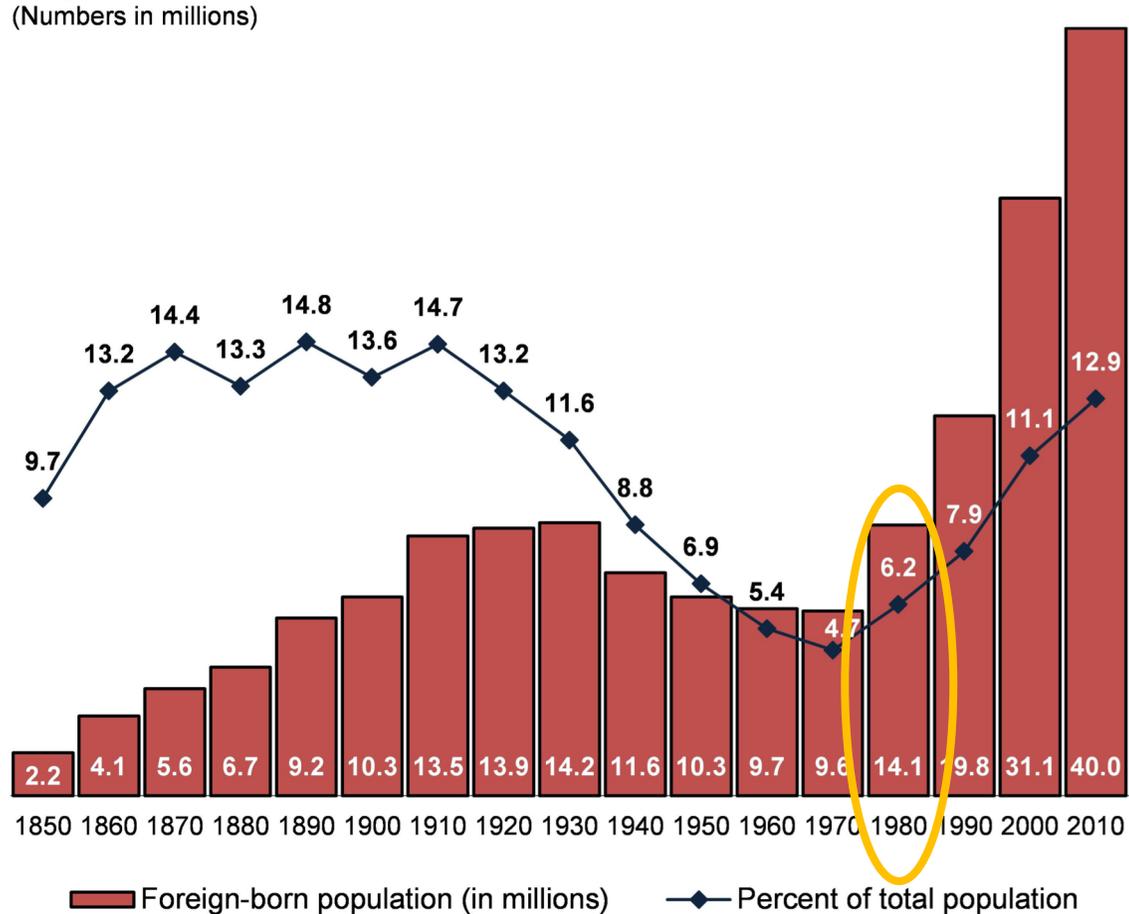


“Over 80% of the world's population lives in countries of intermediate (2%–7%) or high ($\geq 8\%$) prevalence. . . .

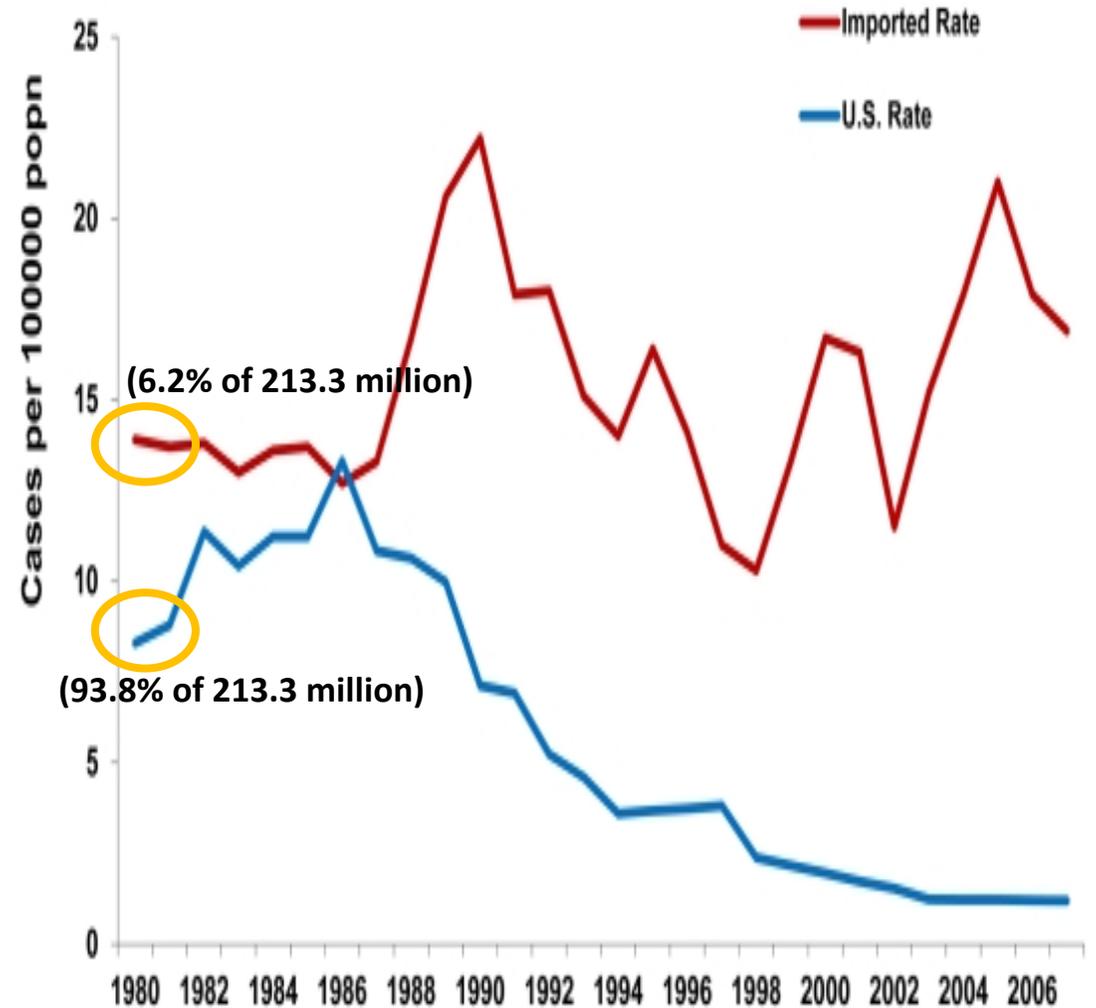
“The national strategy for elimination of domestic transmission of HBV through immunization must take into account the burden of disease among foreign-born Americans.”

What the article fails to state: In 1980 HBV was already a health disparity for the foreign born, who accounted for 6.2% of the U.S. population

Foreign-Born Population and Percentage of Total Population, for the United States: 1850 to 2010
(Numbers in millions)



www.census.gov/content/dam/Census/library/visualizations/2014/demo/second-great-wave.jpg



www.ncbi.nlm.nih.gov/pmc/articles/PMC3233539

A SILENT DISEASE CLOAKED IN SILENCE FOR DECADES

Cultural norms - the shared expectations and rules that guide behavior of people within social groups. Cultural norms are learned and reinforced by parents, friends, teachers and others while growing up in a society. E.g., “don’t talk about sickness or death,” “save face”

Stigma -- being devalued by individuals or the community based on real or perceived health status. Stigma is a documented barrier to health seeking behavior, engagement in care and adherence to treatment across a range of health conditions globally.

Discrimination – an individual or group’s unjust or prejudicial treatment of an individual living with chronic HBV infection.

Recognize Intersecting Stigmas & Discrimination

Working through the culture of silence around a disease that disproportionately impacts the foreign-born requires us to consider the different cultural norms and prior experiences of these communities, as well as the **stigma and discrimination they are coping with related to:**

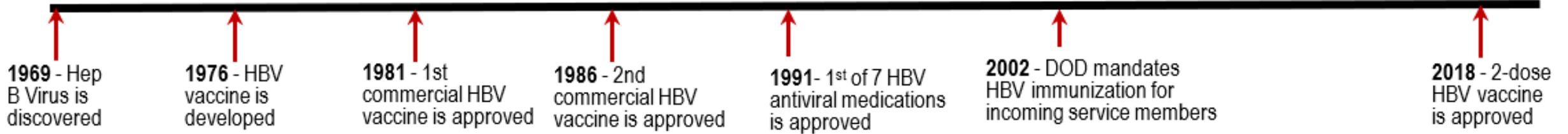
**immigration status . . . race . . . class . . .
country of origin . . . English proficiency . . .
education . . . occupation . . . and more**

Each stigma has unique drivers, facilitators, manifestations and outcomes. And **each stigma intersects HBV and other health-related stigma.**

Institutional Discrimination - unjust and discriminatory mistreatment of an individual or group of individuals by society and its institutions due to bias, or arbitrary or flawed criteria – even if the discrimination is not intentional.

- Decreased access to opportunities and wealth are among the long-lasting detrimental effects.
- **Members of minority groups are generally at much higher risk of encountering these types of sociostructural disadvantage due to their greatly reduced numbers, lack of decision-making status or resources to challenge or fight back.**
- **Institutional discrimination leaves victims feeling powerless and alone.**

NOTE: More than half of the HBV-diagnosed medical and dental students and DOD servicemembers who've been harmed by institutional HBV discrimination were previously unaware of their chronic infection, which made the diagnoses and negative consequences especially confounding and devastating.



← **1991**- CDC publishes an MMWR for management of healthcare workers w/HIV or CHBV who perform exposure-prone procedures. NOTE: This MMWR remains unchanged until 2012 despite important changes in monitoring and treatment of HBV. Based on different interpretations of “invasive, exposure-prone procedures,” healthcare schools begin citing the MMWR as the basis for their undisclosed policies to dismiss or deny enrollment to students w/CHBV.

← **2011** – **Medical & dental school applicants and enrolled students w/CHBV file ADA complaints against schools that refuse to enroll or provide disability accommodation.**

← **2012** - CDC publishes [updated, evidence-based MMWR for healthcare workers & students w/ CHBV](#).

← **2013** – DOJ Disability Rts Section publishes the [DOJ-UMDNJ Sttlmt Agmt](#). With HHS and DOE, DOJ issues a [joint Technical Assistance Letter to healthcare schools](#) warning of potential violations of the ADA and Title VI of the Civil Rts Act.

← **2015** – Complaint filed with DOJ to report medical and dental schools that continue to use vague, erroneous or misleading language in published HBV requirements. For lack of complainants, DOJ did not investigate.

← **2018** – Students contact the Hep B Foundation due to denial of enrollment by healthcare schools in states with laws that prohibit enrollment of students with HBV and are referred to the DOJ.

← **2018, 2019** – Interns at Hep B Foundation and Hep B United survey healthcare school HBV policies in Pennsylvania and New York, respectively

BE AWARE:

Some healthcare schools still create doubt, attempt to have HBV positive students self-disqualify, or attempt to disqualify or dismiss HBV-positive students

- by publishing what appear to be bright-line HBV requirements without disclosing reasonable accommodation
- by citing state law that is discriminatory and in potential violation of Title 6 of the Civil Rights Act
- under guise of infractions unrelated to the health condition

Example of a misleading admissions policy information: an admissions policy calling for documented HBV immunization series and titer reading as proof of immunity without disclosing information for HBV positive students

NOTE: Though questionable policies were reported to the DOJ in 2015, based on a survey of published admissions policies, no investigation ensued for lack of complainants. In 2018, HBF received calls from students in different parts of the country and referred the callers to the DOJ.

IMMIGRANTS AND MILITARY SERVICE

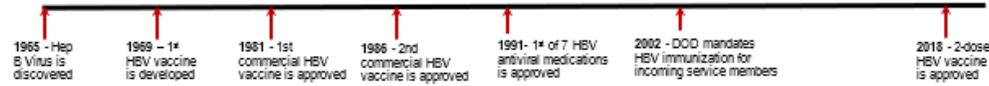
www.thebalancecareers.com/immigrants-in-the-us-armed-forces-3353965

August 03, 2018

“In the last 15 years, over 100,000 military members who were immigrants are now U.S. citizens. Immigrants serving in the United States military has deep historical roots. Non-citizens have fought in and with the U. S. Armed Forces since the Revolutionary War. According to [One America](#), nationally, each year an estimated 8,000 non-citizens enlist in the military.

“[Naturalization through military service](#) is a legitimate method to increasing recruitment as well as giving immigrants an opportunity to become citizens.”





DOD Deploy or Discharge Policy Exposes the Injustice of Deployment Status Based on Outdated HBV Policy

695 DOD personnel are living with vaccine-preventable chronic HBV – most, if not all 695, are from immigrant-refugee communities

Since 2013 hepatitis B civil rights advocates have called for the Dept. of Defense (DOD) to update chronic Hepatitis B (CHBV) policy that does not reflect modern treatment and monitoring of CHBV. The outdated policy fosters inconsistent personnel decisions for HBV-diagnosed service members which impede career advancement and make personnel vulnerable to medical evaluation boards and discharge. In addition, DOD policy does not permit enlistees or officer candidates with chronic HBV (CHBV) to serve in the U.S. Uniformed Services or participate in DOD military academy, health services, educational or scholarship programs.

Missing from current DOD CHBV policy and instructions are facts and measurable criteria that integrate modern advances in protection, monitoring and treatment of CHBV:

1. Protection afforded by an **HBV vaccine** initially approved in 1981 and **mandated since 2002 for all incoming DOD personnel**;
2. Technology to **periodically measure a service member's HBV DNA viral load against the threshold value of serum HBV DNA considered safe by the Centers for Disease Control and Prevention (CDC) to permit contact between service personnel comparable to a healthcare worker with CHBV performing CDC-defined invasive, exposure-prone medical procedures**;
3. **Antiviral treatment in the form of one pill a day** to reduce HBV DNA viral load to a level that is non-infectious.

Relying on outdated policy devoid of evidence-based criteria, DOD service branches assign deployment classifications to HBV-diagnosed personnel that range from "deployable," to "limited deployment," to "deployable with advance medical clearance" to "unfit for deployment." Such inconsistent treatment is unjust, because it impedes career advancement and service longevity. The policy is also obscure enough for the Army to deploy CHBV-diagnosed personnel to combat theaters when needed and then, years later – e.g., in 2013 after troops were withdrawn from Iraq – to cite chronic HBV as cause for referral to an evaluation board leading to mandatory discharge.

Realizing the need for increased numbers of personnel available to deploy to Afghanistan and other global hot spots, the DOD announced in 2018 a new **"Deploy or Discharge" policy, effective October 1, to discharge personnel who are non-deployable for more than twelve months**. This policy puts the careers of 695 HBV-diagnosed service members at risk and **graphically exposes the injustice of deployment status based on outdated, inadequate health policy**

FORTHCOMING CONGRESSIONAL ADVOCACY: The Hepatitis B Foundation is working to have Congress pass legislation **requiring the DOD to adopt comprehensive, evidence based CHBV policies, instructions and service regulations for applicants, incoming and existing personnel**. These policies should be consistent with current science and recommendations published by the CDC's Office of Infectious Disease.

- 1991- CDC publishes an MMWR for management of healthcare workers w/CHBV. Healthcare schools begin citing the MMWR as reason to deny enrollment or disability accommodation for students w/CHBV.
- 2011 - Medical & dental school applicants and enrolled students w/CHBV file ADA complaints against schools that refuse to enroll and/or provide accommodation.
- 2012 - CDC publishes [updated, evidence-based MMWR for healthcare workers & students w/ CHBV](#).
- 2013 - DOJ Disability Rts Section publishes the [DOJ Minority Student Admit.](#) With HHS and DOE, DOJ issues a [Joint Technical Assistance Letter to healthcare schools](#) warning of potential violations of the ADA and Title VI of the Civil Rts Act.
- 2014 - In response to civil rights advocacy, a 2014 NDAA provision calls for DOD to report its CHBV policies & regulations. Advocates reject the report as outdated, unscientific and lacking in evidence-based criteria.
- 2015 - 2018 DOD's 18-month internal review of Medical Accession Policies begun in 2015 is not concluded until 36 months later in 2018 with no change in HBV policy or directives. Inconsistent treatment & personnel deployment classifications persist.
- 2018 - DOD announces and implements ["Deploy or Discharge."](#) [DODD 1332.45](#) to initiate mandatory discharge of personnel who are non-deployable for more than 12-consecutive months. The impact on personnel w/ CHBV is of continuing concern.

1965 - Hep B Virus is discovered

1976 - HBV vaccine is developed

1981 - 1st commercial HBV vaccine is approved

1986 - 2nd commercial HBV vaccine is approved

1991- 1st of 7 HBV antiviral medications is approved

2002 - DOD mandates HBV immunization for incoming service members

2018 - 2-dose HBV vaccine is approved

← **2013** When a 9-year servicemember with CHBV contacts the Hepatitis B Foundation for help in appealing discharge action, the foundation learns of the DOD policy that bars from service any enlistee, officer candidate, academy appointee or scholarship applicant with CHBV. DOD has no written HBV-specific policies to manage or protect the rights of personnel who are not diagnosed until well after accession and cannot be immediately discharged. Despite a favorable response for reconsideration, the soldier is discharged from service.

← **2014** – In response civil rights advocacy, a 2014 Natl Defense Authorization Act provision calls for DOD to report its CHBV policies & regulations. Advocates reject the report as outdated, unscientific and lacking in evidence-based criteria.

← **2015 – 2018** DOD's 18-month internal review of Medical Accession Policies begins in **2015** and is not concluded until 36 months later in **2018** with no change in HBV policy or directives. Inconsistent treatment & personnel deployment classifications persist.

← **2017** – DOD announces and implements “Deploy or Discharge,” DODI 1332.45, to initiate mandatory discharge of personnel who are non-deployable for more than 12 consecutive months. The impact on personnel w/ CHBV prompts us to contact and work with HIV advocates with similar concerns.

← **2018 – 2019** N Shiroma, Hep B United and NASTAD join an HIV Coalition led by Lambda Legal and Modern Military to protect the rights of 1200 HIV+ and 695 HBV+ service members from potential discharge under “Deploy or Discharge” and to advocate for documented science and evidence based regulations for HIV and CHBV, respectively.

← **2018 – 2019** An Active duty servicemember with CHBV is threatened with charges and subjected to months-long investigation. Inquiry is mismanaged for lack of documented procedures. Findings support the information presented to DOD by HBV advocates in 2013 and 2016, i.e., DOD does not maintain personnel regulations for servicemembers with CHBV and should adopt evidence-based regulations to manage, support and protect the rights of personnel with chronic HBV and put in place procedures and access to long-term medical support for personnel with this condition.

Strategy to Dismantle HBV Institutional Discrimination in the 7 U.S. Uniformed Services

- Our first priority is to advocate for fair and consistent treatment of existing HBV positive servicemembers by having the DOD implement evidence-based HBV policies that reflect current science and medical treatment and protect the privacy, employment and disability rights of these servicemembers
- We are also advocating for DOD to reform the accession policy that currently bars enlistment, enrollment or commissioning of persons with chronic HBV in the U.S. Army, Navy, Air Force, Marines, military service academies, ROTC and Health Sciences Scholarship Programs – as well as the Public Health Svc, Coast Guard and Natl Oceanic Atmospheric Administration.

HELP DISMANTLE HBV DISCRIMINATION:

- Encourage and support individuals who report discriminatory policy or treatment
Remember: no complainant = no investigation
- **Repeat often: “HBV is vaccine-preventable and medically treatable”**
- **Educate and recruit** teens and college students, their parents and mentors, as well as community advocates, and encourage participation in HBV education and outreach programs

RESOURCES:

Team HBV Teen Program (teamhbv.org/high-school-chapters/)

Team HBV Program College Program (teamhbv.org/collegiate-chapters-2/)

Hep B United National Coalition (hepbunited.org/)

- **People care about civil rights. Let them know we’re working to dismantle discriminatory institutional HBV policies**

RESOURCE: Hepatitis B Foundation Blog, Topic: discrimination www.hepb.org/blog/?s=discrimination

- **Support HBV civil rights action to reform discriminatory HBV policies.**

Contact info:

Nadine Shiroma

Kirkland, WA

Nadine.shiroma@hepb.org

Ph: (425) 753-1257

Hepatitis B Foundation

Doylestown, PA

Ph: (215) 489-4900

Website: www.hepb.org/

Social Media: www.facebook.com/hepbfoundation/

twitter.com/HepBFoundation

Hep B United

Washington, DC

Website: www.hepbunited.org/

**The following slides contain additional information
for reference or internet links as needed.**

Pre-2013 Range of Healthcare School HBV Policies & Practices

Most schools published admissions as an admissions requirement the HBV vaccination series and a positive antibody titer reading but provided no information for HBV-positive students. Only a handful of schools disclosed the fact that the school would not enroll students with CHBV. After extending offers of admission:

- Some schools informed students months later that admissions would be rescinded from students with CHBV, when it was too late to apply to apply elsewhere or accept an offer from another school.
- Other schools imposed unreasonable requirements, e.g., begin taking antiviral medication achieve negative HBV seropositivity before the start of clinical rotations.
- Students diagnosed after enrolling were often encouraged to pursue other careers and/or dismissed outright or under cover of a school infraction.
- Some schools enrolled and provided special counseling for students with CHBV

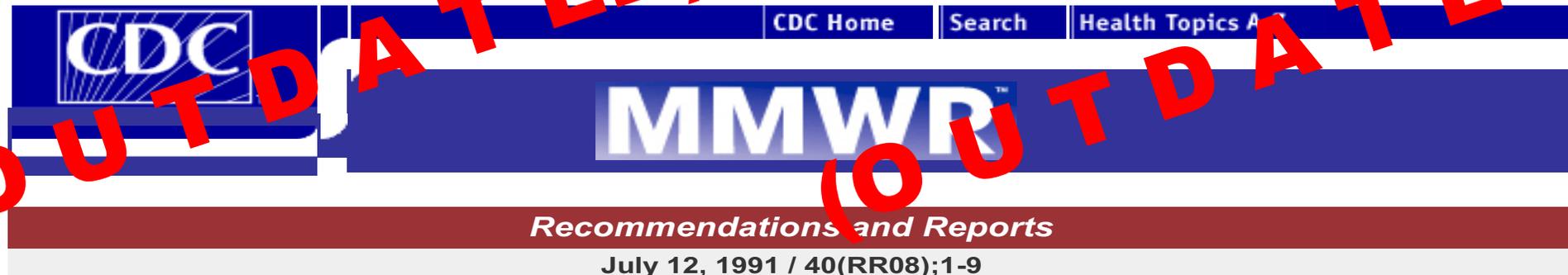
The varying range of healthcare school HBV policies and practices remained in place despite journal articles published in the early 2000's exposing the inconsistencies and the trauma suffered by students who were dismissed or not permitted to enroll.

These policies persisted despite the fact that most of the healthcare schools that barred HBV-infected students from enrolling were located in states that allowed HBV-diagnosed practitioners to be licensed.

Prior to 2012 healthcare schools rationalized their policies not to enroll HBV-infected students based on their reading of recommendations published in 1991 by a trusted source – the Centers for Disease Control & Prevention.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/00014845.htm>

Centers for Disease Control and Prevention
Morbidity and Mortality Weekly Report (MMWR)



Recommendations for Preventing Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Patients During Exposure-Prone Invasive Procedures

This document has been developed by the Centers for Disease Control (CDC) to update recommendations for prevention of transmission of human immunodeficiency virus (HIV) and hepatitis B virus (HBV) in the health-care setting. Current data suggest that the risk for such transmission from a health care worker (HCW) to a patient during an invasive procedure is small; a precise assessment of the risk is not yet available. This document contains recommendations to provide guidance for prevention of HIV and HBV transmission during those invasive procedures that are considered exposure-prone

2011 to 2013 -- Steps Taken to Dismantle Discriminatory Medical & Dental School Chronic HBV Policies

Step 1: HBV and infectious disease experts join with Joan Block of the Hepatitis B Foundation in June 2011 to inform CDC of the discriminatory policies harming medical and dental students and the urgent need for new, updated HBV guidelines.

www.cdc.gov/mmwr/preview/mmwrhtml/rr6103a1.htm

Updated CDC Recommendations for the Management of Hepatitis B Virus-Infected Health-Care Providers and Students

July 6, 2012 / 61(RR03);1-12

*These updated recommendations reaffirm the 1991 CDC recommendation that HBV infection alone should **not** disqualify infected persons from the practice or study of surgery, dentistry, medicine, or allied health fields. . . .*

The 2012 updated CDC recommendations include a measurable serum HBV/DNA threshold of < 1,000 IU / ml for HBV-infected providers to perform “invasive, exposure-prone procedures,”

. . . The previous recommendations have been updated to include the following changes: no prenotification of patients of a health-care provider's or student's HBV status; **use of HBV DNA serum levels rather than hepatitis B e-antigen status to monitor infectivity**; and, for those health-care professionals requiring oversight, specific suggestions for composition of expert review panels **and threshold value of serum HBV DNA considered "safe" for practice (<1,000 IU/ml)**. These recommendations also explicitly address the issue of medical and dental students who are discovered to have chronic HBV infection. **For most chronically HBV-infected providers and students who conform to current standards for infection control, HBV infection status alone does not require any curtailing of their practices or supervised learning experiences. These updated recommendations outline the criteria for safe clinical practice of HBV-infected providers and students** that can be used by the appropriate occupational or student health authorities to develop their own institutional policies. These recommendations also can be used by an institutional expert panel that monitors providers who perform exposure-prone procedures.

... and includes definitions and examples of 1) invasive, exposure-prone procedures and how they differ from 2) all other invasive and non-invasive procedures

Category I. Procedures known or likely to pose an increased risk of percutaneous injury to a health-care provider that have resulted in provider-to-patient transmission of hepatitis B virus (HBV)

These procedures are limited to major abdominal, cardiothoracic, and orthopedic surgery, repair of major traumatic injuries, abdominal and vaginal hysterectomy, caesarean section, vaginal deliveries, and major oral or maxillofacial surgery (e.g., fracture reductions).

Techniques that have been demonstrated to increase the risk for health-care provider percutaneous injury and provider-to-patient blood exposure include

- digital palpation of a needle tip in a body cavity and/or
- the simultaneous presence of a health care provider's fingers and a needle or other sharp instrument or object (e.g., bone spicule) in a poorly visualized or highly confined anatomic site.

Category II. All other invasive and noninvasive procedures

These and similar procedures are not included in Category I as they pose low or no risk for percutaneous injury to a health-care provider or, if a percutaneous injury occurs, it usually happens outside a patient's body and generally does not pose a risk for provider-to-patient blood exposure. These include

- surgical and obstetrical/gynecologic procedures that do not involve the techniques listed for Category I;
- the use of needles or other sharp devices when the health-care provider's hands are outside a body cavity (e.g., phlebotomy, placing and maintaining peripheral and central intravascular lines, administering medication by injection, performing needle biopsies, or lumbar puncture);
- dental procedures other than major oral or maxillofacial surgery;
- insertion of tubes (e.g., nasogastric, endotracheal, rectal, or urinary catheters);
- endoscopic or bronchoscopic procedures;
- internal examination with a gloved hand that does not involve the use of sharp devices (e.g., vaginal, oral, and rectal examination; and procedures that involve external physical touch (e.g., general physical or eye examinations or blood pressure checks).

Step 2: In 2011 the initial complaint filed with the Dept of Justice, Disability Rights Section by community civil rights advocate Nadine Shiroma, is followed by ADA complaints from 4 healthcare students. Following an investigation, DOJ publishes the 2013 UMDNJ settlement agreement . . .

https://www.ada.gov/umdnj_sa.htm

JUSTICE NEWS

Department of Justice
Office of Public Affairs

FOR IMMEDIATE RELEASE
Tuesday, March 5, 2013

Justice Department Settles with the University of Medicine and Dentistry of New Jersey Over Discrimination Against People with Hepatitis B

The Justice Department announced today that it has reached a settlement with the University of Medicine and Dentistry of New Jersey School (UMDNJ) under the Americans with Disabilities Act (ADA). The settlement resolves complaints that the UMDNJ School of Medicine and the UMDNJ School of Osteopathic Medicine unlawfully excluded applicants because they have hepatitis B. This is the first ADA settlement ever reached by the Justice Department on behalf of people with hepatitis B.

In 2011, the two applicants in this matter applied and were accepted to the UMDNJ School of Osteopathic Medicine, and one of them was also accepted to the UMDNJ School of Medicine. The schools later revoked the acceptances when the schools learned that the applicants have hepatitis B. The Justice Department determined that the schools had no lawful basis for excluding the applicants, especially because students at the schools are not even required to perform invasive surgical procedures, and that the exclusion of the applicants contradicts the Centers for Disease Control and Prevention's (CDC) updated guidance on this issue.

According to the CDC's July 2012 "Updated Recommendations for Preventing Transmission and Medical Management of Hepatitis B Virus (HBV) – Infected Health Care Workers and Students," no transmission of Hepatitis B has been reported in the United States from primary care providers, clinicians, medical or dental students, residents, nurses, or other health care providers to patients since 1991.

"Excluding people with disabilities from higher education based on unfounded fears or incorrect scientific information is unacceptable," said Thomas E. Perez, Assistant Attorney General for the Civil Rights Division. "We applaud the UMDNJ for working cooperatively with the Justice Department to resolve these matters in a fair manner."

"It is especially important that a public institution of higher learning – especially one with a mission to prepare future generations of medical professionals – strictly follow the laws Congress has enacted to protect from discrimination those people who have health issues," said U.S. Attorney for the District of New Jersey Paul Fishman. "The remedies to which the school has agreed should ensure this does not happen again."

and together, the DOJ, Dept of Health & Human Svcs and Dept of Education issue an unprecedented joint Technical Assistance Letter to all healthcare schools.

<https://www.ada.gov/hepatitis-b-letter.htm>

<https://www.ada.gov/hepatitis-b-letter.htm>



To Schools of Medicine, Schools of Dentistry, Schools of Nursing, and other Health-Related Schools:

We write on behalf of the Department of Justice, the Department of Health and Human Services, and the Department of Education to update you on the latest recommendations from the Centers for Disease Control and Prevention (CDC) regarding the participation of students with hepatitis B in medical, dental, nursing, and other health-related programs. We also take this opportunity to emphasize the importance of these recommendations, especially as they relate to your institution's nondiscrimination obligations under the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973 (Section 504), and Title VI of the Civil Rights Act of 1964 (Title VI).

... that emphasizes and explains how the management of students and applicants with HBV implicates Title VI of the Civil Rts Act

- In addition to the ADA and Section 504, the management of students and applicants with hepatitis B may also implicate Title VI, which prohibits discrimination on the basis of race, color, or national origin in programs and activities receiving federal financial assistance. ¹⁰ One way in which specific policies or practices used in the management of students with hepatitis B may result in unlawful discrimination is if such policies have an unjustified disparate impact on particular students. ¹¹ This means that a policy or practice that is neutral on its face – the policy itself does not mention race, color, or national origin – but has a disproportionate and unjustified effect on students of a particular race, color, or national origin, may result in unlawful discrimination under Title VI. Statistical disparities may be evidence that a policy or practice has an adverse discriminatory impact and should be reviewed to ensure compliance with Title VI. It is notable that while Asians, Native Hawaiians, and Pacific Islanders make up roughly 4.5 percent of the U.S. population, they represent 50 percent of the persons with hepatitis B in the United States. ¹² With this in mind, institutions of higher education should be aware that Title VI applies to the extent that specific policies, practices, or procedures regarding hepatitis B discriminate, or have the effect of discriminating, against students or applicants of a particular race, color, or national origin¹³

**SAMPLE
INFORMATIONAL
POSTER**

RECOGNIZE THE INTERSECTION OF

- HEPATITIS B HEALTH DISPARITY
- DISABILITY DISCRIMINATION
- OUTDATED, UNSCIENTIFIC HBV POLICIES THAT HAVE A DISPROPORTIONATE AND UNJUSTIFIED EFFECT ON PERSONS OF A PARTICULAR RACE, COLOR, OR NATIONAL ORIGIN, I.E., DISCRIMINATION UNDER TITLE VI

**TAKE ACTION TO END SYSTEMIC DENIAL
OF SCHOLARSHIP AND CAREER
OPPORTUNITIES**



for accomplished graduates, healthcare and public health students, and aspiring military college appointees living with chronic hepatitis B

End HBV Discrimination by the U.S. Uniformed Services

ARMY * AIR FORCE * NAVY * MARINES

(includes the NATIONAL GUARD AND RESERVES)

PUBLIC HEALTH SVC * COAST GUARD

NATL OCEANIC & ATMOSPHERIC ADMIN

DISCRIMINATION UNVEILED Since the 1700's the military and uniformed services have afforded immigrants or their children opportunities to gain skills and employment, access higher education and develop national identity in service to their adopted country. **But today, the scholarship and career opportunities available through the uniformed services are being denied to a disproportionate number of young adults who were born or whose parents were born in regions of Asia and the Pacific** where there is high incidence of hepatitis B (HBV) passed from mothers to children at birth or during infancy.

U.S. Dept. of Health
& Human Svcs

U.S. Dept. of
Homeland Security

U.S. Dept. of
Commerce



U.S. Dept. of Defense



**SAMPLE
BROCHURE INFO**

HIV and HBV: DIFFERENT POLICY APPROACH, DIFFERENT OUTCOME Developed in the U.S. and widely distributed by 1982, the HBV vaccine was hailed as the world's first anticancer vaccine. It is now required for all U.S. school children, and the CDC highly recommends that physicians administer the HBV vaccine to newborns at the time of delivery. **Since 2002 the Dept. of Defense (DOD) has required all cadets, soldiers and officers to receive HBV vaccinations upon accession into the service. However, DOD has NOT codified instructions for fair and reasonable accommodation of personnel living with chronic HBV. By contrast, although there is NO vaccine for HIV, DOD Instruction 6485.1, "Human Immunodeficiency Virus (HIV)" has been in place since 1991 for identification, surveillance, and management of military personnel infected with HIV. Today, individuals who are living with HIV and receive appropriate evaluation and medical clearance are even allowed to deploy aboard naval vessels and serve overseas.**

"Institutional discrimination is built into the structure of an organization. More covert and more tenacious than individual discrimination, institutional discrimination can occur regardless of the desires or intentions of the people perpetuating it."

Jo Freeman

WHAT APAMSA MEMBERS CAN DO

- The Dept. of Defense is currently reviewing its HBV accession policies and expects to complete the process by Dec, 2016. DOD policy influences the policies of all uniformed services and should receive and weigh input from all uniformed services, the CDC, DOJ and nationally-recognized HBV specialists and researchers.

Additionally, in July, 2015 the 1.9 million- member Veterans of Foreign Wars passed a resolution calling for 1) the VA to provide screening, immunization and treatment for veterans born between 1945 and 1980 –before the HBV vaccine became available and 2) for the DOD to update and establish affirmative, stand-alone policies to accommodate personnel diagnosed with chronic HBV.

As individuals and/or APAMSA chapters, contact the HBV civil rights advocates listed below to receive information and participate in sign-on letters, petitions and other advocacy to have congressional members hold the uniformed services policymakers accountable for HBV personnel policies that are objective, fair and based on current science and standard of treatment.

- **Join our advocacy team** and share your insights and talent in ways that are reasonable and meaningful for you.
- **Are you or is someone you know living with chronic HBV? Please contact us and share your story. Identities will be protected.**
- **Share this information** with family, friends, mentors and colleagues, especially young people interested in careers in the uniformed services, military academy nominations, the Reserve Officer Training Corps or the Armed Forces Health Professions Scholarship Program. If an individual is ineligible due to chronic HBV, we definitely want to hear from them. Again, identities will be protected.
- **Encourage HBV screening** and follow-up vaccination or treatment for all community members.

CONTACT US

Nadine Shiroma, HBV Civil Rights Advocate
and Policy Advisor to the Hepatitis B Foundation
Email: nadine.shiroma@hepb.org Ph: (425) 753-1257

Hepatitis B Foundation
Email: info@hepb.org Ph: 215-489-4900

Figure 1. Comparing HBV and HIV

	<u>Chronic HBV</u> (Hepatitis B Virus)	<u>HIV</u> (Human Immunodeficiency Virus)
Most common modes of transmission	In high-prevalence, immigrant populations: At birth from mother to child; In low-prevalence populations: Unprotected sexual activity and intravenous drug abuse	Unprotected sexual activity and intravenous drug abuse
No. of people in the U.S. living with the virus	2 million	1.2 million
Racial group(s) bearing the most severe burden of the disease	Asian & Pacific Islander Americans	Blacks/African Americans followed by Whites
% of total U.S. population represented by the most affected racial group	5%	14%
% of total cases represented by the most affected racial group	50%	46%
Proportion unaware of their chronic infection	More than 50%	Approx. 20%
Are effective antiviral medications available to slow the disease and reduce viral load?	Yes	Yes

**SAMPLE POLICY AND
STATS & ONLINE
SOURCE LINKS**

<p>Long term prognosis without monitoring or healthy lifestyle choices</p>	<p>Chronic Hepatitis B is a serious disease that can result in premature death due to cirrhosis, liver failure, and liver cancer (2nd deadliest cancer in the U.S.)</p>	<p>Acquired Immunodeficiency Syndrome, AIDS –the final stage of HIV infection where people have badly damaged immune systems and are at risk for opportunistic infections.</p>
<p>Do institutional policies require vaccination against this chronic disease for individuals entering health professional schools or the U.S. Uniformed Services?</p>	<p>Yes</p>	<p>(no vaccine available)</p>
<p>Were students with this chronic disease denied enrollment or dismissed from certain medical or dental school programs prior to the March, 2013 DOJ-UMDNJ settlement agreement?</p>	<p>Yes</p>	<p>No</p>
<p>Are disease-specific written DOD guidelines in place for chronically-infected personnel in the Armed Forces and other uniformed services?</p>	<p>No</p>	<p>Yes</p>

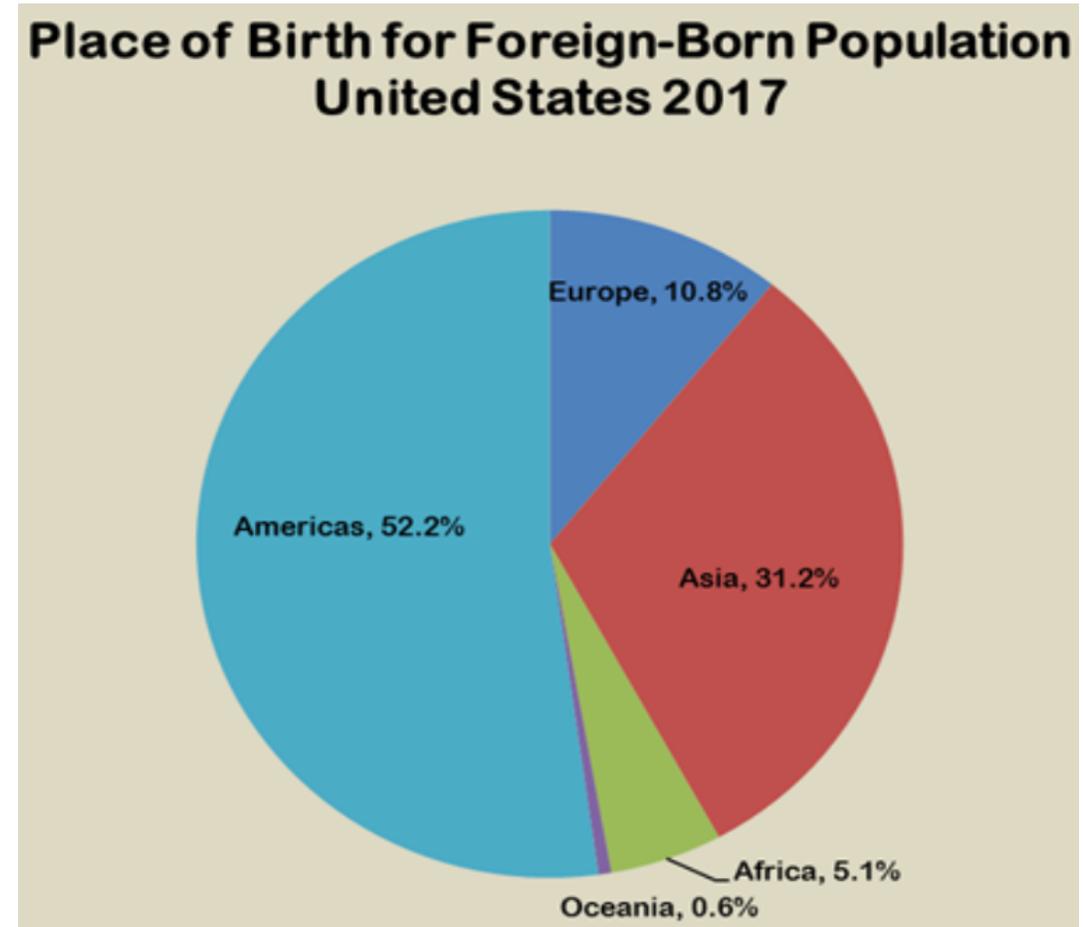
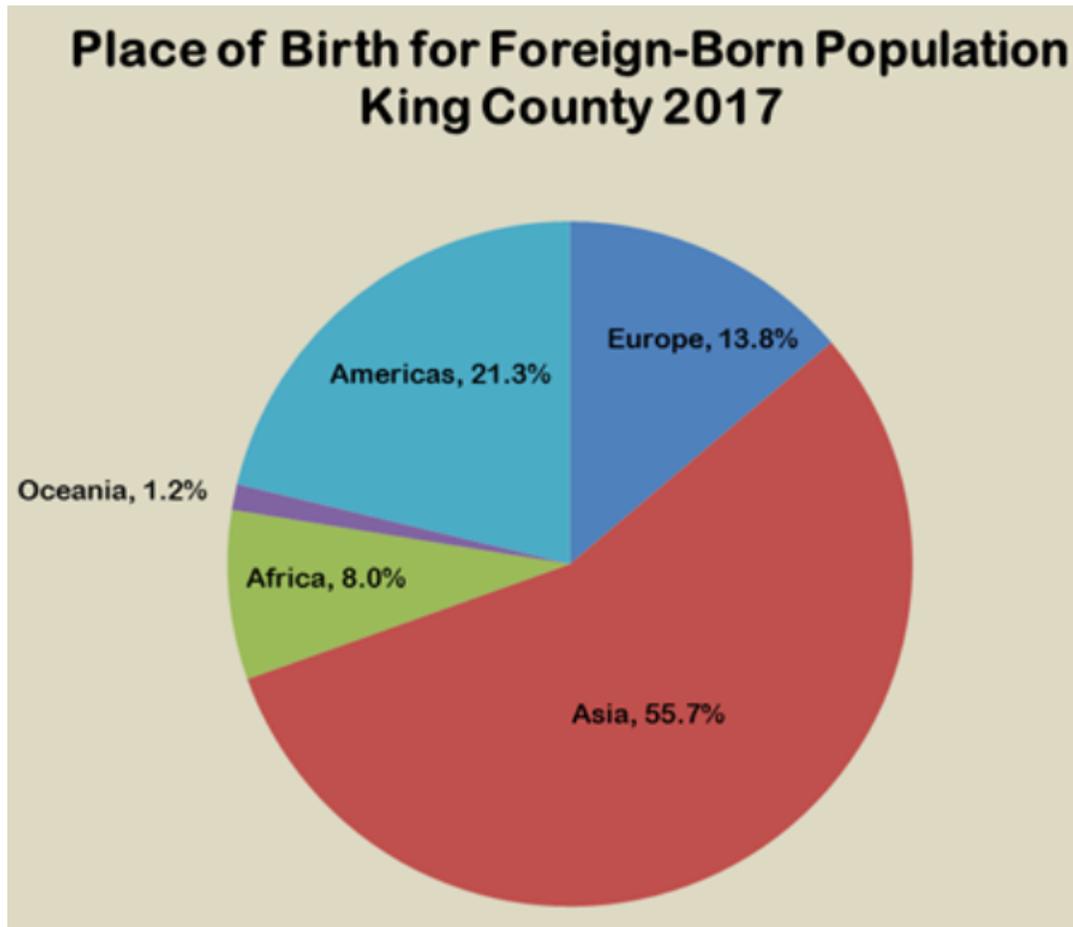
Sources:

- Hepatitis B Foundation: www.hepb.org
- www.cdc.gov/hepatitis/hbv/bfaq.htm#bFAQ06
- www.cdc.gov/hiv/statistics/basics/ataglace.html
- www.hiv.gov/hiv-basics/overview/data-and-trends/statistics
- www.cdc.gov/mmwr/PDF/rr/rr6103.pdf
- www.ada.gov/umdnj_sa.htm
- www.thinkprogress.org/u-s-navy-ends-policy-preventing-hiv-positive-servicemembers-from-serving-overseas-8852452d676/

**SAMPLE POLICY AND
STATS & ONLINE
SOURCE LINKS**

Origins of foreign-born residents differ between King County, WA and the United States. Greater than [half of the foreign-born residents of King County](#) hail from Asia and one-fifth from the Americas, while for the United States as a whole, [52.2% of foreign-born residents are from the Americas](#) and 31% from Asia.

In King County, the most common countries of origin are Taiwan and China, including Hong Kong, (71,342), India (62,021), and Mexico (57,840 residents).



First time this decade, a dip in King County's white population, census data shows

July 17, 2019 at 6:00 am Updated July 17, 2019 at 11:25 am

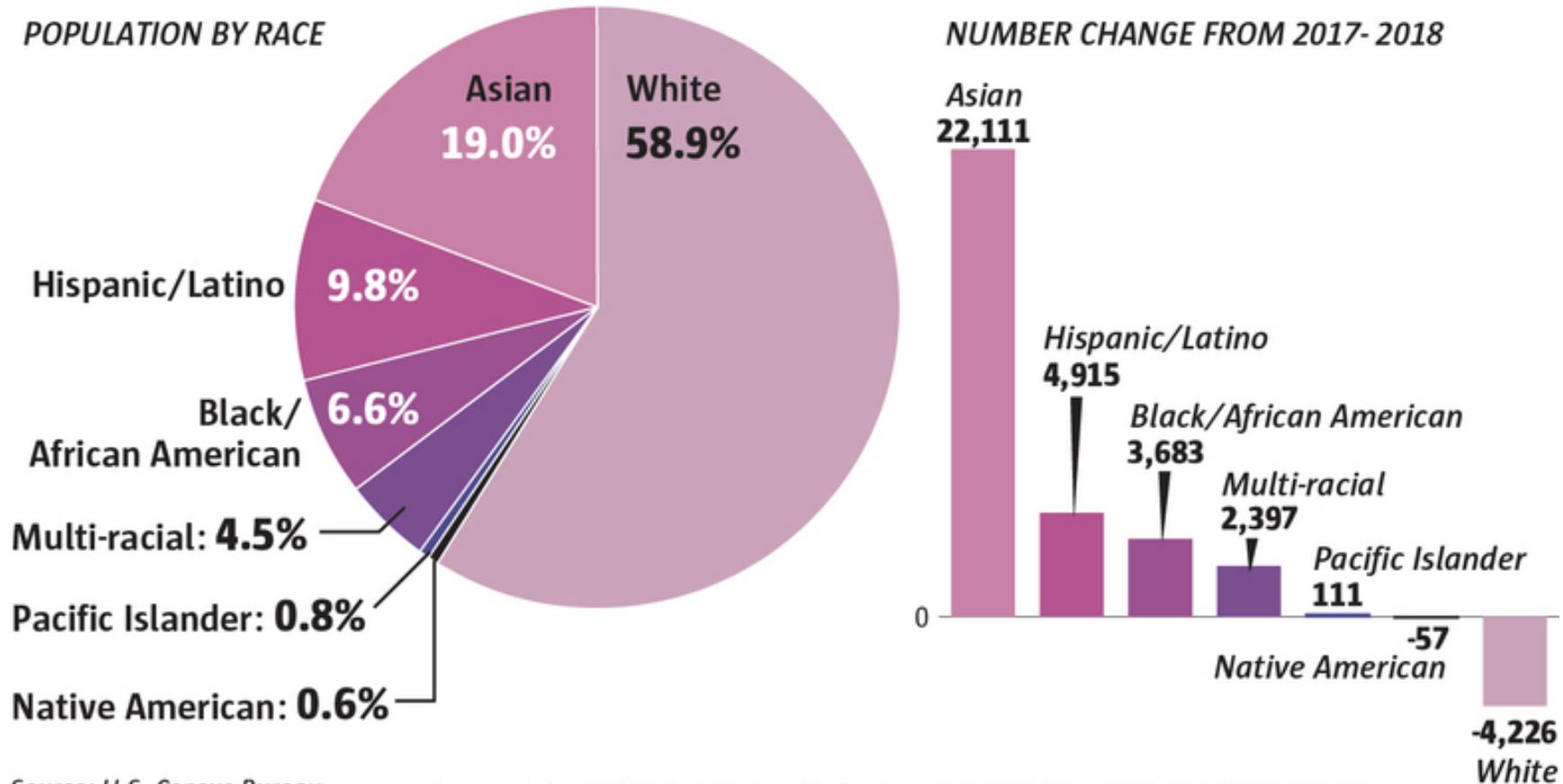
By

[Gene Balk / FYI Guy](#)

Seattle Times columnist

Growing diversity in King County as white population dips

From 2017 to 2018, for the first time this decade, King County's white population declined.



Source: U.S. Census Bureau

Reporting by GENE BALK, Graphic by MARK NOWLIN / THE SEATTLE TIMES