

HIV Transmission and Prevention for the Inmate Population in Prison

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Prisoners are locked away and exiled from society with the potential to be released back into society. Although they are locked up prisoners contribute to the high Human Immunodeficiency Virus (HIV) rates. I chose to write about HIV transmission and treatment for the inmate population in prison. This subject is of importance to me because HIV seems to be something that I feel is overlooked in the inmate population. Not only is the inmate population contributors of HIV transmission but they are accounted for a large percentage of transmission as we will later learn. We cannot deny the fact that inmates are having sexual encounters and sometimes multiple encounters without using proper protection. What's really disturbing is that some of these inmates are released back into society and infecting many people with HIV.

HIV transmission affects prisoners in that it causes lots of opportunistic infections leading to lots of sickness and even death for the inmates. According to The Prison Journal the rate of HIV and Acquired Immune Deficiency Syndrome (AIDS) infection are five times higher in prison than in the general population due to high risk behaviors of prisoners. Examples of high risk behaviors are rape, homosexuality, unprotected sex, sharing razors for shaving, using needles for body piercing and tattooing, and imprisoned drug abuse users (Swartz, n.d.). According to the Center for Disease Control (CDC) fifty percent of the HIV cases are due to iv drug users (IDU) passing through the correctional system several times on drug related offenses; this is proof that educating the inmate population is much in demand and much more needs to be done to prepare them for release back into the community with a strong foundation of HIV transmission teaching as I will later point out. Prisoners are placed in overcrowded and over stuffed prisons. This over crowdedness can promote risky behaviors which attributes to the high HIV infection rates. The prison population is composed of inmates who will never be released, inmates who will spend an incredibly long time with release, and prisoners who will spend only

a few months; however, all prisoners adapt to survival mode while incarcerated and seek the pleasures (sex and drug use) that they are used to getting in the general population. In attaining this adaptation they frequently have unprotected sex with one another and find various ways to harbor drug paraphernalia in the facility even though it is forbidden.

There are many challenges and barriers in tackling the issue of HIV transmission among the incarcerated inmate population. Upon entry into the facility the inmate is given the opportunity to opt-out of HIV testing (Center for Disease Control, n.d.); the inmate is told that he/she can decline HIV testing but if they don't decline they will automatically get tested. During the check in phase of incarceration the inmates are asked about risky behaviors that they might have been involved in while in the general population; it was proven that inmates were not telling the truth. People who were practicing risky behaviors lied because they did not want to be associated with the AIDS stigma and most of them refused HIV testing which caused a big percentage of people who were actually HIV positive to cross the prison threshold and infect the inmate population. This crossing creates a major challenge because it contributes to the high HIV number among the prison population. Another challenge and barrier that is present is that not only do inmates lie about their risky behaviors they also lie about their homosexuality. They lie about their homosexuality because of the fear of the homosexuality stigma and some lie because they are in the closet and don't want their wives, girlfriends, or family to know. They feel that homosexuals are treated rough in prison and don't want to be exposed to such torture. Overcrowded prisons contribute to the major challenges and barriers in preventing HIV transmission. Overcrowded prisons promote more chances for sex and drug use thus contributing to the high HIV transmission rates. The more people you pack together the harder it is to control what's going on within that population. Another major challenge we face is the under reporting

of rape. According to the information supplied by the University of California on HIV transmission and prevention in prison, an inmate may not report the rape in fear that further suffering and worse injury might arise. Among the prisoners there is a general rule that “snitches get stitches” meaning that if you rat or tell on another inmate one or several inmates could attack you and injure or possibly kill you for reporting the violence. In dealing with violence it also brings us to another challenge which is HIV transmission during fighting. While fighting, inmates are grabbing, pulling, and tumbling on each other; in doing so they often result in obtaining bleeding wounds from bit marks, lacerations, or injury from an object. Having bleeding wounds while fighting can potentially expose inmates to HIV infection. Another issue that creates a challenge to decrease HIV rates is the non-allowance of condom use. With the increased HIV rate in prison one might wonder why the prison system does not give condoms out to inmates. According to the CDC less than one percent of correction facilities give out condoms. The reason why the facilities do not promote condom use is because it is in direct conflict with the policy that forbids sexual intercourse in prison. The CDC also went on to say that condoms could be used by the inmates as weapons and smuggling contraband; however I am a believer that condom use is essential with the rapid climbing rates of HIV. With all these barriers and challenges in tackling the issue of HIV transmission it makes it hard to screen and prevent the spread of HIV transmission in the inmate population.

To reduce HIV transmission in prisons I would introduce an HIV prevention program entitled Stop Transmission of HIV (STOH). Although the prisons have HIV support groups and programs in place already, STOH would appeal more to the psychological aspects and the physical aspects of HIV transmission. STOH would promote a louder more focused awareness

and screening than what's in place in current facilities. STOH will start upon entry into the prison system.

In the psychological tract of the STOH program the inmate will be assessed for signs and symptoms of depression. Depression is an under looked illness that needs to be addressed immediately. Many people who acquire HIV develop depression. Depression has also been linked to risky behaviors thus causing one to engage in unprotected sex and HIV transmission. This depression will be determined by the prisoner taking a psychological questionnaire which will extract all the elements of depression from the inmate. The information will then be evaluated by a team of psychologist who would then determine if the inmates' results will result in a diagnosis of depression. If diagnosed with depression the inmate will be placed on the psychological tract; the inmate will be followed throughout his/her prison term and prepared for transition into the community with continuity of care. It is very essential to treat the depression and prepare the inmate for transition into the general population during imprisonment. To aid my point of the importance of treating depression and preparing for transition while incarcerated there was a study entitled "HIV infected prison inmates: depression and Implications for release back to communities" that concluded that psychological prison based care was successful in linkage to community bases care. If I tackle the psychological aspect of the inmate I can decrease risky behaviors thus preventing HIV transmission rates in prison.

In the physical tract of the STOH program the inmate will be assigned to an HIV prevention track. This prevention track is a multitude of various types of meaningful HIV prevention classes. In my utopia with the STOH program I believe that if we don't supply the inmate population with what they need to prevent HIV infections then the rise of risky behaviors will increase even more resulting in drastic fatalities. One of my initiatives in the STOH program

is to set up a clean needle initiative. This initiative will cover tattoo artist and provide them with a place to practice using clean needles. This initiative will also promote inmates who share razors with others to use their own razors. The physical room is somewhat like an operating room where all instruments are counted before and after the inmate leave the specialized area. There would also be increased security in this section as well. For the IVDU's I would implement a stronger abstinence program to minimize addiction. The IVDU's will have to pass exams; however, if they do not progress they will be given more hours added to their prison time with a maximum amount of hours totaling 30 days collectively which is added to their prison time. I will initiate stronger penalties for inmates involved in rape and provide rape victims with heavier observation; this will decrease rape assaults and encourage rape reporting and decrease the fear of "snitching." With the help of legislation I would get the prison system to be more lenient on the issue surrounding condom use. I believe that condom use would benefit the inmates and the general population by reducing HIV transmission. In a the study on Predictors of Condom Use Among a Sample of Male Inmates in the Journal of The National Medical Association the authors concluded that consistent condom use reduces the likelihood of contracting HIV and generates a positive attitude towards condom use and increases self-efficacy regarding protective barriers; this aids my belief that condom use can be in direct correlation with decreasing the amount of HIV transmission in prisons. Though it's against the law to have sex in prison people are doing it anyway and they are doing it very frequently. There is an issue at hand that needs to be addressed immediately - do we continue with the "no condom rule" and ignore the rise in HIV infection rates? With the STOH program we profoundly believe in saving as many lives as possible. Applying leniency to the no condom use rule is more important to us because this population is released into the general population contributing to the ever rising HIV infection

rates throughout the world. We are not going to supply every inmate with condoms but we will honor the request of consenting prisoners who are on good behavior to at least one condom per month. I believe this program would be instrumental in reducing HIV transmission in the prison and general population.

In my proposal I would hope to get the main health stakeholders on board such as the CDC, U.S. Preventive Services Task Force, Department of Health, The Bureau of Prisons, the general population, World health Organization, Department of Justice, and the Department of Health and Human Services. I believe that these stakeholders would have an interest in my program and interventions because they are all interested in health issues and have a common cause to prevent and fight HIV infection. I believe that these stakeholders will embrace my vision because my overall vision is to protect the greater society from an ever increasing rapid HIV infection rate by reaching a population not really looked upon as contributors of HIV. I would hope to achieve a buy-in from the stakeholders and have other correctional facilities model my STOH program.

I recommend that all prisons follow the State Criminal Statutes on HIV transmission noted on the American civil Liberties Union's web site which states that a person is held liable for transmitting HIV to others. The penalty is classified under and is different for each state. For example, in North Dakota a person who knowingly infects others with HIV and willingly transfer body fluid to another person is guilty of a class A felony whereas in New York the public health law states that any person who knowingly infects others with an infectious venereal disease and have sexual intercourse with another is only guilty of a misdemeanor. Each state has its level of punishment but I believe that the person who knowingly passes HIV infection should be charged with a felony offense across all states. The U.S. Department of Justice Office of

Legal Policy created the Prison Rape Elimination Act (PREA) in response to sexual abuse in adult prisons, jails, juvenile facilities, lockups, and other community based facilities. PREA focuses on prevention planning, supervision and monitoring, and increasing staffing; having such a policy in effect helps report and prevent sexual abuse ("NICIC.gov: Resources Related to 'Inmate Sexual Assault'," n.d.). In reference to keeping the prisons safe and controlling the widespread of HIV I believe that these policies should remain in place and be adapted to all states.

In all, I believe that in order to control the HIV transmission rates in prison there has to be some form of give and take from laws and policies already established. The law about no condom use needs to be tweaked in order to allow some form of safe sex practice in the prison system. As shown by the CDC less than one percent of correctional facilities give out condoms to inmates which show that there is some type of movement being made to support my theory of bending the law on condom use. After incarceration these inmates are bound to be released back into society. After release those prisoners who got infected will come out and infect several more people which do not help HIV transmission reduction. By initiating my STOH program I believe it would cut down HIV rates significantly by assessing and catching the depressed population and addressing the physical needs of the inmates. As stated earlier, the rate of HIV and AIDS infection is five times higher in prison than in the general population due to high risk behaviors of prisoners; with the help of all the stakeholders I aim to prevent further HIV infection in the prisons and at the same time protect the general population from receiving HIV infected inmates. In this fight against HIV we all need to come together as one to protect the lives of all.

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