From Night Into Day

Are men returning from prison giving HIV to black women? Kai Wright investigates how the disease spreads behind bars and what happens when our men are released.

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At four in the morning, there's not much open in this desolate corner of Queens, New York. You can get a pack of cigarettes or a can of beer from one of the all-night bodegas. But what's mostly for sale is sex and drugs. This is a well-known prostitution stroll and drug market.

When the city corrections department bus pulls up every night around this time, dozens of young men—boys, really, all in their teens and twenties—tumble out with the bravado of the newly free, pounding their chests and hooting into the empty night. Locked up for anywhere from a couple of nights to several years, they are universally young and black or Latino, and they have just been released from an environment in which communicable diseases, particularly HIV, are rampant.

America's prisons and jails have some of the highest HIV infection rates in the country. One late-1990s study estimated that between a fifth and a quarter of all Americans living with HIV had been incarcerated at some point in the previous year. Nationally, the prison infection rate was more than six times that of the general population at the end of 2003, according to the U.S. Department of Justice.

For years, ex-con Douglas Miranda led the tiny cadre of AIDS outreach workers who meet the young men each night, in a futile effort to steer them away from the sex and drug market and into services like housing assistance, counseling and support groups that will help them reenter society healthily. He says the city's choice of time and place to release inmates fits society's idea of the AIDS epidemic: out of sight, out of mind.

"If you don't have to bump up against them, you can make believe everything's going to be all right," Miranda sighs.

The problem is, there's plenty of reason to believe just the opposite in black neighborhoods. The young men piling out of that van, AIDS watchers warn, are ultimately headed home to girlfriends, wives and "poor, marginalized neighborhoods; they're not going to Beverly Hills," says Columbia University public-health researcher Robert Fullilove, EdD.

There's little hard research on the link between the prison epidemic and the one raging in black

communities. That's in no small part because most corrections departments loathe allowing researchers inside their facilities. Corrections officials nationwide argue that infection rates within their walls are high because large numbers of inmates are already HIV positive when they enter the system. Still, evidence is mounting that a disturbing number are contracting HIV once inside—and that the massive racial disparity in who's getting HIV and AIDS in America is driven, at least in part, by the equally massive disparity in who's getting locked up.

Just over 12% of American males are black, but more than 43% of male prisoners are African American. Thirteen percent of black men in their late twenties were in prison or jail at midyear 2004. Meanwhile, African Americans account for nearly half of all people living with HIV and AIDS today.

A landmark Centers for Disease Control and Prevention (CDC) study released this spring concluded that male prisoners face significant risks for HIV transmission in prison—and that risk is particularly acute among African Americans. The study looked at the behaviors of 88 men known to have contracted HIV while locked up in Georgia and found that their primary risks were unprotected sex with men and tattooing; two-thirds were black. "HIV prevention education in state prisons should address male-male sex, tattooing and injection-drug use that occurs during incarceration," the study concludes, "and risk behaviors that occur after release."

University of North Carolina researcher Jim Thomas has been mapping incarceration and STD trends in various North Carolina counties. He has found that as imprisonment increases, so does the incidence of STDs. "The relationships are even stronger when you introduce a one-year time lag" between measuring incarceration and measuring STDs, he says, strengthening the theory. Another UNC scholar, Adaora Adimora, MD, has similarly found that a leading indicator of risk for HIV infection among North Carolina women is having had a sexual partner who at one time was incarcerated. And a University of California, Berkeley study released last year concluded that the "war on drugs," which resulted in greater numbers of black men going to prison during the 1980s, "contributed significantly" to the racial disparity in female AIDS cases of the 1990s.

These researchers explain that high incarceration rates impact HIV in two ways. First, churning large numbers of men in and out of the community destabilizes social and sexual networks—often driving women into making riskier sexual choices, like not using condoms. That's because with fewer men available, women may become more accommodating in an effort to attract and maintain relationships with them. Recurring jail sentences also interrupt stable relationships. That drives up the overall number of sexual partners of both women and men and encourages women to have overlapping relationships—one, for instance, with an incarcerated partner and one with a partner on the outside. All of these dynamics can hasten STDs' spread within a community.

But, more directly, prisons themselves are hotbeds of behaviors that facilitate the transmission of HIV. "The risk behaviors are going on, in terms of male-male sex," says Patrick Sullivan, one of the lead researchers on the CDC study.

Tracy Hilton, 38, left Alabama's state prison in 2005 after bouncing in and out of the system for

more than a decade. “It’s definitely in there,” he says bluntly of sex between inmates. “Ain’t no condoms. They rawbacking or barebacking.”

Various studies have estimated that between a fifth to two-thirds of inmates have sex while locked up. The CDC study also found that prison introduces new sexual dangers for many. “The majority of men who had male sex partners in prison had not had a male sex partner before they went in,” Sullivan says of the HIV positive men in the study. “Men may be faced with new risk behaviors in prison that they didn’t have on the outside.” Yet condoms are banned in all but two state systems (Mississippi and Vermont) and a handful of city jails.

In fact, none of the tools used to stop HIV’s spread are allowed inside most prisons. Tattooing, for instance, is being investigated as a possible transmission route. The practice is banned in most facilities, but that does little to stop it—like sex, prohibiting it simply insures that it won’t be done safely.

Tattoo machines are easy to make—pull a motor out of an old Walkman, hook it up to anything sharpened to a point, then milk ink out of ordinary substances. Inmates shave down lead pencils; they burn plastic checkers and use the ash. But they take none of the safety precautions common among tattoo artists on the outside—they reuse the same supplies. Since HIV dies quickly outside of the body, the HIV risk in tattooing is limited to using the same tattoo needle on back-to-back clients.

Finally, there’s injection-drug use— also heavily policed. But nothing reduces the harm it causes when prison officials fail to stop it.

“There’s drugs in jail; there’s HIV in jail,” says Hector (not his real name), who spent the last several years in and out of New York state prisons. For shooting up, inmates often fish discarded syringes out of hazardous waste buckets in the infirmary. Others craft makeshift syringes from needles, rubber bands and eyedroppers. “You press the bulb in; when you let it go, it sucks in,” explains Hector. “If it sucks blood in, you got a shot, and you squeeze the dope in.”

These “works” are far more scarce than drugs—which creates an ideal opportunity for the spread of HIV as people share needles.

Beyond the transmission risk, both prison-health watchers and ex-inmates say most prisons are also missing the chance to educate people with high HIV infection rates about how to live with the virus. Inmate HIV testing remains sporadic, leaving many prisoners unaware of their status.

Hilton is a picture of good health: tall and thick-necked, with a beaming smile and a muscular physique. From the moment he was released, he began attracting would-be girlfriends. He had trouble telling the first woman he talked to seriously that he has HIV, so he delayed having sex. Finally, he brought it up. “She was like, ‘What?! I would have never known. You don’t look it,’” he recalls.

Hilton doubts many of his fellow inmates with HIV are having that conversation back home. At no time during his prison stint did he get safer-sex counseling or risk-reduction classes of any sort—nothing in his release process prepared him for it. “We didn’t do nothing but shoot ball,” he says.

Jerome Bond, 52, was lucky. He tested positive in 1993, just before entering Illinois’ prison system. He spent his four-year sentence learning about the virus and taking advantage of the education programs Illinois offered. He eventually became a peer counselor and educator for fellow positive prisoners.

Still, once released, Bond found dating challenging. Nothing he had learned helped him figure out how to disclose his health status to potential partners. The first woman he met lived in his apartment building, and their long, slow flirtation eventually ended in them having sex without Bond telling her he is HIV positive.

Bond had used a condom, but was nevertheless racked with guilt because he “hadn’t given her the chance to decide for herself.” After distancing himself from her, he finally brought it up. “She laughed and said she knew something was up,” he recalls. She’d wondered why it took so long to have sex, but was mainly shocked to see a man voluntarily use a condom.

Prison-health advocates charge that Hilton’s and Bond’s lack of preparation for the tricky process of postprison sex and dating are all too familiar. What you get varies widely according to where you live, says Jackie Walker of the American Civil Liberties Union’s National Prison Project. Walker regularly receives correspondence from positive inmates who are about to be released and are looking for help. “They’re trying to do their own discharge planning,” she says. Sullivan adds that three-quarters of the men in his study professed “good intentions” to talk to future partners about the health dangers they encountered in prison, but that they often lacked the “skills component” to do so. That, says Fullilove, is a recipe for disaster. “People invariably come out of prison less healthy than when they entered,” he concludes. “We’ve created a real problem, one that’s going to be permanently with us.”

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Word to the Wise

Whether or not you’re dating a man who’s been incarcerated, if you have sex with men of color, you’re at higher risk for HIV. Talk to your man about his overall health, particularly if he has been locked up. One nonthreatening way to broach the subject is to explain that he should get tested for a whole host of health problems associated with incarceration. These include tuberculosis, which studies show to be three to five times more widespread behind bars; hepatitis C, a dangerous virus that attacks the liver and is often spread through tattooing; and, of course, HIV. Ultimately, insisting upon condom use and safer sex is the best way to protect yourself.

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