HIV, Stigma and Prison
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INTRODUCTIONS

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MORE ABOUT YOU…
- In the text box, please introduce yourself.
- Include:
  Name
  Job Position
  Agency
  Location
OBJECTIVES
- Discuss common myths and beliefs about people with a history of incarceration and the impact of those beliefs
- Identify the root causes and factors that lead to HIV/AIDS stigma with incarcerated populations
- List ways that stigma can affect public health upon reentry to the free world

WHAT IS STIGMA?
A. Branding of a group or individual
B. Negative feelings, beliefs and behaviors directed toward an individual or group due to a particular label of characteristic
C. A crime when a person targets a victim because of their perceived membership to a certain group
D. Unfair treatment of individuals of a particular race, ethnic group, gender, religion or other social group based upon prejudice or bias

COMMON BELIEFS ABOUT INCARCERATION
- Inmates are bad people who deserve to be punished / deserve what they get
- There are career criminals whose imprisonment will reduce crime / once a criminal always a criminal
- Tougher penalties are needed to protect the public from dangerous criminals / prisons keep the community safe
- Tougher penalties deter crime
IMPACT OF INCARCERATION STIGMA

- Loss of voting privileges, sometimes permanently
- Loss of eligibility for federal housing or housing subsidies
- Loss of eligibility for federally financed student loans
- Loss of many employment opportunities
- Increasing rates of poverty and social disadvantage
- Second-class citizen status
- Higher risk of homelessness

BARRIERS TO RE-ENTRY
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WHAT IS HIV STIGMA?
UN AIDS defined HIV stigmatization as a "social process of devaluation that reinforces negative thoughts about persons living with HIV and AIDS."

POLL QUESTION
What percentage of inmates in state or federal prison are living with HIV or AIDS?
- A. 13%
- B. 1.5%
- C. 20%
- D. 55%
INCARCERATION AND HIV

- In 2008, there were 21,987 inmates in state or federal prisons living with HIV or AIDS (1.5% of total custody population).

- Texas has the 3rd largest number (2,450) of inmates living with HIV/AIDS in the country.

- Prisoners are listed as one of four "major at-risk and neglected populations" (2006 Report on the Global AIDS Epidemic)

References:

HIV TESTING IN FEDERAL AND STATE FACILITIES

- Federal
  - Mandatory if high risk upon entry
  - Upon Request
  - Exposure Incident

- Texas
  - Mandatory upon entry (unless already known to be HIV+)
  - Mandatory before release
  - Upon Request
  - Exposure Incident

References:

HIV TESTING IN PRISONS

- Since 2006, the CDC has recommended routine opt-out HIV screening and testing for settings with a prevalence of undiagnosed HIV infection ≥0.1%

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<th>Texas Department of Criminal Justice</th>
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<td>Year</td>
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0.4% of all tests were positive
2% of inmates had HIV
1% of inmates had AIDS

References:
- CDC guidelines: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6024a3.htm?s_cid=mm6024a3_w
- Texas statistics: http://www.tdcj.state.tx.us/divisions/hs/health_aids_stats.html
TREATMENT FOR HIV+ INMATES

- Inmates are the only population with the guaranteed right to health care in the U.S.
- Facilities are required by law to provide treatment and care to HIV+ inmates
- Housing
  - Most states prohibit segregation of HIV+ inmates
  - Can be isolated when deemed medically necessary

References:
Treatment practices: [http://devel-drupal.law.csuohio.edu/currentstudents/studentorg/jlh/documents/2gPope.pdf](http://devel-drupal.law.csuohio.edu/currentstudents/studentorg/jlh/documents/2gPope.pdf)

ROOT CAUSES OF HIV STIGMA IN INCARCERATED POPULATIONS

- Traditional HIV stigma
- Power dynamics
- Mistrust of correctional facility staff
- Perception of transmission
- The perception of “going in negative coming out positive”

HOMOPHOBIA IN PRISON

Inmates have been attacked and killed for being perceived as gay and/or HIV positive in prison. HIV is still largely considered a 'gay disease' inside. If an inmate becomes too interested in treatment or education, he or she may be labeled as gay, adversely impacting health, housing, and life.
IMPACT OF HIV STIGMA WHILE INCARCERATED

- Fear of discrimination deters inmates from accessing the voluntary HIV testing available in most prisons.
- Fear of stigmatization discourages HIV+ inmates from seeking medical services and treatment.
- Lack of privacy in taking meds complicates antiretroviral therapy.

COUNTERING HIV STIGMA WITH INCARCERATED POPULATIONS

- Educating inmates and staff about HIV.
- Educating staff and providers to recognize stigma.
- Focusing efforts on re-entry programs.
- Partnering with the criminal justice system.

QUESTIONS

Thanks for your participation and good luck in your future endeavors!