

Confronting HIV and Mass Imprisonment: ***Two Intersecting Epidemics***

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According to the most recent statistics by the U.S. Department of Justice, there are over 2.3 million people imprisoned in the United States.¹ Not only does the U.S. lead the industrialized world in the number of people imprisoned, but our nation also has the highest rate of imprisonment in world history. ***More than 1 in every 100 Americans is currently behind bars.***²

Think about these facts:

- ⇒ At present, the annual U.S. prison budget is 60 billion dollars.³
- ⇒ The vast majority of those imprisoned are men, but there are more than 200,000 women imprisoned and an unknown number of transpeople.⁴
- ⇒ Black men are imprisoned at almost six times the rate as white men. They represent 35.4% of the overall prison population in the U.S., but less than 10% of the general U.S. population.⁵
- ⇒ If U.S. imprisonment rates remain unchanged, an estimated *1 in every 15 Americans* will serve time in prison at some point in their lifetime.⁶

The Growing Imprisonment Crisis. The imprisonment crisis in the U.S. was *created*. There are now ten times as many people imprisoned than there were 20 years ago. This dramatic increase in the imprisonment rate is the direct result of policing and sentencing laws ushered in by the ‘war on drugs.’⁷ Anti-drug policies, like mandatory minimum sentences and three strike rules, have ensured that more people are being imprisoned for longer periods of time than ever before.⁸

In the last decade, these drug-sentencing laws have been combined with new policies designed to limit people’s access to public housing, jobs and other social safety net programs after imprisonment.⁹ Regulations enacted in the late 1990s, for example, bar people with drug convictions from living in public housing. As a result, people can rarely find the help they need after they’re released. Excluded from society’s traditional means of supporting themselves, the imprisonment cycle almost inevitably continues. A study by the Bureau of Justice documented that 2/3 of people will be rearrested within three years of their release.¹⁰

The effects of these anti-drug policies have been disproportionately felt by poor people of color. Imprisonment has now become a “normative life experience”¹¹ for the majority of young black Americans living in urban communities in the United States.

HIV Inside U.S. Prisons. Just as the ‘war on drugs’ was gaining speed in the 1980s, the AIDS crisis broke. By targeting the people who are at high risk for HIV, whether because of drug use or sex work, anti-drug policy has dramatically increased the number of people with HIV behind bars.¹² ***Each year, as many as one in every four Americans living with HIV passes through a correctional facility.***¹³

While in prison, people with HIV often face severely inadequate medical care, and leave prison sicker than when they entered. Moreover, people in prison face a lack of sexual health and HIV/AIDS education, as well as a lack of condoms, clean needles and other HIV-prevention tools. Each of these issues can significantly increase a person’s risk of contracting HIV while he or she is imprisoned.

HIV Beyond the Prison Walls. But the relationship between HIV and imprisonment is about much more than what happens while people are imprisoned. A 2006 Centers for Disease Control and Prevention (CDC) study found that nearly 90% of people with HIV in Georgia’s male prisons were HIV-positive *before* they entered prison.¹⁴ Clearly, the explanation usually offered for the intertwining of the HIV and imprisonment crises – that ‘prisons are hotbeds for HIV transmission’ – is severely inaccurate. Rather, the intertwining of HIV and imprisonment points to a much deeper *community-level* crisis.¹⁵

Although HIV is transmitted by specific behaviors, research is beginning to document what people in communities hardest hit by anti-drug policies knew from the start of the AIDS epidemic: HIV risk and vulnerability is far more accurately assessed by the socio-economic injustices that make it harder for people to protect their health.

It's no coincidence that the communities most impacted by imprisonment also have the highest rates of HIV infection. The same laws and policies that have drastically increased the number of people imprisoned in the U.S. also facilitate the spread of HIV. The connection between these two crises is caused by and, in turn, creates, a web of social, political and economic disparities, showing that HIV is much more than just a virus.¹⁶

The Toll of Imprisonment on the Communities at Greatest Risk for HIV. The 'war on drugs' has been a war on relationships – a war on people's parents, children, spouses, partners and caretakers. This has led to the disruption of family and social networks, weakening the already fragile emotional, financial and political support systems of entire communities. These are precisely the support systems that form the basis of strong and vibrant communities; these are the support systems that people usually depend on for help in times of need. Without these support systems, people may be forced to turn to alternate means of making ends meet, like sex work or drug sales, both of which increase people's vulnerability to HIV and to imprisonment.

If imprisoned, people face a tremendous number of hardships – emotional, physical and sexual victimization,¹⁷ isolation, stigma, family fragmentation, unmet mental and physical health needs and lack of educational opportunities or job training. Each of these hardships can serve as catalysts for riskier sex or drug use, further increasing vulnerability to HIV.¹⁸

This vulnerability to HIV doesn't decrease once people are released from prison. People who are formerly imprisoned face considerable obstacles when they get out, such as lack of support, housing instability, lack of mental health or substance use counseling, and lack of job training or educational opportunities. Mental health and medical services – including access to HIV treatment and care – are critical for HIV positive people leaving prison, but are often almost impossible to access.

Reexamining the HIV Epidemic in the U.S. As such, the drug sentencing laws and policies restricting people's access to social services have become primary forces fueling the HIV/AIDS epidemic in the U.S. *And their impact has been profound.*

Since the beginning of the epidemic in the U.S., people of color have been disproportionately affected and infected by HIV/AIDS as well as imprisonment. Black people represent 14% of all illicit drug users but account for 37% of the people arrested for drug offenses and 56% of those imprisoned for drug offenses.¹⁹ As of 2005, Blacks and Latino/as represented 71% of all new AIDS cases, and the majority of people living with HIV/AIDS.²⁰ Moreover, by every measure, Black people are being infected, getting sick and dying from AIDS at a much higher rate than any other racial/ethnic group. 49% of all new HIV diagnoses and 50% of new AIDS diagnoses are in Black people.²¹

The intersection between HIV and mass imprisonment has also taken a disproportionate toll on women. Women represent an increasing percentage of the U.S. HIV/AIDS epidemic, and AIDS remains the leading cause of death among Black women ages 25 to 34.²² Since 1980, eight times as many women are imprisoned (compared to four times as many men), most for drug crimes, theft, or self-defense against abuse.²³ Rates of HIV among imprisoned women are even higher than among men.²⁴

Working at the Intersection of HIV and Imprisonment. In states across the country, individuals and organizations are already responding to the treatment, care and support needs of people with HIV who are imprisoned and the barriers people with HIV face after being released. A major next step in addressing the immediacy of the AIDS crisis inside prisons is ensuring access to condoms and other HIV prevention tools in prison.

But comprehensively addressing the AIDS crisis in prisons requires not only work to mitigate people's risk for HIV transmission, but also challenging those systems and structures that put people at risk for HIV in the first place. As such, reducing the number of people in prison, eliminating the barriers people face after imprisonment, and rebuilding community support networks are three critical HIV prevention justice concerns.

This is why Project UNSHACKLE started. It is this work that we call you to join us in.

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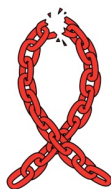
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