

Social policy, imperiled communities and HIV/AIDS transmission in prisons: a call for zero tolerance

Keywords

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Abstract

HIV/AIDS and African-American male imprisonment contribute to the destruction of African-American communities. African-American men and HIV/AIDS are disproportionately represented throughout all sectors of the criminal justice industry, including the juvenile justice system. The criminal justice system contributes to unacceptably high African-American male imprisonment rates and HIV prevalence directly via the 'war on drugs' and lax enforcement of institutional policy among other things, and indirectly through perpetuation of economic hardship which further exacerbates imprisonment rates, thus closing the loop of a vicious cycle of revolving prison doors and HIV contraction. This article briefly introduces surrounding socio-political issues that contextualizes the ensuing discussion. It then considers the State of Georgia to explore issues of incidence and how HIV transmission occurs in prisons, uses Prison Rape Elimination Act data to shed light on accountability issues and the degree to which the nature of sex in prisons is romantic or violent, and concludes by offering overarching solutions and encouraging action in response to the myriad associated problems. © 2008 WPMH GmbH. Published by Elsevier Ireland Ltd.

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Introduction: social context leading to incarceration and HIV contraction

African-American communities have been damaged historically in the United States by health, economic, corrections, and other social policies that have severely compromised the ability of families living at low or minimum wage to survive, thrive and remain united [1,2]. These policies have affirmatively excluded the poor, most significantly poor, single adults that are disproportionately African-American men, and have had a cumulative effect on individual and family poverty [3]. African-American families with children have a 29% poverty rate, 3.5 times higher than white families. In addition to economic policies that lead to high poverty rates, and public housing regulation restrictions related to felony convictions that effectively bar family reunification, on which elaborate discussion of both are

beyond the scope of this paper but worth mentioning, incarceration is another form of family separation which also directly contributes to HIV contraction [4]. While African-Americans comprise 17% of the national youth population, African-American youth represent 27% of all drug violation arrests, and comprise 48% of youth detained for drug offenses [5]. Yet no evidence exists that suggests African-American youth possess drugs at higher rates than other youth, except the tautological argument that if African-American youth are being arrested at higher rates, then they must possess drugs at higher rates. Indeed, the system (the disproportionate imprisonment of African-American men) of segregation from family and community begins early and continues throughout adulthood [6].

Complicit in the destruction of African-American families and communities are the systems of human bondage now seen in jails

and prisons in the United States¹. Incarceration has yielded enormous financial gains for the criminal justice system in the US, despite the lack of funding available to government systems, such as education and labor, which may help to prevent individuals from entry into the penal system. With the advent of the War on Drugs² [7,8], a prohibition campaign undertaken by the US government with the assistance of participating countries, and mandatory sentencing laws, African-American men have finally found affirmative inclusion but unfortunately it is within the confines of a cellblock. The War on Drugs has become the *de facto* war on African-American communities, and poverty may be the driving factor. The arrest rates for drug violations dramatically rose from 661,000 in 1983 to 1,126,300 in 1993; and those who were adversely affected were people of color, especially African-American men [9]. Thus, during this same time frame, the number of white prison inmates rose 163%, whereas the number of African-American inmates increased 217% [9]. Currently, similar trends continue to occur as incarceration rates increase and the latest and perhaps most severe health threat to the very survival of African-American families and communities has arrived in the form of HIV/AIDS.

This system of segregation has interpersonal side effects: interrupted sexual partnerships [10] and increased levels of sexually transmitted infections (STIs), among other things [5]. Research indicates that lower gender ratios of men to women in African-American communities may be a result of prison sentencing, which increases rates of teenage pregnancy, syphilis, and gonorrhea [11]. While no studies currently explore the explicit relationship between lower gender ratios of men to women and an increase in the transmission of HIV, the increasing rates of other STIs in African-American communities is suggestive [12]. Research does support the contention that the loss of

African-American men from communities has lowered the ratio of African-American men to women, and has disrupted sexual partnerships and networks in ways that exacerbate STI transmission and likely HIV infection [13,14]. AIDS is the leading cause of death among 25–44 year old African-American men and HIV rates are rapidly rising among heterosexual African-American women [15].

These sociocultural, historical, and political issues have been given some attention before focusing on HIV in prisons specifically, in order to accurately represent the complexities of HIV transmission and related matters. Much of the HIV/Corrections discourse to date attempts to address HIV contraction outside of a necessary sociopolitical context that is vitally important for clearly and comprehensively understanding how and why HIV transmission occurs. To consider transmission issues in a silo fashion oversimplifies the challenges faced in reducing morbidity and mortality resulting from HIV/AIDS. What is missing from the literature is a comprehensive discussion of sero-conversion in prisons that takes into account and considers, simultaneously, the pre and post prison conditions, policies, and issues that lead up to contraction, and the aftermath that puts others at risk [16]. It is not the intent of the authors to provide an elaborate and detailed explanation of every factor that comes into play when considering HIV in marginalized communities. Many of these factors have been considered in great detail elsewhere. Rather, it is the intent of the authors to present a much needed holistic perspective that centers on the description and characterization of HIV transmission in prisons without ignoring the integral surrounding issues.

HIV transmission: issues of incidence and the case of Georgia

There have been increasing investments in the study of HIV/AIDS incidence and transmission among inmates in jail and/or prison, where incidence refers to the risk of seroconverting from negative to positive within a specified period of time and is distinguished from prevalence, which is the total number of HIV cases in a population at a given time. While the true incidence of HIV among inmates is unclear due to the inability to access reliable data, it is

¹ In the USA, jail is the term commonly used for a place for the confinement of persons in lawful detention, especially persons awaiting trial under local jurisdiction, while prisons are a place for the confinement of persons convicted of crimes.

² Intended to reduce the illegal drug trade – to curb supply and diminish demand for certain psychoactive substances deemed ‘harmful or undesirable’ by the government.

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