

# HIV INSIDE

**MUST**

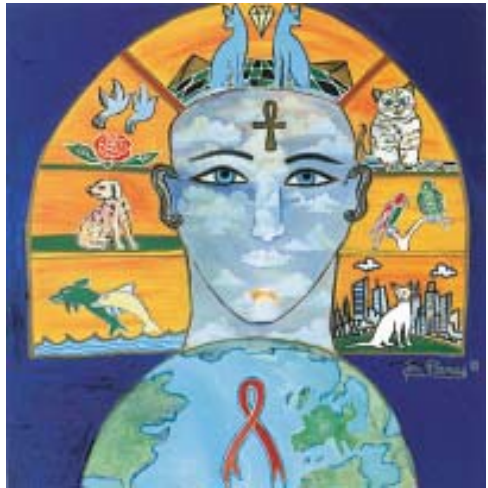
**Everything you ~~should~~ know  
to stay healthy while you're down**

## Dear Reader:

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This booklet was created by a team of currently and formerly incarcerated people — including people living with HIV. The purpose of this booklet is to discuss the realities of HIV and its impact on people in prisons and jails.

Even though HIV has been around for over 25 years, people are still getting infected. Because you deserve to know the facts, we don't sugarcoat anything in our booklet. HIV and AIDS are real. The threat is real (especially for prisoners).



We provide facts about HIV, talk about stuff that happens in prisons and jails that may place someone at risk for getting or spreading HIV, and share tips on staying healthy. We also talk about HIV's bad rap (stigma) and how this hurts all of us. This booklet is for all inmates — HIV positive or HIV negative — male, female, transgender — straight, gay, bi, whatever.

We hope that you will share this information with others and take what you've learned out into the community when the time comes.

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## Facts

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- Over 40 million people around the world have HIV or AIDS.
- About a million or so of those infections are here in the United States.
- HIV rates are 14 times higher among prisoners than among the general population.
- 2% of people in state prisons in the U.S. are known to be HIV+ (actual cases are estimated to be at least twice that high).
- The risks for people in prison are the same for people on the outside — unprotected sex, needle sharing, and tattooing. The problem is, most prisoners don't have access to the same prevention tools available to people on the outside (like condoms and clean needles).
- HIV rates among female prisoners are higher than among males (3% among women versus 1.9% among males) even though there are more men incarcerated than women in the U.S.
- There is no cure for HIV/AIDS.

# The 411 on HIV

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## What is it?

HIV is the virus that causes AIDS.

HIV stands for Human Immunodeficiency Virus.

AIDS is short for Acquired Immune Deficiency Syndrome.

You can't get AIDS unless you are infected with HIV first.

There are specific things that people do which put them at risk of getting infected with HIV (which we will talk about later).

At this time, there is currently no cure for HIV/AIDS available anywhere. Science is working on a vaccine, but so far no luck. There are some medications that people can take to help slow down the progress of the disease, but they don't get rid of it completely. If you get it, you are stuck with it for the rest of your life — which, depending on a number of factors, could be cut way short by HIV if you don't take action.

## How does HIV cause damage?

The virus (HIV) attacks specific cells in the immune system called T-cells that help protect people from disease. The immune system is a group of specialized cells that work together to keep you healthy. HIV infects a T-cell and uses it as a factory to make more virus. Over time, the stress of pumping out HIV destroys these important cells, and the immune system is weakened. When that happens, the body loses its ability to fight off infections and people with the virus start getting sick with all kinds of weird diseases. For a long time after initial infection (usually a period of about five to ten years), most people can fight back against the virus. The immune system tries to keep up with the battle by producing new T-cells and trying to destroy the infected ones. During this time, most people will feel and look fine. They may not even know they have HIV (and neither will you). Some people used to think that the virus was dormant (sleeping) during these early stages,

but we now know that HIV, although silent in the early stages, is very busy hurting the body. Eventually the body gets so weak, and so many T-cells are lost, that the medical community says a person officially has AIDS. When a person is diagnosed with AIDS it means that they either have, or are risk of getting, certain illnesses associated with having an immune system that is weakened. Those illnesses are called “Opportunistic Infections.” They’re called “Opportunistic” because they take advantage of the fact that the immune system is too wasted to fight them off. If HIV is left unchecked and untreated at this advanced stage, most people will usually die after a period of time from these opportunistic infections.

## Who gets it?

Anyone can be infected. HIV isn't choosy.

The first cases of HIV/AIDS were noticed in the early 1980s, and most of those were among gay men. That's why for a long time people associated HIV with being a gay thing, and for that reason many people thought that they didn't need to worry about it. That's unfortunate, because we now know that this disease affects everybody. It's not *who* you are, but *what* you do that puts you at risk. By focusing lots of media attention on the gay community in the early years, it allowed this disease to run rampant in other groups. Women, people who shoot dope, and people who received blood transfusions before 1985 (when they started testing donated blood for HIV) were also heavily impacted by HIV in the early years, but less attention was paid to them. Now of course, we know that HIV is an equal opportunity destroyer. Women are now bearing the brunt of the disease around the world, and it continues to wreak havoc in communities of color. It's time to fight back.

**“I’m straight. I used to think that AIDS was just something that gays got till I tested positive six years ago.”**

— **Bryan**  
*tested positive in '99*

# How Do You Know if You Have HIV?

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The only way to know if you have HIV is to take an HIV antibody test, which is provided to inmates by request in most facilities. Some prisons in the country do mandatory testing of prisoners (including Federal prisons), but so far in the state of California, HIV testing is still voluntary with a few exceptions: For example, if a judge orders you to take an HIV test because of your case (usually charges like prostitution, under the influence, sexual offenses, etc., fall into this category). Or, if you assault someone physically (particularly a correctional officer) and there is reason to believe that they came in contact with your body fluid. It's important for you to know that in most cases you have to *ask* for an HIV test. Some people just assume that because the medical staff drew their blood upon entry into the facility that they have been tested for HIV. But more often than not, they probably drew the blood for something else besides HIV (maybe for sexually transmitted diseases like Syphilis or perhaps another blood-borne virus such as Hepatitis C). If you are unsure what you were screened for during the reception process, ask the medical staff at your facility.

**“I used to be afraid to take the HIV test because I know I’ve done a lot of risky stuff out there. But now that I know I’m negative, I’m gonna be more careful when I get out.”**

— **Dwayne**

*tested negative in '06*

## What about the window period?

On average, it takes anywhere from about 2 weeks to 3 months to develop an antibody response if you have been infected with HIV (sometimes it may even take a little longer in certain people — up to six months in rare cases). This time frame between getting infected and the development of antibodies is called the *window period*.

During the very early stages of infection, the immune system has not had a chance to respond to the virus by developing *antibodies* (little proteins that are created by the immune system to respond to stuff that shouldn't be there). *Tip: Antibodies to HIV are what they look for when you take an HIV test.* Therefore, someone who is in the very early stages of infection can take an HIV test, but it will probably come back *negative* or *inconclusive* because their body has not had enough time to make the antibodies. People with HIV can pass the disease to others almost immediately after they get it, even before they test HIV+. And it's also important to note: People who are newly infected with HIV are most infectious to others in this very early stage of infection (as well as at the later stages). Therefore the take-home message here is: Someone who has tested negative for HIV could still infect you with HIV if they are in the *Window Period*.

**“I did almost anything I had to to get high. Prostitution was the easiest for me, 'cause there was always a trick out there somewhere. It didn't matter how tore up I was, they still wanted to have sex with me. Although I tried to be safe most of the time, there were a lot of times that I didn't use condoms.”**

— **Cheryl**  
*HIV status unknown*

## Should I Take The test?

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As mentioned before, the only way to know if you have been infected with HIV is to take an HIV antibody test. Pretty much everyone has done something in their life that may have placed them at risk. If you've ever had sex without a condom (regardless of who your partner was, what gender they were, or what kind of sex you had) you should test for HIV. If you ever shot up with a needle, shared a needle with someone else (even if it wasn't to use drugs) got a tattoo or piercing, had a blood transfusion or other contact with blood that was not your own, you should take the test.

Just for fun you can take our little quiz in the box to figure out if you might need to test.

Testing for HIV is simple. There are two main types of tests: *Blood* (when they poke you with a needle) or *Oral* (using a swab in your mouth). Either test works the same (meaning they are equally effective), however some tests give faster results than others. The newer OraQuick rapid HIV test uses a little wand that is placed between the cheek and gum to gather cells from the lining of your mouth and in your saliva

## SHOULD I TAKE AN HIV TEST?

**Have you ever had anal or vaginal sex without a condom? Y or N**

If yes, add two points to your score (If you were the person on the receiving end, add one more point for a total of three points) ..... \_\_\_\_\_

**Have you ever shared a needle to get high? Y or N**

If yes, add three points to your score  
(If you got high in prison or jail, add one more point) ..... \_\_\_\_\_

**Have you ever shared injection equipment for purposes other than getting high (i.e. injecting hormones, steroids, vitamins)? Y or N**

If yes, add one point to your score ..... \_\_\_\_\_

**Have you ever gotten a tattoo or piercing? Y or N**

If yes, add one point to your score  
(If it was in the joint, add two points) ..... \_\_\_\_\_

**Have you ever given someone else oral sex? (Male or Female) Y or N**

If yes, add one point ..... \_\_\_\_\_

**Have you ever had sex while drunk or high? Y or N**

If yes, add one point to your score ..... \_\_\_\_\_

Now add up your scores. Anything between 2 and 5 means you are low risk but it doesn't hurt to get checked anyhow (just in case). Between 5 and 8 means don't hesitate, get on down to the clinic — just to be sure. 8 and above, means you are at high risk for HIV, not to mention doing a lot of other things that might possibly hurt you. Time to get tested... NOW.

which contains antibodies. The actual test to detect the antibodies in the lab is called an ELISA. It is painless and easy, and the results are available in 15 to 20 minutes. Not every facility uses this newer rapid test. You have to ask what is available where you are, and how long it takes to get results.

You should also know that anonymous testing (where your name is not attached to the result) is rarely provided in a correctional institution, so the type of test you will most likely receive will be *confidential*. When a confidential test is given inside a correctional facility such as a prison, the institution will normally be informed of your status as will your parole officer upon your release in most cases. Testing in jail usually means that the jail will know your status, but it doesn't usually go beyond that. Unless a judge has ordered an HIV test for you as part of your case, the court should not be notified of your HIV test result.

Getting tested in jail or prison is a good idea because the sooner you know your status (if it's HIV-positive), the better chance you have of surviving with the disease. If you are HIV-negative, you can take steps in the future to protect yourself. Either way, don't be afraid to know your status. Lots of people chicken out by saying "*If I have it I don't want to know.*" That may have been logical back when there were no treatments for the disease and people were dying left and right. But now there are many medications out there that can help someone with HIV survive for a long time, often preventing HIV from progressing to AIDS. Lots of people are living 10, 15, 20 years with the disease and going strong. Having HIV disease and taking the meds is no picnic, but at least you have the option to fight. Don't let HIV take you out because you didn't know you had it. Knowing your HIV status, whether negative or positive is really important.

# What If My Result Comes Back Negative?

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If your test result comes back negative, it could mean two things: #1 You don't have HIV or #2 You are still in the window period. Usually when you take an HIV test and it comes back negative, it is suggested that you take another test six months later to be sure that you are not in the window period. The key piece of information about taking the second test is to be sure not to have any risky activities between the first and the second test. *Tip: We talk about what those risky activities are in the next section.* If you have taken two HIV tests six months apart and they are both negative (and you haven't done anything in between to put yourself at risk) then you can be assured that you are in fact HIV-negative. There are rare occasions when a test result comes back "inconclusive" or "indeterminate." If that happens it means that the test needs to be repeated.

**"The waiting was the hardest part. When the told me I was HIV negative I was so relieved. I'm not gonna take risks anymore"**

— Jose

(Tested negative in 2006)

If you are HIV-negative, like most people you got lucky in the dice game of sex and drugs. Most people who have HIV took the same chances you did, they just lost the roll of the dice. Take your good luck and be thankful. Don't think that because you tested negative that you are somehow immune to HIV and that it's ok to keep doing the same unsafe stuff you did before. Your luck might change the next time, and you'll wish that you had not been so careless. Take actions now that will prevent possible exposure to HIV again in the future. That means avoiding sexual activity in prison or jail that may expose you to someone's body fluids, and of course stay away from drugs. We all know that sex happens in institutions and drugs manage to get in, no matter how hard the cops try to stop it. The same factors that led you to take risks on the street are right here waiting to tempt you on the inside. Ultimately, *you* need to be the one who makes the decision to

do what is right for your health. It would be a shame if you left prison or jail with something that you didn't bargain for.

## What If My Result Comes Back Positive?

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When an HIV test comes back positive, it is immediately confirmed with another test that is even more sensitive than the first one. The second test is called a Western Blot. If the Western Blot comes back positive as well, you are in fact HIV+. First thing you need to do is take a long deep breath. Take a couple if you need to. Prison or jail can be a difficult place to get an HIV+ result, simply because you may not be able to express your feelings about the result very openly. You will probably want to cry or scream or hit something or someone... and you can't.

**“When I first tested positive I felt helpless. Nobody told me that I could survive with this disease. That was seventeen years ago. I’m still here and doing OK. I take care of myself and I try not to get caught up in all the bulls—t going on in here.”**

— **M.T.**  
*tested positive in '89*

## Coping With an HIV Diagnosis

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In institutions it's all about keeping up that tough as nails attitude — don't let anybody see your weak spots. Because of that, prisoners learn how to hide their emotions really well.

Getting diagnosed with HIV brings about a variety of emotions, not the least of which is grief. Find a quiet place if you can and let go. If you can't do that, then write down what you are feeling. What are your fears? What are your questions? The good news is, it eventually gets better once you get into care for the disease and begin connecting with other people who have it too. Sounds corny, but it's true. Imagining a life where HIV is no big deal (just something that you cope with like

many of life's other problems) probably seems pretty far-fetched when you first get your result. But in time, you just learn to suck in your gut and keep on going. Pretty soon life gets back to normal and you get into the swing of living with HIV. What's surprising for many people who have this disease is that life sometimes ends up being better than it was before diagnosis in many aspects. How you chose to cope while you're inside, and the choices you make after release, will have a big influence on whether or not this is true for you.

## **Getting medical care**

As soon as possible after you get your diagnosis you will need to see the doctor. There are some important lab tests that need to be done — specifically, T-cells and Viral Load (among others). These will help the doctor to understand what stage of progression the disease is in, and whether or not you need to take medications to slow down the virus. Not everyone needs to be on meds, but the only way to know if you need them is to see the doctor and get the labs taken. After that, call or write to an agency that deals with HIV (such as one of the agencies listed in the Resource section of this booklet) and they can send you information about the disease. Once you learn more about how HIV works in the body, and what you can do to take care of yourself, the fear will give way to power. In the meantime, there are certain things you can do right away to take care of your health. Don't share stuff with your cellie or bunkie that may have your body fluids on it (or theirs). For example, toothbrushes or razors. Try to stay away from sick people and wash your hands frequently. People can't get sick by being around you (HIV is not transmitted that easily), but you can definitely catch their cold if your immune system is weakened. Get plenty of rest and exercise, and try to eat whatever fruits and vegetables are available. Those mushy peas at dinner might look gross, but your body needs all the nutrients it can get. Most important, stay away from any drug action where you are, because street drugs can further weaken your immune system. Also, tempting as it may be (especially if you are depressed about receiving an HIV+ diagnosis),

it is best to lay off the Hooch or Pruno (i.e. homemade alcoholic brew). There may be a different name for it at your facility, but it's still bad news for people with HIV for a variety of reasons. The first is, prison brew is made in very unsanitary conditions. If you drink it you may pick up more than just a buzz — perhaps a nasty stomach or intestinal bug. Also, many HIV meds can have negative interactions with alcohol or drugs and this can effect the medicine's efficacy (its ability to control the virus).

## Sex and the HIV+ Person

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One more important thing to mention is the issue of safer sex for HIV+ people. Some people think that it's OK for two HIV+ people to have unprotected sex since they're both HIV infected already. This sounds logical, but there are big problems associated with it. Everyone with HIV carries a different strain (type) of the virus. Some strains are more virulent (stronger) than others. Over the past several years, the medical community has coined the terms *Re-infection* and *Super-infection* to describe the transfer of different strains of HIV between two sexual partners who are both HIV+. This issue of re-infection is a problem because sometimes one of the partners may carry a strain of the virus that is resistant to medications — especially if that person has not been taking their HIV medications exactly as prescribed. They can transfer this resistant strain to someone else who is HIV+ and possibly prevent that person's own HIV treatments from working. *Tip: It is also possible to transfer a resistant strain of the virus to an HIV-negative person as well, which may result in that person having fewer treatment options available when it comes time to go on meds for HIV.*

These are just a few tips for coping with HIV disease on the inside. Please ask for more information from one of the resource organizations listed in this booklet. If you are HIV+, the authors of this booklet want you to know that there are many HIV+ people outside (and inside) who have been where you are. Some of the HIV+ authors of this booklet were once prisoners and are now living successfully with HIV on the outside.

We have jobs, relationships, family, friends and support networks. We want you to know that HIV ain't about to lay us down, and you shouldn't let it lay your ass down either. Hang in there so that you can get out and join the ranks of survivors.

## Playing Safe (Sex, Drugs, and Body Art)

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Ok, so whether your test was positive or negative, now we get down to the nitty gritty of what kinds of things put a person at risk for HIV infection — particularly inside an institution. Bottom line... there are basically five body fluids that transmit HIV. Here they are:

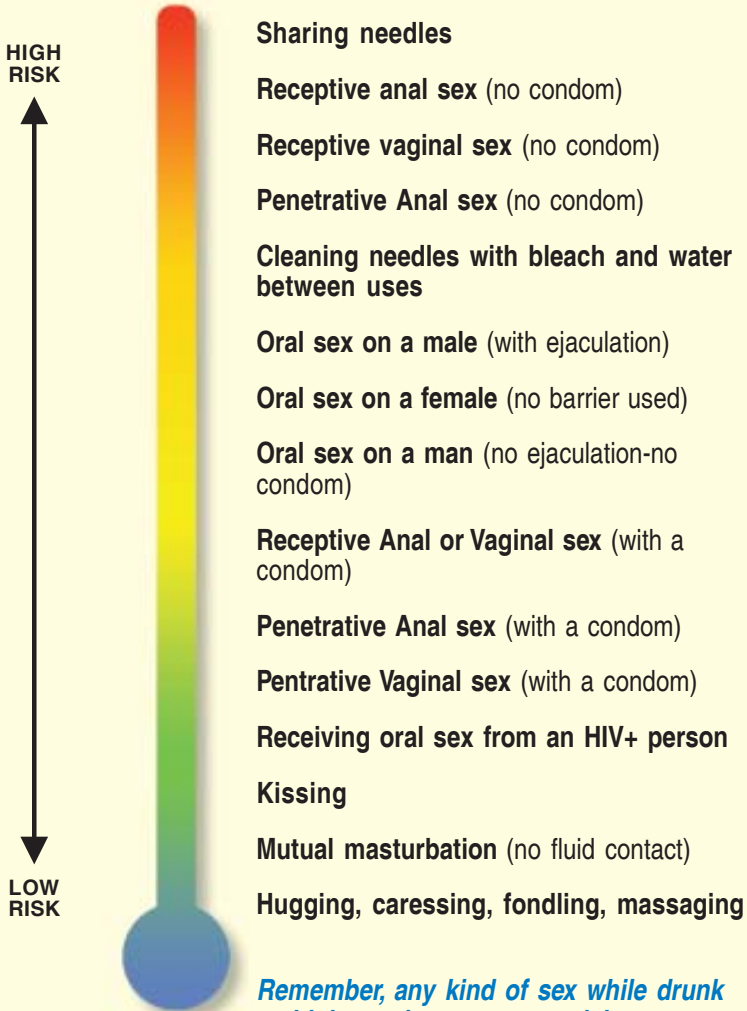
- **Blood**
- **Semen** — i.e. cum
- **Pre-semen** or pre-cum — the clear fluid that leaks out of a penis when a man has an erection (before he cums).
- **Vaginal Secretions** — the clear fluid that is present in a woman's vagina — aka coochie (menstrual fluid counts as blood).
- **Breast Milk** — from an HIV+ woman who's lactating and/or possibly from an HIV+ male-to-female transwoman who's taking hormones. Hormones can cause fluid to leak from the nipple area which may be infectious.

Any activity that puts you in contact with any of these fluids can be risky for getting HIV as well as many other Sexually Transmitted Diseases. Other body fluids such as saliva, urine, sweat, vomit and tears do not transmit the virus — nor does feces (poop) for that matter.

The fluids that have the highest concentration of the virus are blood and semen (in that order). The easiest way to pass HIV is through direct blood to blood contact, which happens when people share needles. Even though it may look like the needle is clean, small amounts of blood may be trapped in the shaft of the point, and that blood may

contain HIV or even Hepatitis C (another type of virus, which attacks your liver instead of your immune system). The second easiest way is through unprotected receptive anal sex (receptive means being the receiver, i.e. the *bottom*). Third is unprotected receptive vaginal sex (a female being penetrated vaginally by a male), and fourth is receptive oral sex, either where semen or vaginal fluids are taken in the mouth

## SPECTRUM OF RISK SCALE



— i.e. giving a blow job or going down on a woman. Penetrative sex (meaning you are the “top” or the person who is putting your penis inside the anus or vagina of someone else) also carries risk for getting HIV. HIV can enter through the urethra (the hole in the tip), or any kind of abrasion on the penis (which can happen during rough or dry sex) can create an entry door for the virus. On top of that, studies have shown that men who are uncircumcised or “uncut” (meaning the foreskin on the penis is still intact) are at increased risk of getting HIV from vaginal or anal sex. This is because the sexual fluids that contain HIV can get caught under the foreskin and absorbed into the body easier than through the tip of the penis. Oral sex is considered a lower risk activity all around, but there are cases where people became infected just by giving someone a blow job. Note: Receiving a blow job from someone who

is HIV+ probably poses little risk of transmission, unless there is blood present in the saliva. To be safe and prevent potential exposure to HIV or other sexually transmitted diseases such as Herpes (which can be transmitted in saliva), use protection — even for oral sex.

Some activities are more risky than others, such as the ones laid out for you above. To gauge your own risk level, take a look at the *HIV Spectrum of Risk* thermometer. Remember that as you add other things like drugs into the picture (such as Crystal Meth, Crack or even alcohol for that matter) it becomes possible to take something that was in the lower risk category and move it right into the higher risk zone. The reason for that should be fairly clear to everyone. Everybody knows that we all have a tendency to get a little sloppier about safety when we’re high. It’s easy to get sloppy about who we have sex with and the chances we are willing to take. If you’ve ever shot up with a needle,

**“Taking the test was easy. They asked me a bunch of questions and then took my blood. I was a little nervous at first, but after they gave me my result I was happy that I did it. It’s better to know.**

— **Tamara**

*(Tested HIV negative in 2006)*

you probably know the feeling of needing that fix so bad that you make the choice to use a needle that might have been used by someone else. If you've ever traded sex for drugs or money, you also probably took a lot of chances that you normally wouldn't have because you needed that next hit. When we add drugs into any picture, it screws up the whole equation — but alas, that's a lecture for another booklet. For now let's focus on understanding which activities carry the highest risk of getting infected. Take a look at the scale and circle the activities that you participated in. Think about whether or not they were risky based upon their location on the scale, then think about all of the other factors involved when you did them that may have made them even riskier. Were you high? Was your partner high? Did

**“When I was getting high out there, all I could think about was getting my s—t. I did all kinds of stuff that put me at risk — sex, shooting up, you name it.”**

— **Mark**

*tested in '06, result pending*

you use a condom or latex barrier? Did you know your partner's HIV status? Did they know yours? Did you even ask about their HIV status before having sex? Did you have any other STD's (Sexually Transmitted Diseases) already? *Tip: Having an STD like Syphilis, Gonorrhea, Chlamydia, etc., can make it easier to get or transmit HIV during sex.*

Now that you know where your activities fall along the scale, think about ways that you can reduce your risk of either getting or spreading HIV. Any movement in a positive direction along the scale is good. Even though most prisoners do not have access to prevention tools such as condoms, latex barriers and clean needles, there are things you can do inside to reduce your risk, so be smart about it. Obviously the activities we are talking about are *illegal* in prison and jail, so keeping that in mind, if you chose to have sex or use drugs inside an institution, be prepared to face the consequences if you get busted. Most institutions have *severe* penalties for having sex or using drugs.

## **Prevention in a pinch**

Whether inside or outside, there are tools you can use to protect yourself during sex if condoms are not handy. Latex gloves can sometimes be used as a condom and also as a latex barrier for oral sex (either for the vagina or the butt). It's been said that some people also use plastic wrap (like the kind that sandwiches are wrapped in), for the same purpose. These are not full-proof protection, but some protection is better than none. Sometimes you just have to make do with whatever is handy. Sometimes people use Vaseline or hair grease as lube for sex. Just be sure not to use these with any kind of latex product (condoms or rubber gloves) because the oil in these lubricants will break down the latex and cause it to tear or bust during sex — and this defeats the whole purpose. If you don't have any prevention tools at hand, yet you feel the need to get your groove on anyhow, consider trying lower-risk activities to satisfy your desires. Mutual masturbation (jacking each other off) is always a safer way to go. If you're a guy, try oral instead of penetrative sex. If you're a girl who likes girls, try other types of activity besides mouth-to-vagina contact. Remember oral sex still carries a risk. Masturbating always works in a pinch as well. Whatever you decide, just remember not to let your sexual desires interfere with your common sense.

## **Other possible routes of transmission**

Another area of potential risk that was mentioned earlier but hasn't been discussed yet is the issue of tattooing and piercing in institutions. This is a high risk activity for getting not only HIV but especially Hepatitis C. This is because of the needles and blood that are involved, and the lack of proper disinfection between uses. Most tattoo and piercing parlors on the streets have lots of safeguards in place to ensure that one person's blood does not come into contact with the next person. In prison it is impossible to keep up the same safety measures. Even if a new needle is used, the ink could be tainted from previous uses. It is

best to avoid getting a tattoo or piercing while in prison or jail. Aside from the risk of getting HIV or Hep C, you also run the risk of getting in trouble for doing it. Some people will still go ahead and take the risk... so don't say we didn't warn you.

# Breaking Down the Walls — A parting message from the authors:

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OK, so now we hope you have a better understanding about HIV and its impact on prisoners. We also hope that you will take some of the information learned to heart and protect yourself. No matter how bad ass you were on the outs — whether you were living the Thug Life or running scams on Wall Street, you deserve to protect yourself and your partners. Most people deserve a second chance in life, and we hope you get that. Sometimes that second chance isn't just about getting out of prison or jail, it's also about making changes in your life that will direct your future. No matter how much you may have f—d up your life with crime, drugs, whatever, you're still alive, and that is more than many of the millions of people worldwide who have died from this disease called AIDS can say. While we are all here spinning around on this great big rock, it gets hard to make sense of life sometimes, particularly when you're locked up and separated from the best parts. Despite that, even in the joint, sometimes a little goodness breaks through and helps you get on with your time. Ultimately, we only have this life on earth, whatever amount of time it's going to be, so let's make it work.

With that said, it would be hard to finish this booklet without talking about the big giant elephant in the room... STIGMA. Stigma hurts all of us, whether you are positive or negative, gay or straight. Unlike most other diseases out there, HIV/AIDS carries a negative stigma that just won't seem to go away. This is probably because it is linked to sex and drugs — the two things that our society has such a hard time talking about. HIV is spreading in our communities on the outside because people are afraid to talk about it. HIV is spreading like wild fire in prisons and jails because people are not free to talk about the realities of what goes on behind the walls, nor are they provided with the tools to stop the spread of the disease. There are many who deny that sex and drug use occurs in prisons or jails. We know better. Too

many people are going into prison and jail negative and coming out positive. This has an unavoidable impact on the rest of the community when prisoners return to their spouses and lovers. More support is needed for educational programs inside the facility, as well as access to condoms and realistic tools to stop the spread of the disease inside. Even though HIV is not spread through casual contact, there are still people who act like it's the plague and will treat a person with HIV like a leper. The fact is that person with HIV could be any one of us. After you read this booklet you should know that — without a doubt. Prison is a hard environment, and a lot of people who are HIV+ choose not to disclose their status for fear of discrimination and violence from other inmates, and/or penalization by the guards. The longer that HIV is still stigmatized, prevention and treatment efforts will be more difficult everywhere. Please help reduce the stigma of HIV/AIDS in whatever institution you are at by being cool to people you know who have the disease. They're just trying to get on and do their time like everyone else. There is no need to treat someone with HIV/AIDS any differently than you treat other fellow inmates. We hope that you never need it, but you may appreciate it one day if you test positive and need that favor of mutual respect returned. Thanks, and be safe.

**“I found out I was positive in county jail. Right after that I got shipped to prison. Nobody here knows my status except the medical staff. I worry that other inmates will find out... I've seen how they treat dudes on the yard who have this virus.”**

— **Anonymous**  
*tested positive in '05*

## About the Authors:

The Center for Health Justice (formerly known as CorrectHELP-The Corrections HIV Education and Law Project) is based in West Hollywood, CA. C.H.J. provides educational programs, health advocacy, and supportive services to inmates residing in California prisons and jails, with an emphasis on HIV and Hepatitis C. The vision for this booklet came out of discussions with former inmates who identified a lack of information relating to HIV issues available inside custody settings. We would like to thank the inmates at Los Angeles County Jail who helped to develop the concept and design, our artist Jon Planas who allowed us to use two of his works in the this booklet, our artists who contributed their talent, as well as the staff and post-incarcerated volunteers who helped piece it all together at the office. This booklet is funded by the California AIDS Clearinghouse, a CA DHS/Office of AIDS Community Education and Prevention Statewide Technical Assistance Program at the L.A. Gay & Lesbian Center.



### *About the artist:*

*Jon Planas resides in Los Angeles and is an advocate for civil rights and people living with HIV/AIDS. He supports the rights of prisoners through organizations such as The Center for Health Justice (formerly known as CorrectHELP). The authors thank him for his contribution to this booklet.*

## Resource Listing:

### **The Center for Health Justice** (formerly known as CorrectHELP)

8235 Santa Monica Blvd., Suite 214

West Hollywood, CA. 90046

Hotline (323) 822-3838 (accepts collect calls from prisoners)

*Services: Educational programs, assistance with HIV medical concerns, literature on HIV and HIV treatments, Hepatitis C, post-incarcerated services, prisoner advocacy, and quarterly newsletter.*

### **Centerforce**

2955 Kerner Blvd. 2nd Floor.

San Rafael, CA. 94901

(415) 456-9980

*Services: Services for prisoners and their families. Peer education programs, transitional services, counseling, and information.*

### **Project Inform**

(800) 822-7422

(415) 558-9051 (both lines accept collect calls)

*Services: Treatment Information for HIV+ inmates, including fact sheets and a newsletter.*

### **Test Positive Aware Network**

5537 N. Broadway

Chicago, IL. 60640

(773) 989-9400

*Services: Publishes a monthly magazine "Positively Aware" with lots of news and updates on HIV treatment. Offers free subscriptions to prisoners around the country.*

### **WORLD**

414 13<sup>th</sup> Street, 2<sup>nd</sup> Floor

Oakland, CA. 94612

(510) 986-0340

*Services: Educational services and programs specific to women with HIV and their loved ones. Write for a free subscription to their monthly newsletter.*

### **Bienestar**

5326 E. Beverly Blvd.

Los Angeles, CA. 90022

(323) 727-7896

*Services: Offers HIV/AIDS prevention programs and services targeting the Latino community. All services are available in Spanish.*