

Chicago's

**R**apid  
**A**ssessment  
**R**esponse  
**E**valuation



*Northside*



*East & West Humbolt Park*



*Austin*



*Altgeld Gardens*

Report and Recommendations  
2001



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**CRISIS RESPONSE TEAM INITIATIVE  
RAPID ASSESSMENT, RESPONSE, AND EVALUATION**

**FINAL REPORT AND RECOMMENDATIONS**

Chicago, Illinois

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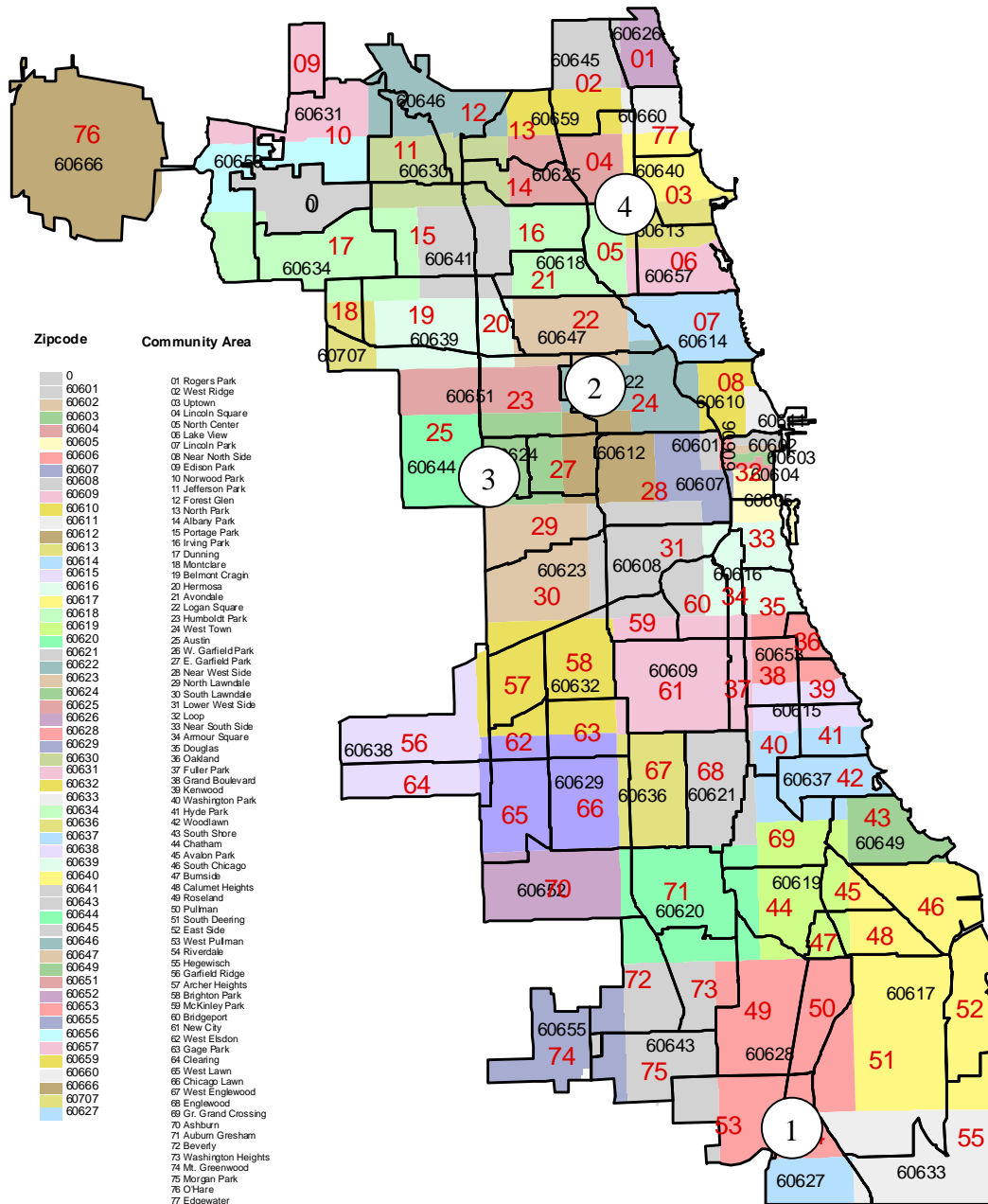
1. Altgeld Gardens

3. Cicero Avenue Corridor

2. Humboldt Park

4. The Hangout

Chicago Community Areas and Zipcodes



## TABLE OF CONTENTS

<b>I. EXECUTIVE SUMMARY</b>	p. 1
<b>II. INTRODUCTION</b>	p. 4
<b>A. AIDS Epidemic in Chicago</b>	
<b>B. Overview of RARE</b>	
<b>C. Implementation of RARE in Chicago</b>	
1. Selection of Advisory Committee	
2. Selection of Field Assessment Team	
3. Selection of Study Sites	
<b>III. THE ASSESSMENT</b>	p. 8
<b>A. Description of Sites</b>	
<b>B. Methods</b>	
<b>IV. FINDINGS</b>	p. 17
<b>A. Injection Drug Use</b>	
<b>B. Sexual Risk - Heterosexual</b>	
<b>C. Men Who Have Sex With Men</b>	
<b>D. HIV Prevention Services</b>	
<b>V. RECOMMENDATIONS</b>	p. 32
<b>VI. ACTION PLAN</b>	p. 34

## I. Executive Summary

AIDS in Chicago disproportionately impacts persons of color, particularly African Americans. In 1999, African Americans accounted for 68% of Chicago's new AIDS cases but only 37% of the city's population. African Americans represent the majority of new AIDS diagnoses linked to sex between men, injection drug use, heterosexual sex and perinatal transmission. Women now comprise 23% of new AIDS cases in Chicago, and the largest proportion of all new cases are attributed to injection drug use - either directly or indirectly through sex with a drug injector or being born to a mother who injects drugs. Among all AIDS cases, 37% nationally and 53% in Chicago have occurred among men whose primary risk factor was sex with other men.

To better respond to conditions currently shaping the disproportionate impact of AIDS/HIV on communities of color, the Chicago Department of Public Health (CDPH) joined an initiative developed by the Office of HIV/AIDS Policy (OHAP) of the Department of Health and Human Services known as Rapid Assessment, Response and Evaluation (RARE). CDPH, with technical assistance from OHAP, formed a Community Advisory Committee (CAC) and field assessment team that were then trained in RARE methods. The CAC selected four areas for assessment: Altgeld Gardens, East Humboldt Park, Cicero Avenue between Roosevelt Road and North Avenue, and a private location frequented by men who have sex with men. Four field assessment teams were dispatched in November 2000 and by the end of January 2001 had conducted multiple observations in these areas and numerous interviews with persons and organizations knowledgeable about local conditions.

### Key Findings

#### Injection Drug Use

**Finding:** The more a population has access to needle exchange, street outreach and similar HIV prevention programs, the less often injection drug users share needles. Access to services differs between areas, and Altgeld Gardens was notable for its isolation and lack of HIV prevention programming.

*Recommendation:* Establish a needle exchange program accompanied by case management and street outreach that serves residents of Altgeld Gardens. Consider making drug treatment and social services more available in this area. In all areas, access to sterile syringes could be increased at no cost to the city if pharmacies were allowed to sell syringes without prescription.

## Sexual Risks

**Finding:** One site we assessed constitutes a high-risk intersection where men connect from a wide spectrum of race, ethnicity, age, social-class and geographic residence.

*Recommendation:* Considerable HIV prevention programming is needed for venues used by men seeking to have sex with other men. Programming should include onsite outreach, innovative HIV counseling and testing, and collaboration with staff at such venues to ensure ready access to HIV prevention supplies.

**Finding:** Street outreach often takes place during the day while much sex work is performed at night. Sex-workers interviewed during the course of this research reported that some police officers cite the possession of condoms as evidence of being engaged in sex work. They fear being charged with a felony after repeated arrests and therefore do not carry condoms. Condom use is practiced most often by those who sell sex and least often by those who trade sex for drugs.

*Recommendation:* Street outreach that targets sex-workers should include night and early morning hours. Police should not discourage sex-workers from carrying condoms. In addition, felony prosecution for prostitution should be evaluated to see if sex-workers react by more often engaging in high-risk sex-for-drugs transactions.

**Finding:** Sex-workers typically want to use condoms but some customers resist or refuse. Customers come from across metropolitan Chicago.

*Recommendation:* Promote HIV risk reduction among men who purchase sex.

**Finding:** Condoms are most likely to be used by casual partners and least likely to be used by primary partners. Very tentative evidence suggests that among young heterosexuals, anal sex may be increasingly acceptable.

*Recommendation:* Promote safer sex between couples who are primary partners. Investigate youth's understanding of what constitutes safe sex.

### HIV Counseling and Testing

**Finding:** Most members of high-risk populations have been counseled and tested for HIV, but few are tested as often as their risk practices warrant. In addition, many receive pre-test counseling and then do not return for their test results.

*Recommendation:* Support should be given to HIV counseling and testing programs for regularly testing persons at high risk for infection and for more intensive follow-up on individuals that do not return for their test results.

### Service Coordination

**Finding:** Persons at high risk for HIV infection often have an incomplete understanding of the services that are available to them and of how to access services.

*Recommendation:* Service providers should collaborate to improve the understanding of high-risk populations regarding what services are available and how the services are accessed.

## II. Introduction

### *The AIDS Epidemic in Chicago*

Over 17,000 AIDS cases have been reported in Chicago and approximately 22,000 of the city's residents are living with HIV. Whereas the majority of AIDS diagnoses during the 1980s occurred among non-Hispanic (NH) White males whose primary risk factor was sex with other men (MSM), this no longer is true. In 1999, African Americans accounted for 68% of new AIDS cases, though they constitute only 37% of the city's population. Of the remaining cases, 19% were among NH Whites and 12% were among Hispanics. The primary mode of HIV transmission has also changed over time, decreasing among MSMs and increasing in the categories associated with drug injection. From 1990-1997 the proportion of AIDS cases attributed to sex between men declined from 64% to 41%. During the same period, the proportion of AIDS cases attributed to injection drug use - either directly through drug injection or indirectly through sex with a drug injector or by being born to a mother who injects drugs - increased from 31% to 43%.

Of AIDS cases diagnosed between 1997 and 1999, sexual contact with another man was the mode of HIV transmission most often reported by NH Black, NH White and Mexican-descent males. African Americans accounted for 54% of all these cases, while NH Whites accounted for 32% and Hispanics for 13%. For Puerto Rican men, NH Black women and NH White women the most frequent mode of transmission was injection drug use. Heterosexual contact, usually with an injection drug user (IDU), was the risk factor most frequently reported by Hispanic women.

Women, especially African American women, account for an increasingly large proportion of HIV infections. Women comprised 23% of AIDS cases diagnosed in 1999, up from 9% in 1990. Among women in Chicago, African Americans constitute 40% of the population but 78% of the AIDS cases diagnosed between 1997-1999.

About three-quarters of new AIDS diagnoses continue to occur in persons 30-49 years old. However, high rates of sexually transmitted diseases and pregnancy indicate that many engage in unprotected sex, which places them at risk for HIV infection. Between 1995 and 1997, 123 new AIDS cases were reported among persons 13-24 years old, of whom 68% were males. Sixty-seven percent of these cases occurred among NH Black youth and 23% among Hispanic youth. Sexual contact was the primary risk factor in 72% of these cases (City of Chicago Department of Public Health Epidemiology Program Report, September 1999).

### *Overview of RARE*

Crisis Response Teams (CRT's) using RARE (Rapid Assessment, Response, Evaluation) methods have assisted communities worldwide in understanding and responding to emerging health crises such as suicide, malaria, epilepsy, diarrhea, sanitation, and HIV/AIDS. Under a joint initiative sponsored by the Office of HIV/AIDS Policy (OHAP), the Office of Public Health and Science (OSOPHS), and the U.S. Department of Health and Human Services (DHHS), CRT's are now being deployed throughout the United States to assist communities in understanding and responding to HIV/AIDS.

### *Implementation of RARE in Chicago*

On January 22, 1999, Mayor Richard M. Daley responded to a December 24, 1998 announcement in the *Federal Register* (67:247 pp. 71290) announcing the availability of CRT's "to provide multidisciplinary technical assistance teams to localities most highly impacted by HIV/AIDS within racial and ethnic minority communities". The letter, sent to the Director of the Office of HIV/AIDS Policy, initiated the CRT process in Chicago.

A response to the Mayor's letter came from the U.S. Department of Health and Human Services on June 30, 2000. The letter was forwarded to the Division of STD/HIV/AIDS Public Policy and Programs for the Chicago Department of Public Health. Preparations for the implementation of the CRT/RARE project in Chicago began in earnest in August of 2000, with the recruitment of the Community Advisory Committee and Field Assessment Team members.

### *Selection of Advisory Committee*

Recruitment of the Community Advisory Committee was conducted during August and September of 2000. Flyers announcing the RARE project were distributed at the HIV/AIDS Prevention Planning Group's monthly meeting, the Ryan White Planning Council's monthly meeting, regional planning group meetings and were distributed via broadcast fax to all CDPH prevention funded agencies. The Division of STD/HIV/AIDS Public Policy and Programs has a long history of working in partnership with the community in the planning and provision of STD/HIV/AIDS services. Because of this relationship, CDPH was able to draw from a pool of

individuals familiar with the unique nature of the HIV/AIDS epidemic in Chicago and representative of the population overall.

### *Selection of Field Assessment Team*

Field Assessment Team members were recruited from community-based organizations that currently, and formerly, received HIV/AIDS prevention funding from CDPH, as well as from the community-at-large. In recruiting the Field Assessment Team consideration was given to individuals who met the following criteria: 1) previous experience in research and data collection; 2) previous experience with HIV/AIDS outreach programming; 3) access to the desired communities; 4) indigenous to the community; 5) knowledge of the study site; and 6) knowledge of the populations targeted for study. The structure of the Field Assessment Teams in Chicago differed importantly from previous RARE projects implemented in the United States in that each of the four teams had one individual designated as the Team Captain. Team Captains were responsible for supervising the fieldwork of each team, notifying the Principal Investigator, Ethnographer or Field Administrator if team members were not present during fieldwork, and contacting replacements when necessary. In addition, teams were constructed to include the following: 1) a racial/cultural mix of members; 2) at least one individual from outside of the community being studied; 3) members with varying experiential backgrounds; 4) age/gender mix of team members; and 5) several individuals familiar with the site/populations.

### *Selection of Study Sites*

Study sites for the RARE project were selected by the Community Advisory Committee during the October 11, 2000 orientation. In choosing sites, committee members were asked to draw upon their personal and professional knowledge of the HIV/AIDS epidemic in Chicago to identify “hot spots” of HIV/AIDS risk behaviors. Four sites were selected by the committee based on the following criteria: 1) racial/ethnic distribution of populations at each site; 2) geographic distribution of the sites within Chicago; 3) distribution of HIV/AIDS risk factors among sites/populations; and 4) known co-factors for HIV/AIDS at each site.

### III. The Assessment

#### *Description of Study Sites*

##### Altgeld Gardens

“From a public policy standpoint, construction of Altgeld Gardens was very questionable. It reinforced and extended the precedent, set by the earlier Ida B. Wells and Brooks projects, of government action to segregate Chicago’s black population, in this case in an isolated location far from the established residential sections of the city” (Bowly 1978: 45).

“The Gardens,” as it is often called by those who live there, is located in the Riverdale community area, “one of the neighborhoods with the city’s highest concentration of subsidized housing” (*Chicago Tribune* 02/21/82), on Chicago’s far south side. Built between 1943 and 1945, Altgeld Gardens was constructed in a geographically isolated section of Chicago’s far south side which followed Chicago’s “unofficial” policy of the time regarding segregation of the races (Shore, 1995).

At the time of its construction Altgeld Gardens was the largest and most complex housing development of its type in Chicago. Covering nearly 160 acres it was designed as a self-contained small community. In addition to the housing it was constructed with such amenities as a Health Station, public library, nursery, clubroom, a teenagers lounge, and an auditorium. The Health Station eventually was replaced by the Altgeld Health Clinic, which is relatively new. The public library still exists, but the nursery, teen lounge and auditorium are gone. The center of the development, - "Up top" as this area is called by the residents, - contained a privately developed shopping center, which housed a member-owned food co-op, doctor’s offices, beauty and barbershops, and a tavern. The food co-op is now a grocery store, owned by non-resident Middle Eastern immigrants. The doctor's office, now called the Murray Clinic, is run by an immigrant doctor and a couple of assistants. The beauty and barbershops still exist, but the tavern has since been replaced with a liquor store. The Philip-Murray Homes, a 500-unit addition to Altgeld Gardens was completed in the early 1950’s, and Eden Green - the nation's first and largest black-owned and operated development when it opened in 1968 (*Chicago Tribune* 02/21/82) - an 800-unit townhouse and apartment complex for low- and moderate-income families are all located nearby.

The economic outlook for this community, and a large part of the south side, is bleak. Starting with the decline of the post-war industrial boom and the closing of the stockyards, steel mills, factories and other south side industries the economic base for this community collapsed. The shrinking industrial base, and subsequent loss of jobs over the last few decades has had a dramatic effect on these neighborhoods. Altgeld Gardens, once considered a model community for working-class African American families has become, in large part, a devastated community of the unemployed and under-employed dependent on public assistance.

According to 2000 Census data, the Riverdale Community Area has a total population of 9,809 residents of which 9,479 (96.6%) are African American. Among Chicago's 77 community areas, it ranks 2<sup>nd</sup> for lowest median household income, 3<sup>rd</sup> for percent of persons living below poverty level, 4<sup>th</sup> for percent of people living below twice-poverty level, 5<sup>th</sup> for highest percent of children in families living below poverty level, 7<sup>th</sup> for highest percent of persons receiving public aid, and 2<sup>nd</sup> for highest percent of unemployed persons. (Community Area Health Inventory: CDPH Epidemiology Program Report 1996-1998, Vol. II: Rankings)

In 1997, the average income per household in Altgeld Gardens was \$6,885, with an average monthly rent of \$138. Almost 60% percent of households reported annual income of \$8,000 or less and 10% of households reported less than \$1,000 in annual income. Of the 1,358 units occupied at the end of 1999, 1,251 were headed by women, only 241 heads-of-households were employed, 687 families received Temporary Assistance to Needy Families (TANF) - which replaced Aid for Families with Dependant Children (AFDC) in the 1996 welfare reform act,- and 152 had listed no source of income. (Residential Demographics 1<sup>st</sup> qtr 1999, Chicago Housing Authority, Office of Management Analysis & Planning)

Consistent with these conditions, residents of Riverdale face serious health problems. Riverdale ranks 2<sup>nd</sup> among Chicago's 77 community areas for its rate of infant mortality, and 13<sup>th</sup> for its rate of births to mothers under 20 years of age. For sexually transmitted diseases it ranks 15<sup>th</sup> for its rate of gonorrhea and 8<sup>th</sup> for its rate of chlamydia. In addition, it ranks 3<sup>rd</sup> for its rate of domestic violence against women 18 and older. (Community Area Health Inventory: CDPH Epidemiology Program Report 1996-1998, Vol. II: Rankings) Riverdale ranks 34<sup>th</sup> for its rate of AIDS cases- just above average for Chicago's community areas,- (*AIDS Chicago*, 2nd Qtr 2001) but its high rates of births and of sexually transmitted diseases indicate a high degree of unprotected sexual behavior.

Clearly “the Gardens” still struggles with the combination of social, racial, economic, and geographical factors that created this isolated and impoverished community. Conditions here appear ripe for the further spread of HIV, though so far the very isolation of the Gardens and its distance from the epicenters of the HIV epidemic in Chicago appear to have offered some protection to residents engaged in high risk behaviors.

East Humboldt Park (EHP): The community areas of West Town, Humboldt Park, and Logan Square (collectively referred to here as East Humboldt Park-EHP) have some of the highest concentrations of individuals of Hispanic origin in Chicago. “The first wave of Puerto Rican immigration started in 1946, when Puerto Rico negotiated a labor contract to send 500 persons here to work as laborers and domestics.” (*Chicago Sun Times* 06/12/77) The second wave began in about 1960 and in six years the number of Puerto Ricans increased from about 10,000 to 40,000. (*Chicago Sun Times* 06/14/66) These neighborhoods have experienced overall population decline during the past several decades with the largest decline among White residents. Hispanic populations however have held steady, and in some cases increased. According to the 2000 census, EHP has a total combined population of 235,986 residents, of which approximately 54% are Hispanic, 25% White, and 19% African American.

West Town, Humboldt Park, and Logan Square all border Humboldt Park, one of Chicago’s oldest and largest parks, and a location of significant drug activity and high-risk sexual behavior. Most of the housing stock in these communities was built in the early 1900s. Sturdy brick structures with Victorian features, many of these buildings were later subdivided into smaller units to accommodate the demand for housing among Hispanic immigrants in the community. The result in many cases was sub-standard, expensive housing, often neglected by absentee landlords. West Town, which borders the much more prosperous community of the Near North Side to the east, has experienced significant pressure from gentrification over the past 15 years. From 1986 to 1991 home prices in West Town increased 20%-a-year. (*Chicago Sun Times* 11/15/91). According to a report published in 1995 by the Chicago Rehab Network and the Natalie P. Voorhees Center for Neighborhood and Community Development, only 10% of the approximately 3,500 housing units in West Town are publicly subsidized. The shortage of affordable housing in the area coupled with the increased demand has forced many low- and moderate-income residents to move further west into Humboldt Park or north into Logan Square in an effort to stay near their community. In addition, several groups in West Town have aggressively opposed the development of any new public housing in this area further exacerbating the housing shortage and adding to disenfranchisement of long-term residents of these communities.

The majority of EHP's residents are working-class Latinos, with some persons of Mexican descent. Among Chicago's 77 community areas West Town, Humboldt Park, and Logan Square ranked 16<sup>th</sup>, 19<sup>th</sup>, and 24<sup>th</sup>, respectively for the lowest average median income. They ranked 17<sup>th</sup>, 16<sup>th</sup>, and 24<sup>th</sup>, respectively for areas with the highest percentage of residents living below poverty level. All three ranked in the top third, for areas with the highest percentage of residents living below twice-poverty level and for areas with the highest percentage of children in families living below poverty level. Consistent with these conditions, the three areas ranked near the top third for areas with the highest percent of residents receiving public aid. (Community Area Health Inventory: CDPH Epidemiology Program Report 1996-1998, Vol. II: Rankings)

Additionally, EHP has a high concentration of injection drug users (IDUs). Heroin is the most prevalent injected drug, but the use of cocaine and other drugs is common. HIV infection struck IDUs in the area early and hard, most likely due to contacts with HIV-positive drug injectors in or from Puerto Rico and New York City, where infection levels often exceeded 50% among IDUs. The high concentration of IDUs in EHP almost certainly accelerated the transmission of HIV once it entered these networks. In a 1988 study conducted by the University of Illinois at Chicago, almost 35% of IDUs in the EHP area were HIV positive. High mortality among IDUs infected early in the epidemic and a reduction in risk behaviors by current IDUs have reduced the rate of new HIV infections in these neighborhoods (Wiebel WW, Jimenez AD, Johnson WA, Ouellet LJ, Jovanovic B, Lampinen T, et al. Risk behavior and HIV seroincidence among out-of-treatment injection drug users: a four year prospective study. *J Acquir Immune Defic Syndr.* 1996;12:282-289; Ouellet LJ, Thorpe LE, Huo D, Bailey SL, Jimenez AD, Johnson WA, et al. Prevalence and incidence of HIV among out-of-treatment injecting drug users, Chicago 1994-1996. *J Acquir Immune Defic Syndr.* 2000;25:443-450; Sievert D, Ouellet LJ, Ramakrishnan V, Hershov RC and Wiebel WW. Mortality trends among injecting drug users in Chicago with known HIV serostatus. Presented at the Annual Meetings of the American Public Health Association, New York City: November 17-21, 1996).

Like Altgeld Gardens, Humboldt Park fares poorly in other health indicators. Humboldt Park ranks 14<sup>th</sup>, for its percent of births to mothers under 20 years of age and 18<sup>th</sup> for its rate of infant mortality. It ranks 16<sup>th</sup>, 22<sup>nd</sup>, and 16<sup>th</sup> respectively for its rates of syphilis, gonorrhea, and chlamydia. In addition, Humboldt Park ranks 20<sup>th</sup> for its rate of homicide and 17<sup>th</sup> for its rate of domestic violence against women 18 and older. (Community Area Health Inventory: CDPH Epidemiology Program Report 1996-1998, Vol. II: Rankings) Between 1998 and 1999, the community areas of West Town, Humboldt Park, and Logan Square ranked 24<sup>th</sup>, 23<sup>rd</sup>, and 22<sup>nd</sup>, respectively of Chicago's 77 community areas in their rates of AIDS cases (*AIDS Chicago*,

*Second Qtr 2001*). These AIDS rates were much higher than Altgeld Gardens despite similar, or lower, rates of some STDs and births to mothers under 20 years-of-age.

While several studies have been done on IDUs in EHP, we are not aware of similar studies of men who have sex with men (MSM). Studies of minority MSM consistently show them to be at particularly high risk for HIV infection (Catania JA, Osmond D, Stall RD, Pollack L, Paul JP, Blower S, et al. The continuing HIV epidemic among men who have sex with men. *Am J Public Health*. 2001;91:907-14; and see “The Hangout” below). These risks are compounded among those who are substance abusers. The assessment included a section of the park in Humboldt Park where MSM, some of whom are sex-workers, connect with other MSM customers, often in automobiles.

Far West Side: The RARE team’s assessment on the far west side centered on Cicero Avenue between Roosevelt Road and North Avenue. The neighborhoods in this area are Austin, West Garfield Park and the western section of Humboldt Park. Once almost exclusively white neighborhoods Austin and West Garfield Park, experienced dramatic shifts in population in the last 50 years. Prior to 1960 Austin’s population was almost exclusively white, but by 1970 African Americans constituted one-third of residents. A major population shift took place that decade and by 1980 nearly three-quarters of the residents were black. West Garfield Park experienced an equally dramatic shift in population between 1950-1970

According to the 2000 census, the Austin, West Garfield Park, and Humboldt Park community areas have a combined total population of 206,382, of which approximately 77% are African American, 18% Hispanic, and four percent White. The community areas of Austin and West Garfield Park currently have populations that are 90% and 98% African American respectively.

Cicero Avenue is a mixed commercial and residential route that runs along a north/south axis on Chicago’s far west side. It is bordered by Austin on the west, West Garfield Park on the southeast, and Humboldt Park on the northeast. The research team concentrated on a three-mile section that runs north from Roosevelt Road to North Avenue. This area contains many of the West Side’s open-air drug markets, which are gang controlled and operate around the clock. While injection drug use has been common in this area, the concentration of IDUs appears not to be as great as in East Humboldt Park. Instead, the area’s drug users are likely to smoke crack cocaine and ‘snort’ heroin.

During the white flight of the 60's and 70's Austin experienced a serious loss of industry as white businessmen left the neighborhood, taking their businesses and jobs with them. As a result, Austin experienced an economic downturn in the early 1970s and again in the early 1980s that the community is still trying to overcome. Although median household income in Austin is approximately \$25,000 dollars (ranking it 29<sup>th</sup> among community areas) this obscures the disparity in income between Austin's less well-to-do southern residents and its much better off northern residents. For example, in 1979 thirty-one percent of Austin's residents received public assistance and eighty-three percent of that went to south Austin (*The Reader*, 07/01/88). In 1998 the median household income for West Garfield Park was \$15,102 placing it 14<sup>th</sup> among Chicago's community areas. Humboldt Park, as stated earlier, ranks 19<sup>th</sup>, with a median income of \$20,038. Austin, Humboldt Park, and West Garfield Park rank 16<sup>th</sup>, 15<sup>th</sup>, and 9<sup>th</sup> respectively for their percentages of residents receiving public aid. (Community Area Health Inventory: CDPH Epidemiology Program Report 1996-1998, Vol. II: Rankings)

Similar to the health profiles for the previously discussed communities, Austin, Humboldt Park, and West Garfield Park reflect communities in trouble. Of Chicago's 77 community areas, these three west side areas together rank in the top one-quarter for their 1996-1998 rates of AIDS cases and mortality due to HIV infection. In addition, Austin, and West Garfield Park 19<sup>th</sup>, and 12<sup>th</sup>, respectively for their rates of infant mortality, and 15<sup>th</sup> and 13<sup>th</sup> for their rates of births to mothers under 20 years of age. West Garfield Park ranks 1<sup>st</sup> for its homicide rate while Austin ranks 13<sup>th</sup>. The two rank 11<sup>th</sup> and 12<sup>th</sup> respectively for their rate of domestic violence against women 18 and older. STD rates in these two communities are alarming. Austin and West Garfield Park rank 6<sup>th</sup> and 1<sup>st</sup> respectively for their syphilis rates, 13<sup>th</sup> and 6<sup>th</sup> for their gonorrhea rates, and 4<sup>th</sup> and 7<sup>th</sup> for their chlamydia rates. (Community Area Health Inventory: CDPH Epidemiology Program Report 1996-1998, Vol. II: Rankings)

The Hangout: This is a private location that MSM of various ages, races and socioeconomic classes visit to experience sexual encounters with other men, as well as for entertainment and to socialize. The Hangout is in a building with several floors and settings, and open around the clock, every day of the week. Men pay to enter, either renting a locker or one of the many private rooms available for a set number of hours. The Hangout also has common areas, such as a video room, which can be used for socializing and for more public sexual encounters. Many areas of the site are dimly lit.

Epidemiological data similar to that presented above for the other three sites is neither available nor relevant for The Hangout since visitors to this site travel from throughout the Chicago

metropolitan area and beyond. However, recent research sponsored by the Centers for Disease Control and Prevention in six major U.S. cities found that 12% of gay and bisexual men between the ages of 23 and 29 who frequented bars and other social places usually attended by gay men were infected with HIV. Among the young gay men studied, 30% of African Americans, 15% of Hispanics, 7% of Whites and 3% of Asian Americans were HIV-positive. Moreover, only 29% of the HIV infected men who were interviewed were aware of their infection and fewer than 25% were receiving medical care or treatment (*The New York Times*, February 6, 2001). Additional data provided by the Chicago Department of Public Health, Office of HIV/AIDS Surveillance indicate that as of September 30, 2001 there were 5,705 living AIDS cases among men in Chicago. Of these living AIDS cases, 3,347 or 59% were attributable to MSM transmission.

### *Conclusion*

The community areas selected for assessment can be characterized as having high rates of poverty, substance abuse, drug trafficking, violence (including domestic violence), prostitution, teenage pregnancy, STD's, and a lack of economic opportunity. This pattern repeats itself throughout the communities highlighted in this report. In addition, many of these communities have unique pressures that exacerbate these conditions such as the isolation of Altgeld Gardens, the displacement and concentration of populations caused, in part, by the gentrification of West Town, and the disenfranchisement of communities that have not shared equally in the public health and economic advances of the recent past.

## *Methods*

The four field assessment teams, one for each site, began their assessments in November 2000 using four methods common to qualitative research: observation and informal conversations, mapping, formal audio taped interviews, and focus groups. All these methods used a semi-structured guide that attempted to elicit information regarding 1) **who** are the groups in your area that are at the greatest risk for being or becoming infected with HIV?, 2) **what** are the behaviors and practices that place them at risk?, 3) **where** do the risks occur? 4) **when** do the risks occur? 5) **why** do people engage in these risk practices? and 6) **how** can risks be avoided or reduced? Interviews with service providers also explored their ability to meet HIV prevention needs and their ideas for improving services. Most of the fieldwork was conducted in November and December of 2000, with some additional work lasting until February 2001.

Observation and informal interviews: Field team members, typically working in pairs and at different times of the day, night and week, conducted observations in areas where high-risk activities took place or where persons at high risk for HIV infection congregated. Team members consistently spoke with people in these areas, explaining RARE and its goals and asking for insight into current issues affecting their ability to avoid contracting or transmitting HIV infection, or to obtain medical care for HIV infection. These observations and conversations were recorded in field notes that were reviewed by the project ethnographers and discussed in weekly meetings of the entire assessment team.

Mapping: Team members mapped the geography of current HIV risk practices and prevention resources in their respective areas. The mapping attempted to include variations according to the time of the day and over a period of a week or month.

Formal interviews: The field teams conducted formal, audio taped interviews with persons they selected for their ability to address and provide a range of views regarding the issues of interest. These interviews were done mostly with particularly knowledgeable members of high-risk populations, persons who did not engage in high-risk activities but were held in high esteem by local high-risk populations for the assistance they rendered, and service providers.

Focus Groups: Two focus groups were conducted with injection drug users. Group members were selected by the field teams mainly for their knowledge of drug use scenes, HIV risk practices and barriers to HIV prevention in their neighborhoods. One interview was audio taped.

Field notes, maps and transcribed interviews were reviewed by the ethnographers and discussed at weekly meetings with the field teams.

We have attempted to present data as consistently as possible across the four sites we investigated. However, while our data collection methods were alike in each area and used a common guide, each team had considerable freedom to pursue what it found most important. The ethnographers who oversaw the assessment felt it was important for the indigenous field staff to take ownership of the process and to develop confidence in using these methods. The assessment, therefore, reflects both the idiosyncrasies of each team and the unique complex of geographic, social, cultural and risk-related factors we found at the different sites. As a consequence, the findings for each site vary somewhat in the emphasis given to different topics.

## IV. Findings

### A. Injection Drug Use

*Who is injecting drugs and do different populations mix?*

**Finding 1: Age trends in injection drug use differ by race/ethnicity and community area.**

**Finding 2: Conditions exist for widespread mixing of different population groups.**

Altgeld Gardens: Virtually all residents here are African American and most of the IDUs tend to be long-time injectors over 30 years old. The number of young African Americans who inject drugs appears to be low, but this is difficult to estimate. Recent research suggests that injection drug use is highly stigmatized among young African Americans and those who engage in this practice are particularly secretive. The most popular drugs for injection are heroin and a mix of heroin and cocaine (speedballs). Some Whites were seen purchasing drugs in Altgeld Gardens and most of them also appeared to be over 30 years old. One such buyer drove a vehicle with out-of-state license plates and local residents say this is not uncommon. While Whites tend to leave The Gardens as soon as they have purchased their drugs, residents told us that some use the apartments of resident IDUs to inject their drugs. Given that injection paraphernalia may be shared in these circumstances, it is likely that HIV, hepatitis and other pathogens are transmitted between these otherwise separate populations. Sex for money or drugs is likely to provide another means by which the potential for contracting or spreading HIV in The Gardens is influenced by links with other communities in Chicago's Southeast Side, the southern suburbs and Northwest Indiana.

East Humboldt Park: Unlike in Altgeld Gardens, IDUs of all ages are easily found among EHP's IDUs. White IDUs of all ages are also in the area and the number of those under 30 years old appears to be increasing. A small number of African American IDUs interact with these networks. Heroin is the drug most often used, although polydrug use is common. Middle-aged Latino and White IDUs residing in this area commonly use drugs together. Further mixing between groups of IDUs may occur when EHP IDUs travel to open-air drug markets in adjoining African American neighborhoods to purchase relatively high quality heroin and cocaine at attractive prices. Since drug users often prefer to use their drugs soon after purchasing them and places exist to serve this need, it is likely that some EHP IDUs inject with African Americans in areas around the drug markets.

Far West Side: As in Altgeld Gardens, IDUs who reside in these largely African American neighborhoods tend to be long-time injectors over 30 years old. However, according to a recent Drug Enforcement Agency estimate, this area contains over 200 open-air drug markets specializing in heroin, crack cocaine and marijuana. These markets attract users from across metropolitan Chicago. Customers include African Americans from other areas of Chicago, Latinos from adjoining neighborhoods, and large numbers of Whites. Observations by the RARE team, discussions with outreach workers serving this area, and data from studies in this area indicate the majority of these Whites are under 30 years old and use heroin, most intranasally. The majority come from areas on the Northwest Side including those neighborhoods populated by immigrants from Eastern Europe, gentrified areas on the near Northwest Side, and suburban neighborhoods.

*What are the injection risk practices?*

Among IDUs, needle sharing represents the greatest risk for transmitting HIV. While this practice may never be eliminated, both the self-reports of persons interviewed by the RARE team and recent survey research conducted by the University of Illinois at Chicago (UIC) indicate that steep declines in needle sharing have occurred in some areas of Chicago over the past decade. Other injection paraphernalia are commonly shared, however, adding to the transmission of HIV and hepatitis. These items include 1) ‘cookers’ such as bottle caps in which drugs are mixed with water and often heated to form an injectable solution, 2) ‘cottons’ used to filter drug solutions as they are drawn into a syringe, and 3) water used to clean syringes before and after injection and to dissolve drugs for injection.

**Finding 3: The more an area or population has access to needle exchange, street outreach and similar HIV prevention programs, the less likely IDUs are to share needles.**

Altgeld Gardens: Virtually every IDU contacted reported sharing syringes when s/he does not have access to a clean one, an occurrence said to be relatively common. Two situations appear to account for this behavior. First, in an isolated, highly communal setting like The Gardens, the obligation IDUs feel to help one another is particularly intense. IDUs in The Gardens reported sharing syringes, therefore, when sharing drugs with another resident who neither has drugs nor a syringe, or when the other IDU’s syringe no longer functioned. Assistance of this nature makes it more likely that in the future the person providing the syringe will be helped when he or she is in

need. Second, everyone contacted reported that there was no needle exchange program in The Gardens, and several expressed no knowledge of what a needle exchange program is. Some people reported buying needles from diabetics or other heroin users, sources that cannot be relied upon to always sell new unused needles. We were told of an underground needle exchange provider who does not charge money for needles, but this service appears to be sporadic and the demand for clean injection equipment clearly outweighs its availability.

While there is some street outreach programming in The Gardens done by a nearby social service agency, changes in their funding caused a reduction in these efforts. Perhaps as a consequence, users who wanted to bleach their needles before sharing them reported not always being able to have access to the bleach or safer injection kits this agency distributes. As one woman pointed out, “Bleach! I ain't going to be able to find this bleach and shit. We trying to get it on. We trying to get high!” It is worth noting, too, that several studies indicate IDUs who rely on bleach to protect them from HIV infection remain at high risk because they usually do not employ the most effective but time-consuming disinfection procedures.

East Humboldt Park: Interviews done by the RARE team and data from UIC’s ongoing evaluation of syringe exchange indicate that needle sharing is relatively uncommon among IDUs in this area. Those who share needles typically do so infrequently and with only one partner with whom they have a relationship, such as a friend or spouse. Needle sharing between strangers is rare. The relatively low level of needle sharing found here probably is linked to the extensive and longstanding presence of HIV prevention services in this area. A variety of service providers target IDUs and two needle exchange programs provide extensive access to clean injection equipment, including during evening hours. Indigenous street outreach workers have promoted HIV risk reduction here since at least 1986 and a methadone treatment program is available locally. All IDUs interviewed by the team were familiar with the area’s needle exchange programs and most were aware of the presence of street outreach workers.

Far West Side: Compared to the other sites, the potential for needle sharing among the middle-aged African American IDUs who reside in this area appears low, though likely higher than in East Humboldt Park. Occasional needle sharing was reported during the team’s interviews, but most IDUs expressed an intent and ability not to share needles. As in Humboldt Park, two needle exchange programs serve this area and clean needles are available five days a week. However, the area served by these programs is relatively large, thus IDUs here may have to travel further than those in East Humboldt Park to reach a site. Most IDUs were aware of the needle exchange programs, though the proportion was lower than in Humboldt Park.

Recent research with young White IDUs who frequent the West Side to buy and sometimes use drugs indicate that for several reasons they remain at high risk for sharing needles. First, they appear not to have been introduced to drug injection by older IDUs, the group most likely to practice - and perhaps teach - safer injection. Second, until recently, young White IDUs were woefully ignorant of the availability of HIV prevention services such as needle exchange. However, many remain at risk even when they use services such as needle exchange because they live with their parents and are afraid to store clean needles at home. For these IDUs, ready access to a needle exchange program is important as long as they continue to inject. Many young IDUs also inject while in their cars after traveling to West Side drug markets, and injection in these semi-public settings increases the risk of sharing injection equipment.

IDUs on the Far West Side reported less contact with street outreach workers than did those in East Humboldt Park. Compared to those in EHP, street outreach programs have operated for less time on the West Side - though they have been present for at least eight years - and in having to target a larger area they are more spread out. Recent changes in programming at one of the area's major HIV prevention programs has led to an increase in services most often provided in an office - such as HIV counseling, testing and case management - and to a reduction in street outreach.

According to a local service provider, until recently street outreach workers regularly accessed 'shooting galleries' on the West Side and linked them to the needle exchange programs. Shooting galleries are places IDUs utilize for the purpose of injecting drugs. A typical shooting gallery is operated by an IDU and located in his or her apartment, for which the price of admission is a 'taste' of one's drugs. Galleries often provide injection equipment and some include a 'house doctor' who is proficient at injecting IDUs unable to inject themselves. Shooting galleries are prime locations for HIV transmission, because the same injection equipment may be rented or loaned to multiple IDUs from a variety of areas around the neighborhood or city. Street outreach workers have worked for years to identify shooting galleries and convince their operators to make safer injection practices the norm in their galleries. In the past, outreach workers made sure galleries had locked 'sharps' containers to dispose of their patron's needles immediately after they were used. Full containers were returned to the needle exchange program for safe disposal. Several providers interviewed for this report indicated that funding restrictions for needle exchange programs make it difficult to continue this work on a regular basis.

*What are the settings for risk?*

**Finding 4: The public housing site's isolation, lack of access to legal employment, and lack of services contribute to drug use and HIV risk.**

**Finding 5: Gentrification in some areas is changing how drugs are used, in ways that both increase and decrease the risk for HIV transmission.**

Altgeld Gardens: The Gardens is one of the most socio-economically devastated communities in Chicago. Among Chicago's 77 community areas, the area in which The Gardens is located ranked 5th in the 1990 Census for the proportion of children living in families whose annual income fell below the poverty level (76%) and 7th for the proportion of residents receiving Public Aid (62%). In 1990, only 56% of persons aged 25 and older had graduated from high school, and the community area's unemployment rate ranked second in the city. Compounding these problems, The Gardens are geographically isolated, with limited public transportation, on the city's south side. Residents repeatedly conveyed a sense of separation from the worlds of work and commerce in Chicago. In the face of such tremendous problems residents still reported a scarcity of social programs designed to offset the multidimensional social and psychological consequences of sustained poverty. One focus group participant offered her reflections on why so many young men in The Gardens traffic in drugs:

Why are they selling drugs? Because of the lack of income. It's all a money thing. I mean cause they know they taking a risk cause they out there playing Russian roulette. Nobody wants to be looking over their shoulder and trying to worry about are they going to get busted . . . so, you know, its not all great for them either. But why are they doing that? They don't have any skills. They ain't worth it, can't afford it and this is the only way to build their self-esteem. So that's all that is.

Like I say cause a lot of people out here can work on cars and stuff, but look how far you have to go to get to be a certified mechanic . . . Look at what you got to go through to be a certified plumber. A lot of guys would probably be interested in carpentry school and stuff. But then they never even been shown how they could go about doing it. For a lot of them it's their egos. They're the ones that would be looked up to in the community if they could be like just the other program where they could be a constant role model for little children. Cause a lot of them just want their food. They just want their spotlight. If you can't get nowhere, you sell drugs. But if you don't know but one way of life and then no one introduce you to a better way then you just going to know that one way of life.

Not surprisingly, reports from several residents suggest that dope houses (or drug use “spots”) exist throughout The Gardens. The team witnessed drug sales taking place at various locations and times on virtually every trip to The Gardens. As one drives through the neighborhood, young men selling drugs are a common sight as they talk on cell phones and connect with buyers who arrive in cars and on foot. One heroin injector said, “Ain’t nothing out here. Ain’t nothing but the dope houses . . . Where you go you ain’t seeing nothing but dope cause there ain’t nothing to do but come up here, drink and get high, and then go back home, probably eat, come back up and try it again.”

East Humboldt Park: This area is experiencing the same gentrification pressures that began pushing IDUs out of West Town in the 1980s. Observations by the RARE team and reports of IDUs they interviewed indicated that one of the effects of this change is that illicit drug-related activities have become more clandestine and mobile. Rather than there being sustained “pockets of risk,” persons selling and using drugs regularly move in response to pressure from police and citizens, and open-air drug dealing has increasingly given way to transactions arranged through beepers and telephones. In the park itself, landscaping changes eliminated a large area of foliage used by hundreds of IDUs for cover while injecting drugs. During the period of observation there was little drug dealing in the park, though this may change as winter gives way to warmer weather.

Humboldt Park used to contain numerous shooting galleries, but the team found that increased police pressure and fewer abandoned buildings - both linked to gentrification - have led to a notable decline in the number of shooting galleries. A respected street outreach worker noted that it is more difficult now to get IDUs to reveal the locations of shooting galleries for fear that word will get around and that the police will take action.

Far West Side: This area is saturated with open-air drug markets, and drugs are available 24 hours a day, seven days a week. The area’s location next to the western and northwestern suburbs helps ensure a constant flow of customers. As in other areas, the number of shooting galleries has declined, though they still exist. Some shooting galleries serve local residents while others allow outsiders to enter. In the latter, African Americans, Latinos and Whites from a variety of neighborhoods mix. Since many of those who buy drugs in west side neighborhoods live elsewhere, it is not uncommon for drugs to be used in cars and other semi-public settings.

## **B. Sexual Risk**

*What are the risk practices?*

**Finding 6: Condom use is practiced most often between casual partners and least often between primary partners.**

**Finding 7: In the sex trade, condom use is practiced most often by those who sell sex and least often by those who trade sex for drugs.**

**Finding 8: Many sex-workers interviewed for this report stated that police have been citing simple condom possession as probable cause for a prostitution arrest. There is also the perception among many sex-workers that repeated arrests for prostitution can, and often will, result in a felony charge. Sex-workers seeking to avoid arrest and prosecution may less often carry and utilize condoms when selling sex on the street. In addition, they are likely to trade sex for drugs in drug houses where high-risk sex is likely.**

Altgeld Gardens: Unprotected sex in communities with significant drug injection and crack use among its members holds considerable risk for HIV infection. While assessments of unprotected sex rely mainly on self-reports, the presence of young children can serve as a marker for unprotected sex. The field assessment team noted that in The Gardens there are many young children, and some of the residents interviewed by the team said the community included many teen mothers. When asked if there's a lot of unsafe sex in The Gardens, one female participant in a focus group responded with the following observations, which suggest deep social causes:

Got to be. Every where you look its a stroll. Winter's coming now; wait till the summer and see all the strollers you going to see. All these young girls having babies. That's all they do is have babies. More babies, more babies, more babies, every time I look around. My girl friend's 39 years old and a grandma already twice. I got a girl friend, she ain't but 28 and a grandma. . . . But them girls 13, 12 having babies in the 8th grade, 7th grade having babies. Everybody having babies. They got no alternatives for them, so what they going to do? . . . Ain't no place for them to go and say, 'I'm going to sit down and do something else and skate.' Stuff we used to do when we was kids. We go skating or go up to this place and that place. They ain't got that out here, so all they got to do is walk around. I guess just go have sex, what else? What else to do? That's the only thing for them. 'Go and get me some, get me a little some, huh huh.' Ain't even no self-esteem, nobody at those places tells them, 'Say! You ain't got to do this. You got to love

yourself.' They ain't got none of that in The Gardens. They ain't got nothing. Everybody just got something out for their self.

The selling and trading of sex places participants at increased risk for HIV infection. According to several residents interviewed by the team, many women in their twenties and older trade sex for drugs. In particular, young women provide sex to drug dealers in return for drugs. According to one young woman who uses drugs, "The sex game is all about crack. There is no more selling sex for money. It is now a trade for crack. Many women who do this in The Gardens live in places where they date [have sex] and smoke all day long." Addiction to heroin or cocaine often overrides thoughts about safer sex, particularly if condoms are not readily available and local norms promoting safer sex are weak. A heroin user who sometimes trades sex for drugs had this to say:

I ain't going to sit here and tell you I got some rubbers in my pocket. I don't know if I got some in my area. Shoot, no I didn't have none. If he had some, then fine. If he didn't, I don't have time to go looking for or borrowing no damn condoms. 'Can I borrow a rubber?' Hell no. You got to get your shit and get on. So, once or twice if he had it, we used it, and if he didn't, no. I'm being perfectly honest.

East Humboldt Park: Data collected by the RARE team and from ongoing survey studies of IDUs in the area indicate that the use of condoms is increasingly accepted for sex between casual partners, but is far less common for sex between primary partners. Among the area's female sex-workers, condom use is well accepted but they reported two problems. First, free condoms are not always available for several reasons: The sex worker may not have been around when the outreach workers who serve these areas were present. Outreach typically takes place during the day, while sex work often is done at night and in the early morning. In addition, outreach workers may not have been able to serve the area. Interviews with one service provider that has served this area since 1986 indicated their perception that HIV prevention funding increasingly emphasizes office-based services. Even when sex-workers have a supply of condoms, they may lose or loan them, use them faster than expected or throw them away before being approached by police. Several sex-workers reported some reluctance about carrying condoms because police officers sometimes point to condoms as evidence that the women were currently engaged in prostitution.

A second barrier to condom use reported by sex-workers is resistance by male customers. These men apply pressure to forego condom use, typically by threatening to take their business elsewhere or by offering more money. Since sex-workers experience considerable competition

for customers and most are poor and addicted to crack cocaine or heroin, they may find it difficult to refuse men who do not want to use condoms.

Sex-workers reported considerable concern that a new law will allow the State to charge them with a felony for engaging in prostitution after repeated arrests. Given that most of these women regularly use heroin or crack cocaine, it seems plausible that more will move away from soliciting sex on the street and instead trade sex directly for drugs in venues such as crack houses where sex risks can be very high.

Far West Side: As in Humboldt Park, data collected by the RARE team and from ongoing survey studies of IDUs indicate that condoms increasingly are accepted for use between casual partners but are less often used by primary partners. Sex-workers commonly endorse condom use and ask for condoms, but report that some customers resist using condoms. Those who trade sex for drugs rather than sell sex for money appear the most vulnerable to being persuaded or coerced into having unprotected sex. The use of crack cocaine appears particularly heavy in this area, and its association with high-risk sex is well established.

Observations and interviews by the RARE team also led to an impression that, among heterosexual young people, anal sex is becoming more acceptable. Our data supporting this impression is very limited, although we believe it warrants further investigation.

*Who engages in sex-for-money and sex-for-drugs?*

**Finding 9: Unprotected sex involving sex-workers provides a path for infection transmission between residents of the city and suburbs.**

At all three sites, sex-workers are primarily women in their 20s and 30s who reflect the racial/ethnic composition of their respective area. Most regularly use heroin and/or crack cocaine. Transgendered (male-to-female) sex-workers are present in both East Humboldt Park and the Far West Side. Customers of sex-workers in both East Humboldt Park and the Far West Side are a mix of two groups. One group is composed of local men who typically approach the women on foot or in cars, or encounter them in drug houses. This group is comprised of those most likely to offer drugs rather than money for sex, and to have sex in low-rent hotels, abandoned buildings or drug houses. Another group is composed of men from other areas of the

city, the suburbs and elsewhere. These men typically pay money for sex, have sex in their automobiles, and are more likely to offer more money to not use condoms.

*When does the sex trade take place?*

The selling or trading of sex takes place at all hours, but night and early morning contain the peak hours. In East Humboldt Park, women selling sex are most often found on Armitage and North Avenue, both of which have been under increasingly intense police pressure. On the Far West Side the main areas for selling sex are on Madison and on Cicero.

### **C. Men Who Have Sex With Men (MSM)**

*What are the risk practices?*

#### **Finding 10: Among MSM, condom use remains inconsistent for anal sex.**

The Hangout: Most men interviewed at The Hangout said they used condoms during anal sex, but also admitted there were recent times when they did not do so. Observations of activity at the site suggest that a significant minority of anal sex interactions occur without the use of condoms. As with heterosexuals, condoms are less often used for oral sex than for other forms of penetrative sex. However, there appears to be a norm among many of the men interviewed that oral sex should not conclude with ejaculation in the mouth.

Drug and alcohol use at The Hangout probably compound the likelihood that high-risk sex will occur. Some men arrive at The Hangout already high on alcohol or other drugs, while others smuggle the substances into The Hangout and use them there. The team either observed or learned through interviews that marijuana, alcohol, amyl nitrate (“poppers”), and cocaine are the drugs most likely to be used. Some patrons may also use crystal methamphetamine, though this does not appear to be common.

#### **Finding 11: The Hangout constitutes a high-risk intersection where men connect from a wide spectrum of race, ethnicity, age, social-class and geographic residence. As a**

**longstanding institution in the gay community, The Hangout also constitutes a prime location for providing HIV prevention programming to a wide spectrum of men who have sex with men.**

*Who goes to The Hangout and do different populations mix?*

The Hangout: The men who frequent The Hangout come from all areas of Chicago and its suburbs, from other cities and small towns in the Midwest, and from other states and countries. The majority of patrons are from Chicago and its suburbs, and include a wide mix of racial and ethnic groups. Depending on the day of the week and the time of day, patrons of The Hangout are from 50-80% African American, from 15-60% White and from 10-25% Latino. The demographic composition of The Hangout fluctuates, with the number and proportion of African Americans and Latinos at their highest during the weekend nights and on Wednesday nights when the entry fee is discounted. The men range in age from their 20's to their 70's, with the majority in their 20's and 30's. With respect to socioeconomic status and occupations, patrons include managers, lawyers, flight attendants, college students, service industry workers, laborers, drug dealers, teachers, gangbangers, sex-workers, the unemployed and the homeless, who are attracted by the availability of inexpensive rooms.

A few patrons have just started attending the Hangout, many have been coming for years, and some for over twenty years. Some men attend once every few years, some every few months or weeks, and some more than once a week. Younger men attend more often than older men. Interviews indicate that the majority of patrons are gay but some are bisexual, with wives or girlfriends. Most come alone, even though they often came with friends their first time or initially heard about The Hangout from a friend.

Observations by the team and self-reports by patrons suggest that sexual encounters occur frequently between men of different racial and ethnic groups, ages, social-classes, and residential locations. Many White men go to The Hangout to have sex with men of color, whereas many African Americans and Latinos go to The Hangout specifically to be with other men of color and to not be with White men. Nevertheless, although many Latino and African American men said they prefer other men of their own race, they also admitted that they occasionally have sex with a man of a different race if they find him attractive. When having sex with a man from another

racial or ethnic group, Latinos were somewhat more likely to have sex with Whites, while African Americans were more likely to prefer Latinos.

East Humboldt Park: Here MSM met one another in the park and at a club. In both settings, most were Latinos in their 20s and 30s, but men of other ages and racial and ethnic groups were present. Observations and self-reports indicated that both settings were frequented by local men and men from other areas of the city. In both settings, the extent to which suburban men were present was not ascertained. Cold weather minimized activity in the park and opportunities for discussions with MSM.

#### *Settings for risk*

**Finding 12: Within The Hangout, condoms were not always available at the places where sex took place.**

The Hangout: Condoms were usually - but not always - available free at the front door of The Hangout. However, sexual contact often occurred at a considerable distance from the front door, and men often reported that if they did not have a condom when they began sexual contact, they were reluctant to stop. The men felt that not only was it difficult to interrupt sexual activity, but that they also worried that if they left to get a condom their partners might not be there when they returned or that they, themselves, would no longer be prepared to have sex. Most of the men the team spoke with said that if condoms were more readily available and accessible – for example in each room and section of The Hangout – that they and others would be more likely to use them consistently.

#### **D. HIV Prevention Services**

**Finding 13: Most IDUs and MSM have been counseled and tested for HIV. However, many have not gotten results recently and few are being tested as often as their risk practices warrant.**

At all sites except Altgeld Gardens, nearly everyone reported having been counseled and tested for HIV. However, most people the teams spoke with were not getting tested every six months

even though they continued to engage in behaviors that placed them at risk for HIV infection, and even fewer regularly returned for their test results.

**Finding 14: The provision of HIV prevention services at the various sites is uneven and no site appeared to have adequate intervention programming at night.**

**Finding 15: Ancillary services that compliment HIV prevention are often absent or not clearly visible to high-risk populations.**

**Finding 16: Residents of isolated, insular communities like Altgeld Gardens often avoid locally-based services because they fear that confidentiality will be breached.**

Altgeld Gardens: In the past, one agency regularly offered HIV prevention programming to The Gardens using indigenous outreach workers who were familiar with local drug injection and sex work scenes. Most IDUs we interviewed recognized this agency's red van and knew of their services, but the agency was not able to sustain funding for these services or maintain the apartment in The Gardens from which it provided a variety of other HIV prevention services.

The local Altgeld Health Clinic offers free condoms that are placed in a small bowl in their office, and they just began an HIV counseling and testing program in December 2000. However, most of the residents we spoke with were not yet aware of these services. Residents cited no other HIV prevention services other than occasional HIV testing by outside groups that they perceived as 'just coming and going.'

All IDUs the team spoke with reported there was no needle exchange program in or near The Gardens. Many said that they would use such a program if one were available. One woman told us, "Okay, so if I'm using and you tell me that these needles going to kill me, well hell I ain't got none. So maybe if you had some kind of program, I can get some." Several people commented that the Local Advisory Council has been opposed for some time to the idea of a needle exchange program in The Gardens. The Council's role is to serve as a voice of the community and, in particular, as a liaison between residents and the Chicago Housing Authority and the city.

A woman drug user who resides at The Gardens summed up her view of HIV prevention services in The Gardens as follows:

It really ain't nowhere here that you can go. I can't think of no place in the last few years where you can go to get some information or stuff about HIV and that kind of stuff. And actually have some in-depth understanding about it; to get somebody to answer your questions or give you some examples or some alternatives. I don't see none of that happening in the community. I don't see nobody that really wants to be bothered with your questions. Or even somebody that's just there for that. If it's somebody that just there for that and you know that you can go in there and get that information and they going to give it to you -- they going to service you and see you -- then that's a whole different story.

All the residents we interviewed said there are no drug addiction treatment or help centers in The Gardens and many expressed a lack of knowledge about outside sources. One man's comment was typical: "I don't know of any programs in or even outside of The Gardens that people go to get help except the rehab center. I've heard people speak about it, but don't know where it is." A woman who injects drugs described more graphically the lack of substance abuse treatment services in the following conversation:

*Q: What about services for people who use drugs, injection drug users? Are there any places they can go for rehabilitation inside this community?*

"Is she for real? You get no damn rehabilitation out here. You going to get something to get outta (their) face and that's it. No, ain't no rehabilitation."

*Q: So we already know that there's not a needle exchange program and there is not a methadone program. And so, say for instance if a person wanted to go into rehab, what would be the procedure? How would they do it?*

"Overdose. Let the hospital send you somewhere. Ain't no... you can't go in there and say 'I'm on my last leg. I'm trying to do something.' Department of Human Services gone. The people up here don't know shit. Don't nobody know what to tell you. 'Everything going to be all right. We will pray for you.' You can't go nowhere and just be sent somewhere. Somebody say, 'Let me look in the book and see who got a bed for you.' All of that's dead, that's gone. Nobody does that no more so you just, you get high till you OD. Ambulance take you somewhere, Roseland Hospital. If they don't kill you, then you go and get you some help."

In addition to an absence of HIV and drug-related services, residents reported a lack of other social services for adults and children, or programs to help residents gain employment. The team met one young college graduate who said he had had no idea of how to get a job after graduating and, instead, returned to The Gardens where he became immersed in drug trafficking and use. The isolation of The Gardens from the city clearly makes it even more difficult - both logistically and psychologically - for residents to seek outside services or employment.

The Gardens present a serious dilemma for service planners. On the one hand, residents feel isolated and hesitate to leave The Gardens for services. On the other hand, residents worry that problems they share with any service provider located in The Gardens will become known to other residents. This fear is particularly great when local service providers employ persons who reside within the tight-knit community of The Gardens.

East Humboldt Park: In contrast to Altgeld Gardens, EHP has a number of service providers that address HIV prevention, substance abuse and other medical and social needs. The area's needle exchange programs were known by all IDUs with whom the team spoke and the majority were aware of street outreach. Substance abusers who did not inject drugs were less aware of outreach programs and all groups either had less than optimal awareness of other programs or confusion about where, when and how to obtain other services.

Far West Side: Like in EHP, there are several service providers here that provide programs addressing HIV prevention, substance abuse and/or other medical and social needs. Again, the needle exchange programs are widely known, but there is less awareness of other programs. Ignorance or confusion about HIV prevention and related service programs seemed greatest among high-risk non-IDUs such as crack smokers, and young sex-workers who were active late at night.

The Hangout: One outreach organization targeting minorities has provided HIV prevention services for years to patrons of the Hangout, and many of those with whom we spoke knew of this organization. However, funding changes have reduced its ability to serve this high-risk site and funds increasingly seem to be shifting out of street outreach and into other services such as case management that focus on individuals and are typically provided in an office. Another social service agency was said to conduct some HIV testing at The Hangout, but most patrons were not aware of the agency being a service provider at this site.

## V. Recommendations

**Recommendation 1:** In or near Altgeld Gardens, establish a needle exchange program accompanied by case management and consistent street outreach that promotes HIV risk reduction. To ensure credibility and confidentiality, the case manager should be someone who is familiar with injection drug use but not a resident of The Gardens. Consideration should be given to using one of the many empty units at The Gardens as a base for case management and street outreach.

**Recommendation 2:** At Altgeld Gardens the sense of isolation and hopelessness among residents is striking, even when compared to other low-income communities. At the least, IDUs and other substance abusers need someone based in or near The Gardens who can guide them to existing services. To ensure confidentiality, such a person should not be a resident. The needs of those addicted to drugs might best be served by a treatment center that has a referral site in The Gardens and a clinic outside The Gardens. Beyond these steps, a wide range of services are needed for both children and adults. Service planning at The Gardens needs to be particularly sensitive to the reluctance of residents to leave the community for services, while also fearing that confidentiality will be breached if they seek help locally.

**Recommendation 3:** Service providers in East Humboldt Park and on the Far West Side should work together not only to better link their services, but also to make the linkages more visible to persons at high risk for contracting or transmitting HIV. For example, services providers should consider producing a pamphlet that, as simply as possible, directs members of high-risk populations to a range of existing services in the community. Some service providers should also consider occasionally having their outreach staff work on the street together so that they can share insights about local needs and better link members of high-risk populations to their respective services.

**Recommendation 4:** Conduct street outreach at night that targets sex-workers and young substance abusers. Agencies indicate that this may require additional funds to do on a consistent basis. The main goals of such outreach would be to provide HIV prevention materials at a time when they may be otherwise unavailable and to bring persons at high risk for contracting or transmitting HIV into other existing HIV prevention services.

**Recommendation 5:** The Hangout and similar venues warrant considerable HIV prevention programming. Outreach workers should visit the Hangout at least four nights a week and spend

either a considerable amount of time per visit or visit more than once per night. HIV counseling and testing should be offered to patrons regularly. To avoid confusion among patrons, it may be best to give one agency this responsibility. That agency should explore innovative means for providing test results that would increase the likelihood that results are obtained by clients. The agency should also work with The Hangout to ensure condoms are consistently present in all public gathering spaces and in each of the individual rooms.

**Recommendation 6:** CDPH should work with the Chicago Police Department to educate its police force on the strong connections between unprotected sex and the spread of HIV and other STDs. As such, this dialogue should address the problems with reported police practices that correlate condom possession with sex work, and therefore set up barriers to the use of condoms by sex workers.

**Recommendation 7:** Increase the availability of harm reduction supplies, including condoms and sterile syringes. This may be done through outreach programs, needle exchange programs and by making syringes legally available without prescription. Regarding the latter strategy, Illinois is now one of only five states that require a prescription to purchase sterile syringes.

## VI. Action Plan

The following action plan and corresponding action steps were developed by the CDPH with input from the Community Advisory Committee in response to the findings and recommendations outlined in sections II- IV of this report. While the action plan is in no way exclusive of current (or future) efforts to prevent the spread of HIV, it is meant to address the particular findings outlined in this report. CDPH supports a comprehensive strategy for the prevention and control of HIV infection. These findings, where applicable, will be integrated into the overall planning process for the prevention, control, treatment and care of individuals infected with, or at-risk of contracting HIV.

### **Injection Drug Risk**

**Goal: To decrease the number of new HIV infections in the Altgeld Gardens, Humboldt Park and Far West Side Community areas attributable to injection drug use or associated behaviors.**

Action Step: Identify and support a community-based organization to provide HIV prevention, needle exchange and substance abuse prevention and treatment services to residents of the Altgeld Gardens housing development.

Action Step: Identify and support a community-based organization to provide increased access to HIV prevention, needle exchange and substance abuse prevention and treatment services along the Cicero Avenue Corridor and in Humboldt Park.

Action Step: Identify and support a community-based organization in their effort to locate and gain access to areas of drug use activity (shooting galleries, crack houses) in the Humboldt Park area for the purpose of providing HIV prevention, needle exchange and substance abuse prevention and treatment services.

Action Step: Advocate for the passage of Senate Bill 155 by the Illinois General Assembly allowing for the legal purchase of sterile syringes at pharmacies.

Action Step: Advocate for the lifting of the federal restriction barring the use of federal dollars to support needle exchange programs.

Action Step: Advocate for increased availability of high-quality treatment on demand for individuals that are seeking treatment for substance abuse.

## **Sex Risk**

**Goal: To decrease the number of new HIV infections in Chicago attributable to unprotected and/or high-risk sexual behaviors.**

Action Step: Expand access to, and the availability of, HIV/AIDS prevention and substance abuse services for sex-workers by working with community-based organizations to provide increased off-site or outreach services targeting sex-workers when high-risk sexual activity is taking place (e.g., summer, early mornings, late evenings) and sex-workers are most in need of safer-sex supplies.

Action Step: Increase prevention efforts to reach MSM populations where they congregate and engage in risk-taking behaviors by working in conjunction with the proprietors of establishments such as “the Hangout” to increase access to safer-sex materials, literature, information, and services.

Action Step: CDPH will work with the Chicago Police Department to educate its police force on the strong connections between unprotected sex and the spread of HIV and other STDs. This dialogue will address the problems with reported police practices that correlate condom possession with sex work, and therefore set up barriers to the use of condoms by sex workers.

Action Step: Initiate a dialogue with the Chicago Police Department to discuss the possibility of integrating HIV/AIDS prevention and Harm Reduction education into the sentencing of individuals repeatedly arrested for prostitution and/or solicitation for prostitution.

## **HIV/Counseling & Testing**

**Goal: To increase the number of individuals who access HIV counseling and testing services.**

Action Step: Expand access to, and the availability of, HIV counseling and testing in areas where high-risk behaviors take place (i.e., public sex environments, “drug houses”, prostitution strolls, etc.) and areas that lack services through increased use of off-site or street-based counseling and testing techniques (indigenous outreach workers, mobile units, and OraSure testing).

Action Step: Work in collaboration with current providers of HIV counseling and testing services to reach out to marginalized, high-risk populations (e.g., minorities, IDUs, homeless youth, gay/lesbian/transgender individuals, etc) through cultural competency and sensitivity trainings designed to increase provider awareness of the health and social service needs of these populations.

Action Step: Partner with and/or develop the capacity of organizations to provide non-traditional HIV counseling, testing and prevention services in areas where traditional service providers lack access to the most at-risk populations (e.g., Altgeld Gardens, Cicero Avenue Corridor, The Hangout).

Action Step: Increase awareness of HIV counseling and testing service availability, especially in underutilized facilities (e.g., Altgeld Gardens), through increased promotion at local community events, health fairs, etc.

## **Service Coordination**

**Goal: To promote increased collaboration and coordination among service providers within communities for the purpose of maximizing available resources and creating networks of providers able to offer a full range of STD/HIV/AIDS prevention and care services.**

- Action Step: Utilize monthly Prevention Planning Group and Title I Planning group meetings as opportunities to encourage networking and collaboration among providers.
- Action Step: Support collaborative planning and coordination of services among CBOs serving similar constituencies, or providing services in the same community area, through continued support of local planning councils and networks of service providers.
- Action Step: Encourage CBOs to enter into formal service agreements with other CBOs that provide complimentary services.
- Action Step: Utilize quarterly prevention contracts meetings to encourage collaboration among CDPH-funded prevention providers.
- Action Step: Continue collaboration and integration of Prevention, Title I, STD, Substance Abuse, Mental Health, etc. services between Divisions at CDPH for the purpose of facilitating comprehensive service delivery.

### **References**

Devereux Bowley, Jr., *The Poorhouse: Subsidized Housing in Chicago 1895-1976*. Carbondale, Illinois: Southern Illinois University Press, 1978.

Debra Shore, "The House that Gautreaux Built" in *University of Chicago Magazine*, Vol 87: Issue 3:Febrary 1995.