AIDS Foundation
OF CHICAGO

2005 Policy Priorities

Call to Action

The AIDS Foundation of Chicago's (AFC) *2005 Policy Priorities—Call to Action* provides an in-depth look at the critical state and federal issues facing people living with and affected by HIV/AIDS this year. Among the most important of these is the need to address the disproportionate impact of HIV/AIDS in correctional settings. Mirroring national trends, Illinois' burgeoning correctional system is a revolving door for HIV/AIDS and hepatitis C. To stem the spread of the epidemic, Illinois must significantly improve HIV prevention, treatment, discharge planning, and community re-entry services. The following pages detail AFC's proposal to address HIV/AIDS in correctional settings and highlight other state and federal policy goals designed to fight the epidemic.

INSIDE

Addressing the Intersection of HIV/AIDS & Prisons

The HIV/AIDS epidemic in U.S. prisons is fueled by the ever-growing number of people spending time incarcerated. Currently, the U.S. has the highest incarceration rate of any country in the world. Last year, more than 2 million individuals served time in prisons or jails, and in the year 2000, the U.S. detained over a quarter of the world's prison population.[1]

Correctional facilities have alarming rates of HIV/AIDS. The prevalence of HIV/AIDS is believed to be 14 times higher among inmates than among the general population.[2] According to the U.S. Department of Justice, 2% of inmates in state prisons are known to be HIV-positive.[3] More than 22,000 HIV-positive state prisoners were reported across the U.S. in 2002.[4] Actual cases are estimated to be twice as high. Approximately 20% to 26% of all Americans living with HIV/AIDS (180,000 - 235,000) have been incarcerated at one time.[5]

HIV/AIDS among inmates and ex-prisoners is a serious issue facing Illinois. Illinois reported 471 prisoners with HIV/AIDS in 2002 (28 females and 443 males), and an HIV rate of 1.1%.[6] The actual number of HIV-positive inmates could be as high as 900 based on the national average for state correctional facilities. The overall statewide rate of HIV/AIDS is .21%.

Risk factors for HIV, including unprotected sex and syringe sharing, are the same for inmates as for non-incarcerated individuals. Estimates of the number of male inmates who engage in sexual behavior range as high as 65%,[7] and additional research found that up to 28% of inmates are sexually assaulted while incarcerated.[8] However, the taboo nature of sexual assault and the reluctance of inmates to report it makes the full impact of this phenomenon difficult to measure.

Assessing the extent of injection drug use within prisons is equally difficult. According to a 1995 study, more injection drug users were incarcerated than were in drug treatment centers, hospitals, or social service centers.[9] Research suggests that inmates frequently obtain illegal drugs as contraband or purchase them from other inmates or guards.[10] Because of the scarcity of syringes, which are often stolen, bartered, or handmade from other objects, inmates frequently share syringes.

The phenomenal growth in the prison industry is driven by increased penalties for drug-related offenses. Another contributing factor is the increased emphasis on law enforcement rather than substance abuse prevention and treatment services. U.S. drug arrests have tripled and drug-related incarcerations have quadrupled since 1980.[11] The Illinois prison population has grown over 266% since 1980, and during this time, 20 new correctional centers have been built—all downstate.[12] In 1996, Illinois ranked third in the nation for drug-related incarcerations.[13]

Despite documented high-risk behaviors, condoms and other HIV prevention supplies are virtually non-existent in prisons. Jails and

prisons in seven jurisdictions in the U.S. allow access to condoms, and none allow access to sterile syringes.[14] Additionally, correctional HIV prevention education programs vary greatly across the nation, from comprehensive to non-existent services. In Illinois, the Department of Corrections (IDOC) neither supplies nor allows condoms and syringes in prison facilities. While IDOC does fund a single staff position to coordinate peer HIV prevention education, the program is severely under-funded and inadequate to cover all facilities statewide.

People of color are disproportionately impacted by the growth in incarceration, and when incarceration is related to a drug offense, the racial divide widens. Nationwide, African Americans comprise 62% of drug offenders sent to state prisons—an incarceration rate 13 times higher than their white counterparts.[15] In 2000, African Americans accounted for approximately 12% of the U.S. population but comprised nearly 44% of the 2 million Americans behind bars.[16] Latinos accounted for 12.5% of the nation's population and 16.5% of its inmates.[17]

In Illinois, African Americans comprised 15% of the state's population in 2001 but nearly two-thirds (65%) of the 45,600 state prisoners;[18] Latinos comprised 12% of the population and 10% of state prisoners;[19] and whites comprised 68% of the state's population and 25% of its prisoners.[20]

Partners of prisoners and ex-prisoners may be at risk for HIV. Each year, nearly 650,000 individuals are released from prisons in the U.S. with little or no support for transitioning back into the community. Without assistance, HIV-positive ex-prisoners may resume former risk-taking behaviors, which can result in a serious decline in health, risk to others, and/or a return to prison.

CALL TO ACTION:

Illinois Must Address HIV/AIDS in Prisons

Illinois should commit additional resources to provide HIV prevention and care services throughout an inmate's term of incarceration and upon release. The Illinois Departments of Corrections and Public Health should collaborate with qualified community-based organizations to ensure inmates receive:

- HIV prevention education upon intake
- Repeated offers of free and voluntary HIV counseling and testing
- Ongoing HIV prevention education provided by peer educators
- Access to condoms
- Comprehensive medical services with individualized HIV/AIDS care, including access to all HIV/AIDS medications
- Comprehensive discharge planning and linkages to state-funded and community-based programs for HIV-positive ex-prisoners

As current data is incomplete, the state should also invest in research into correctional HIV prevalence rates, risk-taking behaviors, and the effectiveness of HIV-related services provided in prisons.

Addressing HIV/AIDS in Prisons—What Works

Peer education: Long accepted as an effective strategy for reaching high-risk populations, peer educators are able to gain the trust of their audiences, which is particularly important in encouraging HIV testing and risk reduction.

> Example: California's San Quentin State Prison operates Center Force, a peer education program developed collaboratively by prison staff, inmates, and community-based organizations. Center Force trains 25-30 peer educators twice a year through a five-day, 30-hour program. Peer educators provide HIV education during orientation for new inmates and on an ongoing basis for all inmates, including those awaiting release. According to the University of California San Francisco, the program is cost-effective and preferred by inmates over professional educators. Of particular significance is the fact that the number of inmates accepting voluntary HIV testing has also increased since the program began.[21]

Condom availability: Jails and prisons in Vermont, Mississippi, Los Angeles, San Francisco, New York, Philadelphia, and Washington, DC make condoms available to inmates through a variety of means. Some jurisdictions allow inmates to purchase condoms at the commissary and others allow community-based organizations to provide them or have them available at the prison infirmary.

> Example: Washington, DC jails make condoms available to 2,000 adult and juvenile inmates each year. Condoms are available at health education classes, during HIV counseling and testing, and upon request from medical staff. The program distributes hundreds of condoms each month free of charge and without tracking who takes them. Some 64% of officers surveyed support the availability of condoms at the jail.[22]

Discharge planning: Discharge planning is critical to ensuring that HIV-positive inmates are effectively transitioned to appropriate community-based medical and social services when they are released. Most discharge planning begins three months prior to release and is provided by both prison staff and community-based case managers.

> Example: Arizona assesses HIV-positive inmates for eligibility for the AIDS Drug Assistance Program prior to their release. Those who qualify are provided a 30-day supply of medications, which are held at the prison pharmacy and given to the inmates upon release. This helps reduce dangerous lapses in treatment and provides the individual with a window of time to establish community-based medical care.[23]

Transitional and intensive case management: As discharge planning ends and an inmate is released, specially trained case managers help ex-prisoners obtain housing, substance abuse treatment, comprehensive medical care, HIV prevention education, job training, and emotional and psychological support services. In addition to helping ex-prisoners achieve stability, transitional case management has been shown to reduce recidivism.

> Example: In Rhode Island, the recidivism rate among HIV-positive women receiving transitional case management was significantly lower than the rate among women without the services—17% compared to 39%.[24]

State Policy Priorities

In 2005, AFC will pursue state legislative and policy initiatives designed to stem the spread of the epidemic and respond to the needs of Illinoisans living with HIV/AIDS.

Reduce the Spread of HIV/AIDS in State Prisons — AFC will work with the Illinois Departments of Corrections and Public Health and the Illinois General Assembly to:

- Expand **peer-based HIV prevention education** for prisoners, ex-prisoners, and their family members
- Increase promotion of **free and voluntary HIV counseling and testing services**
- Improve **HIV/AIDS medical care** and discharge planning
- Expand community **re-entry services** for HIV-positive ex-prisoners

Ensure Adequate State Funding for HIV/AIDS Services — AFC urges state officials to:

- Appropriate $2 million in new funding for HIV-related **services for prisoners and ex-prisoners**
- Maintain the state appropriation for the **AIDS Drug Assistance Program** to ensure that uninsured, low-income Illinoisans with HIV/AIDS have access to life-saving medications
- Maintain the state appropriation for **HIV prevention services**, particularly those targeting hard-hit communities of color
- Approve funding for the final phase of **FamilyCare**, providing healthcare coverage for low-income families, including hundreds affected by HIV/AIDS

Enact Legislation to Improve the Lives of People with HIV/AIDS — AFC urges state officials to:

- Prohibit discrimination in the rental housing market based on a renter's **source of income**
- Create a **rental housing subsidy trust fund** to assist low-income renters
- Allow judges to appoint the most qualified **guardian** to care for children and adults impacted by HIV/AIDS, even if the guardian is an ex-prisoner
- Require insurance coverage for **non-occupational, post-exposure prophylaxis** to prevent HIV infection within 72 hours after exposure from sexual intercourse, sexual assault, or injection drug use
- Allow the **medical use of cannabis** by individuals with life threatening, chronic conditions

Voluntary Testing in Correctional Settings Promotes Individual Involvement in Healthcare, Prevention

AFC supports voluntary HIV counseling and testing strategies as the most effective way to engage HIV-positive individuals and those at risk for infection in HIV prevention and treatment. AFC opposes mandatory testing, which can alienate individuals who may be unprepared for an HIV-positive result and unwilling to cooperate with public health strategies. In addition, mandatory testing rarely includes HIV counseling, which benefits both HIV-positive and HIV-negative individuals. Inmates should receive basic HIV/AIDS information and be educated about the benefits of learning their status. They should also be informed about the availability of HIV treatments in prison and offered voluntary HIV counseling and testing repeatedly during their incarceration. Inmates will be more likely to accept HIV testing if they are educated about the benefits of testing and assured of the confidentiality of their results.

Federal Policy Priorities

In 2005, AFC will pursue an aggressive federal policy agenda to reinvigorate science-based HIV prevention and meet the medical and social service needs of Americans with HIV/AIDS.

Reauthorize and adequately fund the Ryan White CARE Act — After Medicaid, the CARE Act is the most important source of federal funding for HIV-related medical and social services. More than 500,000 Americans with HIV/AIDS receive vital CARE Act services, including more than 10,000 Illinoisans. In 2005, AFC will join AIDS advocates nationwide in calling on Congress to preserve the CARE Act's community planning model and current structure in reauthorization legislation. Local communities should continue to determine the appropriate mix of HIV medical and social services for their jurisdictions. AFC will also call on Congress to adequately fund the program, reversing two consecutive years of funding cuts for core program services. AFC asks Congress to:

- **Preserve** the CARE Act's current structure, which funds a comprehensive array of HIV-related medical and social services determined at the local level.
- **Enhance** the CARE Act's reach in underserved and rural communities.
- **Strengthen** the purchasing power of state AIDS Drug Assistance Programs by allowing states to receive the lowest available federal price for HIV-related medications.
- **Fully fund** CARE Act programs: CARE Act funding has not kept pace with the growth of the epidemic. An estimated $500 million increase is needed to adequately meet the treatment and service needs of low-income, uninsured people with HIV/AIDS in the U.S.

Protect the entitlement status of Medicaid and adequately fund prevention and research — AFC urges Congress to:

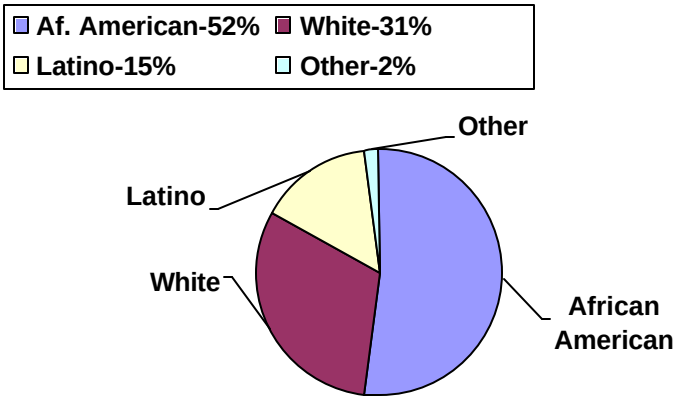
- **Reject** the White House proposal to dramatically reduce Medicaid funding through block-grants. More than half of all people with AIDS in the U.S. rely on Medicaid for their healthcare. With less federal funding, states will be forced to limit Medicaid enrollment and/or reduce benefits.
- **Invest** an additional $386 million for science-based HIV prevention programs in order to decrease the more than 40,000 new HIV infections that occur annually in the U.S. Congress should also approve an additional $170 million for addictions treatment services to stem drug-related HIV infections.
- **Address** the housing needs of low-income people with HIV/AIDS by adding $103 million for the Housing Opportunities for People with AIDS program, and reject the administration's call for severe funding cuts to this and other federal housing programs.
- **Increase** funding for biomedical research at the National Institutes of Health (NIH) to continue the search for an effective HIV vaccine, microbicide, and cure.

Enact HIV-Related Legislation and Policy — AFC urges members of Congress to:

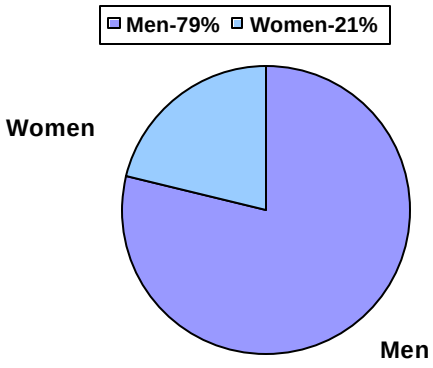
- **Co-sponsor** the **Early Treatment for HIV Act (ETHA)** and the **Microbicide Development Act.** ETHA allows states the option to cover non-disabled people with HIV under their Medicaid programs. The Microbicide Development Act creates a new NIH office to coordinate research across various departments in order to speed the development of new, anti-HIV topical products.
- **Pursue** policy changes to ensure that **Medicare recipients**, including people with HIV, receive the prescription drug coverage they need to safeguard their health. People dually eligible for Medicare and Medicaid, including an estimated 60,000 with HIV, will lose their more comprehensive Medicaid drug coverage at the end of 2005 unless action is taken.

HIV/AIDS in Illinois

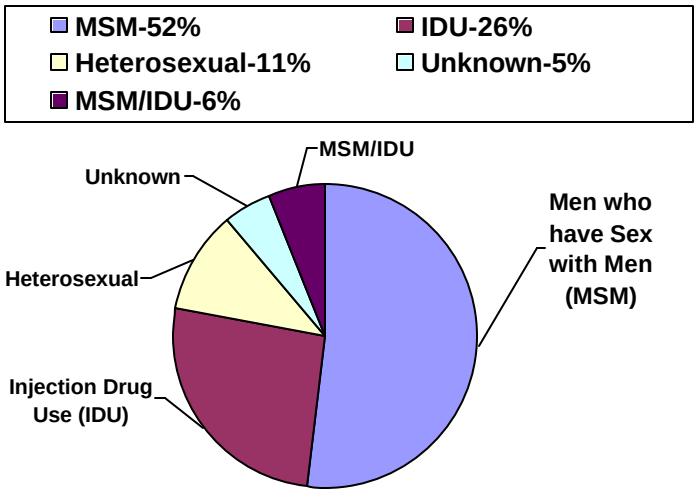
Reported AIDS cases by race – 2003:



Reported adult AIDS cases by gender – 2003:



Reported adult AIDS cases by transmission – 2003:



For the Record

As of December 2003

Since the beginning of the epidemic, **30,139 Illinoisans** have been reported with an AIDS diagnosis, out of **902,223** total cases nationwide.

Approximately **16,855** people have died of AIDS in Illinois, out of **512,758** total deaths nationwide.

14,682 AIDS cases among African Americans have been reported in Illinois since 1981, out of a total of 30,139 cases.

Nearly **66% of Illinois women living with HIV are African American.** African Americans account for 15% of Illinois' 12,600,000 residents.

An estimated 35,000 Illinoisans are living with HIV/AIDS. This includes **12,000 reported HIV cases** and 14,500 reported living AIDS cases. The remainder is comprised of unreported cases and individuals who are not aware of their status.

Illinois ranks sixth in the nation for HIV/AIDS. Only New York, California, Florida, Texas, and New Jersey have more living HIV/AIDS cases.

Latinos account for 16% of reported AIDS cases in Illinois among young people ages 13 to 19.

Men who have sex with men **(MSM)** account for 52% and injection drug users **(IDU)** account for 26% of recently diagnosed AIDS cases among men.

Sources: U.S. Centers for Disease Control and Prevention, Illinois Department of Public Health, and the Chicago Department of Public Health.

Save the Dates:

April 12-13, 2005:

Caring for Our Communities: HIV/AIDS Lobby Days in Springfield
www.aidschicago.org/events/lobby_day.php

May 2-5, 2005:

AIDSWatch: HIV/AIDS Lobby Days in Washington, DC
www.napwa.org

October 9-12, 2005:

Campaign to End AIDS: Caravan to Washington, DC
www.aidsvote.org

Your source for HIV/AIDS Policy News:

www.aidschicago.org

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