

# **Amon and McLemore: Curb HIV infection rates in Texas prisons**

**Joe Amon and Megan McLemore, HUMAN RIGHTS WATCH**

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"The Bible people come to the prisons once a month. Let the condom people come in once a month. The purpose is the same — to save lives." Last month, Texas State Representative Garnet Coleman (D-Houston) spoke these words to the House Committee on Corrections in support of his bill permitting community organizations to distribute condoms in Texas prisons.

In the United States, more than two-thirds of all new HIV infections occur among minorities. And because of the increasing imprisonment of drug users, and the disproportionate incarceration of minorities, the number of people with HIV or AIDS behind bars in the U.S. is more than three times higher than in the general population. Although most inmates acquire the infection outside of prison, some transmission occurs inside.

Coleman is concerned about the health of inmates, but he explained to the committee that much of the impetus for this bill arises out of the high rates of HIV infection among Latina and African American women. In Texas, some 12 percent of the population is African American. Yet among those living with HIV about 38 percent are African American. African American and Hispanic women combined represent 78 percent of women living with HIV in Texas. Coleman told the committee that making condoms available might lower the HIV transmission rate in prison and, in turn, lower the infection rate in the community as the inmates return home.

Coleman is right about the alarming rates of HIV infection in minority communities. And he's right that condom distribution will decrease transmission in prisons. Distributing condoms is a low-cost, practical public health measure that needs to be more widely implemented in U.S. prisons and jails. New York City, Washington, D.C., San Francisco and Los Angeles are some of the cities already distributing condoms in their jails, and the distribution of condoms to inmates has been endorsed by the National Commission on Correctional Health Care and the American Public Health Association.

However, sexual transmission is not the only way HIV is spread in prisons. Injection drug use and unsafe tattoos contribute to transmission, and strictly supervised programs providing prisoners with methadone, bleach, and clean needles have proven both effective, and safe, in such countries as Switzerland, Spain and Germany.

But it's important to note that minority women are not primarily at risk because of HIV transmission in prisons. Unemployment, housing discrimination, the lack of access to quality prevention and medical services, and the on-going stigma which surrounds HIV all fuel the epidemic.

And that's why Coleman's second bill on HIV in prisons is ineffective, and ultimately counterproductive. The bill would mandate HIV testing of all inmates and segregate those found to be HIV positive. These policies are not necessary, nor do they respect the civil rights of inmates. Informed consent is a cornerstone of legal and ethical medical testing requirements, and inmates, while losing certain rights to liberty, do not leave all of their rights at the jailhouse door. Voluntary HIV counseling and testing can increase knowledge and impact HIV-

related behaviors more than mandatory programs. The segregation of inmates with HIV perpetuates stigma, isolation and discrimination, undermining efforts to address the epidemic both in prison and out.

Despite the U.S. government's pledge in 2001 to cut the number of new HIV infections in half by 2005, more than forty thousand people in the U.S. continue to become infected with HIV each year. Much of what has stopped us from fulfilling that pledge is a willingness to cling to ideology rather than recognize reality. Rather than just inviting "condom people" into its prisons, Texas needs to implement public health programs that expand HIV information and services both inside and outside prisons, and respect the rights and the dignity of everyone living with HIV.

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