

Opportunities for Movement Building between the HIV Prevention and Prison and Criminal Justice Communities

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Question: *Which of the following groups were members of the Coalition opposing construction of the Delano II prison? Center on Race, Poverty and the Environment, Rainforest Action Network, NAACP, National Association of Social Workers, Catholic Conference of Bishops, Southern San Joaquin Municipal Utility District, Filipinos for Affirmative Action, The Audubon Society of Kern County.*

Answer: *All of the Above*

At first glance it may seem strange that any coalition would include both the Catholic Conference of Bishops and the Southern San Joaquin Municipal Utility District, but in short, coalition – and ultimately movement building – are fundamentally about getting partners and ourselves to understand “our” issue as “their” issue and vice versa. Put another way, why should you, as an environmentalist, bishop, Utility District Manager, birdwatcher, or HIV prevention activist be concerned about the ever-increasing number of prisons? Why should you as prison reformer or prison abolitionist be concerned about HIV?

The wide range of negative effects of prisons and HIV, easily documented due to the phenomenal growth of HIV and the prison industrial complex (PIC)¹, provides multiple points of entry. The work is to translate the specific negative effects of HIV and the PIC for potential allies, and to persuade them that fighting HIV and the PIC is not something separate or additional to their already packed agendas, but part of their mission. From there, successful coalitions function when there is a clear structure and decision-making process, people have many different ways to participate, and partner organizations are given credit, press attention,

¹ I use the term prison industrial complex (PIC) to refer to the use of prisons and policing as a "solution" to what are social, political, and economic problems. The term relates back to "military industrial complex" which in short explained the rise of the arms industry unrelated to national security needs. Fighting the PIC means challenging traditional ideas of public safety – that police, prisons, and the court system make people who are not in power safer.

etc. These components can work to develop long-term relationships that can build a movement against HIV and the PIC and for a different world.²

I. The Fundamental Intersection: Prisons and HIV are Killing People – The Same People

Prisons and HIV have much in common. The fundamental intersection to me is that prisons and HIV are killing people – the same people. Donna Willmott, Family Advocacy Coordinator at Legal Services for Prisoners with Children, who also spent many years in prison put it this way: “Even though we are acculturated to see prisons as places that keep us safe; prisons are pathogenic – prisons are places that make people and communities ill.” Charles Stephens, an organizer with AID Atlanta said, “Prisons and HIV are places where racism, heterosexism, classism all converge. HIV and the prison industrial complex meet at the intersections of oppression.”

As we all know, prisons and HIV are killing certain people more than others. A recent report by the Pew Center on the States found that for the first time more than one in every 100 adults in the U.S. are in prison or jail. The Pew report did not stop there. The authors went on to write: this fact “significantly impacts state budgets *without delivering a clear return on public safety*... [P]rison growth and higher incarceration rates do not reflect a parallel increase in crime, or a corresponding surge in the nation’s population at large.”³

The Pew Report used U.S. Department of Justice data to illustrate that like HIV, prisons impact some of our community members more than others. “[W]hile one in 30 men between the ages of 20 and 34 is behind bars, the figure is one in nine for black males in that age group.” For young men, the figure is one in every 53 adults in their 20s.⁴ Similarly, AIDS is now the leading cause of death among black women aged 25 to 34. Nearly half of black men who have sex with men (MSM) are HIV positive.⁵

² Much of this section relies on Craig Gilmore and Rose Braz, “Joining Forces: Prisons and Environmental Justice in Recent Californian Organizing” published in the *Radical History Review* 2006(96):95-111.

³ Pew Center on the States, Press Release, “Pew Report Finds More than One in 100 Adults are Behind Bars”, February 28, 2008.

⁴ Pew Center Press Release. Id.

⁵ Suzy Subways, “Open Letter to the Left and AIDS Movement: Two ships passing on our winding way to anew dawn.” Written in response to the US Social Forum.

HIV is magnified by skyrocketing incarceration rates.⁶ Although African-Americans account for just 13% of the nation's population, they represent nearly half of all new U.S. HIV diagnoses, and researchers at the University of California, Berkeley, opine that one theory is closely linked to the fact that African-American men are incarcerated at significantly higher rates than other racial groups. Using census information and federal data on about 850,000 U.S. HIV patients collected between 1982 and 1996, researchers at the Goldman School of Public Policy determined that as the number of African-American prisoners increased, so did the HIV rate in Black communities. They argued that incarceration substantially disrupts the “sexual relationship markets” of the communities from which imprisoned people come and to which they return, by increasing the average lifetime number of sexual partners of people at risk for HIV and increasing the level of “concurrency,” or of having multiple, sexual relationships. These factors have been shown to significantly increase the spread of HIV and other infections in a community.⁷ Johnson and Raphael said their study data linking race, prison, and HIV is so strong that they believe it almost completely explains HIV's disproportionate impact on African-Americans.⁸

While it is true that people do get infected inside, it is also important not to label prisoners as vectors of HIV but rather to place the phenomenon of high HIV rates in a larger social and political analysis: The same inequalities of health care and lack of access to health care and prevention – based on race, class and gender – that occur outside are exacerbated in prisons.⁹ Moreover, the people who go to prison tend to be sicker because of a lack of access to health care outside, and the stress of the environment, along with extreme overcrowding and lack of adequate care inside makes people sicker.¹⁰ In some ways, establishing the intersections is easy

⁶ Willmont Interview; Nat Smith of Critical Resistance and the Trans/Gender Variant in Prison Committee (TIP) pointed to another way HIV is killing people inside, a way that illustrates how HIV is part and parcel of the Prison Industrial Complex. Nat noted that people use HIV as an oppression tool inside – it's the nature of the system. Guards use the threat of placing someone in a cell with someone who is HIV positive and people reaching for some sense of power inside use HIV as a threat. See also, Relationship Between Incarceration And Race Disparities In US HIV Rates Explored, USA; J. of Health Care for the Poor and Underserved, Vol. 16 (November 2005). <http://www.medicalnewstoday.com/articles/34866.php>

⁷ Health News, 03/11/06-03/13/06, “HIV's spread among blacks may be linked with incarceration rate” The Advocate.com http://www.advocate.com/news_detail_ektid27824.asp

⁸ Id.

⁹ Donna Willmott, Family Advocacy Coordinator at Legal Services for Prisoners with Children.

¹⁰ Willmont Interview.

while strategizing the best opportunities to end HIV and the Prison Industrial Complex presents more challenges.¹¹

II. An Opportunity: A Health Reinvestment Strategy

While there are many opportunities for movement building that will arise below and even more that are not covered here, this piece places those opportunities within the framework of what I call a “health reinvestment” strategy. It is estimated that nationwide, every year we invest over \$40 billion in locking people up. In short, one key intersection and organizing opportunity arises because prisons deplete community resources, resources that could go into HIV prevention and resources in the form of leaders and potential leaders who are removed from our communities by imprisonment.¹² This intersection is particularly relevant today as states and the national budget face monumental budget gaps that should compel additional scrutiny of how we invest in the future.

One of the problems most mentioned by interviewees is the system’s refusal to provide prevention tools inside.¹³ People inside can’t get bleach, clean needles, condoms or dental dams which leads to unsafe practices, a flourishing epidemic and ultimately genocide.¹⁴ And again, some people are being impacted more than others, particularly transgendered prisoners.¹⁵

Exacerbating the risk from lack of prevention tools, people go untreated inside because of inadequate screening. People who do receive treatment receive substandard medical care inside, and when they are released people are given very little discharge planning or after care. As an

¹¹ I purposefully use the goal of ending the prison industrial and HIV because to me no level of HIV is acceptable and no level of imprisonment is acceptable.

¹² Ariel Clemenzi is the Manager of Training Department for Health Initiatives for Youth Interview.

¹³ Many connected the system’s refusal to provide prevention tools inside to the system’s denial that sex or IV drug use is going on inside and to disempowerment and oppressions.

¹⁴ Willmont Interview; Smith Interview.

¹⁵ Miss Major, Organizing Director of the Trans/Gender Variant in Prison Committee (TIP), pointed out the extremely high HIV and AIDS rates among transgender women inside and out: A lot of people inside won’t get tested; have sex, infection spreads inside and out. The Prison system won’t give out condoms because no one is having sex but prisoners and guards are having sex and there is no protection for people inside. We need programs specifically for transgender women.

Nat Smith noted that so many Transpeople are locked up, so many are subject to sexual assault, and pointed to the need to work with the trans community for access to basic health care inside and that the need of the trans community to include the fight for prison healthcare in fight for health care.

Charles Stevens simply stated, we need to decriminalize sexuality. See also, Stevens Interview.

example, people routinely leave prison without adequate meds or copies of their medical records.¹⁶

Substandard medical care inside also comes in the form of interruptions in meds, which routinely occurs inside prisons and jails. Many interviewees spoke of the damage to individuals and to the community outside created by interruptions in meds caused by imprisonment, which can then create new strains of HIV, potentially untreatable by current medications.¹⁷

There is no debate that healthcare inside prisons is horrific and is worse when it comes to HIV given the denial that sex or drug use occur inside. Fundamentally, while we must fight for care inside, we also must acknowledge that the prison system, at its core, is not about providing people healthcare. The system is about punishment, warehousing and control. Prisons systematically undermine the very values and things we need to be healthy.¹⁸ Simply put, the best way to improve the healthcare of people inside is to get them out.

As Ariel Clemenzi of Health Initiatives for Youth (HIFY) put it: “If people are trying to prevent the spread of HIV, there is no way to do that in the current prison industrial complex – no condoms, no education, little testing – [the prison system] doesn’t want to test and treat. That’s not what prisons are for.” Similarly, Nat Smith, a trans anti-prison activist, challenged the prison abolitionist movement to include an analysis of health care which supports abolition. For Smith, we need to abolish the PIC is because there is no health care inside.

On a very significant cautionary note, we have seen of late our call for better healthcare and better conditions inside twisted into proposals for expanding the system, particularly through what are sometimes called “boutique prisons.” California now has a \$10 billion-per-year prison system that is overcrowded, provides horrendous health and mental health care, underfunds and cuts programming and services, and consistently fails to deliver on its promise of public safety. California’s answer to this disaster is to build up to 40 new prisons dubbed “community correctional facilities,” specifically for women. What’s new and perhaps more insidious about this expansion is that it has not been couched in ‘tough on crime’ rhetoric that politicians usually employ to justify such projects, Rather, in response to growing anti-prison public sentiment, the

¹⁶ Willmont Interview.

¹⁷ Willmont, Smith, Clemenzi interviews. Miss Major of TIP pointed out it is a big problem when people don’t get meds at specified times. Moreover, if you refuse your meds because the timing is off, then you’re labeled as ‘refusing your meds’ and then they deny them to you. “If they are going to take custody of your being, then they need to take responsibility for your meds.”

¹⁸ Gilbert Letter.

plan is grounded on the rhetoric of "prison reform" and in regard to people in women's prisons: "gender responsiveness." In short, we are told that the Department of Corrections has identified 4,500 women that, by its own criteria, do not need to be in state prison. But, rather than release them, the Governor, Corrections, feminist scholars and some advocates have proposed building a whole new system of smaller prisons throughout the state for people they concede do not need to be in prison.

Those advocating gender responsive prisons seek to create "an environment that reflects an understanding of the realities of women's lives and addresses the issues of the women." The underlying presumption of advocating for gender responsive prisons is that such an environment can be created in a prison, that imprisonment can effectively address the "realities of women's lives" and the "issues of the women" – a presumption that I do not find valid. The biggest pitfall of gender responsiveness rhetoric is that it fails to challenge the notion of prison as an institution that can effectively "address the issues of women."¹⁹

Increasingly, the state's only and ubiquitous answer to any problem within the prison system – whether it be the need for more and better programming, disastrous medical and mental health care or the fact that there are too many people in prison – is more bricks and mortar. In seeking humane treatment for people inside with HIV or prevention resources for all prisoners, I believe we also need to fundamentally challenge the institution of the prison as an answer to these and other problems. As Clemanzi argued, "We need to funnel resources used to send people to prison into keeping people from going in and peer education inside to keep people strong and healthy."²⁰

People sometimes speak of this goal and strategy as "justice reinvestment" – a strategy that seeks to reduce resources going into locking people up by reducing the number of people in prison, closing prisons and invest those resources in things that would be truly build safe and healthy communities. A related opportunity for HIV prevention and anti-prison organizers could be a "health reinvestment strategy" that specifically seeks to move resources from locking people up and into prevention, treatment and harm reduction inside and out.²¹

¹⁹ For cites and further analysis see, Braz, "Kinder, Gentler, Gender Responsive Cages: Prison Expansion is not Prison Reform," *Women, Girls and Criminal Justice*, October / November 2006

²⁰ Clemanzi Interview.

²¹ Charles Stevens spoke of structural prevention tools such as micro-grants, similar to those given in other countries, to empower people to make the optimal sexual choices as an option.

III. Strategies: Allying with Progressive Forces in Public Health Toward Empowerment of Our Communities

Even as there is an emerging discourse challenging the assumptions of the “imprisonment society,” notable forces in the public health movement are struggling to counter or balance the “medicalization” and “individual behavior change” models that have become increasingly dominant. In HIV prevention, this has meant first a focus primarily on the individual who must change her/his risk behaviors through educational/behavioral intervention and, more recently, a focus on HIV testing and treatment in the medical care system as the main prevention strategy.

However, history clearly reveals that the most impressive gains in the public’s health, and individual longevity and well being, have not come through innovations and improvements in medical care or through behavior change efforts focused on the individual, but rather on social and structural changes to remove blatant causes of ill health and shortened life (like child labor in factories 12 hours a day or highly dangerous working conditions in factories and mines) or to provide living conditions and policies that allow healthier living (like clean water and sanitation, universal education and increased political rights for women).

The best analyses of the prolonged HIV/AIDS epidemic clearly highlight root causes in social burdens and social oppression simultaneously affecting communities most highly impacted by HIV/AIDS, including specifically the role of high levels of imprisonment that disproportionately affect, disrupt and weaken communities of color. These same analyses point to the need for “structural and social interventions” (in public health prevention lingo) to eliminate or mitigate these root causes of HIV persistence and spread. Yet governmental policies and ingrained ideological or methodological blinders have thus far prevented the development and implementation of most structural interventions.

There are many in public health who wish to change this state of affairs. One strategy that is both a possible means of changing the prevention paradigm toward a much greater social focus and a powerful means of changing lives in itself is **community mobilization, organizing and empowerment**. This is an area that is valued by segments of both the public health and prison reform/abolition communities and can provide the grounds for building joint work.

Miss Major of TIP built on this theme, stating we need to get our elders out, to train people for jobs so we don’t end up in prison in the first place.

Alex Lee felt: “We need to move our community from being patients to change makers.”²² Lee believes the public health approach to HIV is disempowering and condescending diffusing a lot of community organizing efforts not viewing transgendered clients and patients as change agents.²³ Changing that relationship is a big challenge because of the public health structure and co-dependency: “We depend on them for services; they depend on us for money.”²⁴

Lee believes that public health is tied into politics and the “evidence based” intervention craze which stands in opposition to what the community knows works; the rejection of community based solutions and peer education is a symptom of being part of a marginalized population, the general invisibility of populations more at risk for HIV, and political invisibility.²⁵

Lee stated that too many organizations don’t spend resources on leadership development. They don’t have a real commitment to the community and have strong, rigid hierarchies. People who believe in social justice need to understand where the public health nonprofit industrial complex came from –pacifying people who were angry.²⁶

Lee suggested identifying where we can work with the public health world to build a public health agenda that uses a community empowerment model. One proposal from Nat Smith was to challenge the prevention communities to support struggles of people inside to get basic STI prevention tools and to support struggles of former prisoners who are HIV positive; making sure clinics provide health care including HIV care and prevention education.

In an open letter following the US Social Forum, AIDS activist Suzy Subways offered a similar critique: “In the AIDS movement, we know how the move from street action to institution building means not just that we had the capacity to provide lifesaving services to our communities but that it took us off the streets and cooled off our activism Small HIV prevention and support organizations that Black, Latino, gay and other communities started 20 years ago are closing their doors all over the country because the federal money is being cut back to just cover

²² Lee Interview.

²³ Lee Interview; Related to these points, health workers too often label prisoners as vectors of diseases, blaming the victim.

²⁴ Lee Interview.

²⁵ Alexander Lee is an Attorney at The Transgender, Gender Variant, and Intersex Justice Project’s (TGIJP) whose mission is to challenge and end the human rights abuses committed against transgender, gender variant/gender queer and intersex (TGI) people in California prisons and beyond.

²⁶ Lee interview.

medical care and HIV testing, not vital programs like condom distribution, street outreach, counseling, buddy programs, language interpretation and housing.”²⁷ She cited Philadelphia’s TEACH Outside program which offers a class for people living with HIV who are newly released from prison as one of the most inspiring programs that has faced funding cutbacks because of their approach. She reiterated Lee’s thoughts: “we can’t afford to compromise on taking the time to build new leadership among people directly affected by the issues.”²⁸

In a letter, David Gilbert, long time political prisoner and one of the founders of HIV peer education inside, wrote: “when we initiated the first prisoners’ peer education project in the country...the local community AIDS org...wasn’t taking the prison seriously, even though our HIV prevalence was way higher than any other place in their region... [they were] key to selling us out. They agreed with the administration that prisoners should have no input in the curriculum for this ‘peer’ project.”²⁹

IV. Building a Movement

Several interviewees put forth a movement analysis that called upon the HIV prevention communities and prison/criminal justice communities not to see their issues separately.³⁰ As David Gilbert wrote, “Contempt for any oppressed group hurts us all.”³¹ Suzy Subways challenges us: “However we do it, finding new ways to protect each other from violence is an urgent need for the AIDS community, because the police do not protect people who are most at risk for HIV, like transgender people, sex workers and drug users. And the link between HIV and violence –which messes with people’s ability to protect themselves from HIV – means that protecting our communities from violence *is* HIV prevention work... The AIDS movement at its best links together some of the most pressing issues of our time: homelessness, prison, the war on drugs, gender, sexuality, immigration and displacement.”³²

As an example of movement building, I want to close with at least a brief discussion of “Transforming Justice.” In April 2006, the Sylvia Rivera Law Project contacted LGBT, prisoner rights, and human rights activists and attorneys across the country to create a national

²⁷ Subways, Suzy, Open Letter citing http://www.poz.com/articles/401_11463.shtml.

²⁸ Subways Open Letter

²⁹ Gilbert, Letter, 3/29/08.

³⁰ Lee, Smith interviews.

³¹ Gilbert, Letter, 3/29/08.

³² Subways Open Letter

conversation about transgender imprisonment issues.³³ Over the next year and a half, a coalition of local and national organizations came together to plan Transforming Justice, the first-ever national gathering of LGBTIQQ former prisoners, activists, attorneys, and community members to develop national priorities towards ending the criminalization and imprisonment of transgender communities. The goals of the gathering were to:

- build a shared conversation and analysis among the LGBT, anti-prison, and prisoner rights movements about the root causes of imprisonment, poverty, and criminalization in transgender communities;
- prioritize and build the leadership of transgender and gender non-conforming people most impacted by prisons, poverty, and policing; and
- create space to share and develop strategies to end the cycles of imprisonment, criminalization, and poverty in our communities.

Over 250 people from 14 states attended the Transforming Justice Conference in 2007. Approximately 60% percent of attendees were transgender and gender non-conforming people who had at some point in their lives been in prison, jail, or juvenile or immigration detention. The first day was dedicated to building a shared understanding of the cycles of imprisonment, poverty, and criminalization in our communities. The second day was dedicated to envisioning together ways to stop the cycles of imprisonment and criminalization in transgender communities. Finally, facilitators led a session with the goal of building points of unity that participants could bring back to their organizations and communities for further discussion. The following are the five points of unity that we explored in this conversation:

1. We recognize cycles of poverty, criminalization and imprisonment as urgent human rights issues for transgender and gender non-conforming people.
2. We agree to promote, centralize, and support the leadership of transgender and gender non-conforming people most impacted by prisons, policing, and poverty in this work.
3. We plan to organize to build on and expand a national movement to liberate our communities and specifically transgender and gender non-conforming people from

³³ This is an abbreviated and edited version of the report put out by the TJ Coalition summarizing their work thus far. For the full report and more information visit http://www.transformingjustice.org/site_map.html

poverty, homelessness, drug addiction, racism, ageism, transphobia, classism, sexism, ableism, immigration discrimination, violence and the brutality of the prison industrial complex.

4. We commit to ending the abuse and discrimination against transgender and gender non-conforming people in all aspects of society, with the long-term goal of ending the prison industrial complex.
5. We agree to continue discussing with each other what it means to work towards ending the prison industrial complex while addressing immediate human rights crises.

Conference attendees agreed to continue discussions, particularly focusing on point #4 as an exciting and fertile place to begin building solutions to the prison-poverty crisis. Additionally, participants voted on concrete next steps:

1. Develop a national platform on transgender immigrant rights issues & ask others to sign on to it;
2. Foster local conversations about responding to anti-LGBTQQ and interpersonal violence without relying on the prison industrial complex;
3. Create and strengthen local resources for transgender and gender non-conforming people coming out of prison and jail;
4. Create a national coalition that can support local transgender organizing to end the cycles of poverty, criminalization, and imprisonment.

I put forth the discussion of Transforming Justice, not because it is a perfect example of movement building, but rather because it is a powerful example of our movement building potential.

V. Conclusion

To summarize, the main opportunities for movement building between the HIV prevention and prison/criminal justice community I see lie in:

- Recognizing and acknowledging the links between the genocidal nature and impact of mass incarceration and HIV. Both illustrate whose lives have value in this society and whose lives are disposable and both need to be challenged. Similarly, we need to

challenge the wall between prisons and communities, to understand how what goes on inside matters outside and vice versa.

- In terms of a goal, I offer a “Health Reinvestment” goal that fights the horrific conditions inside with an overarching goal of reducing the number of people locked up and providing treatment and prevention inside that does not expand the use of imprisonment.
- Finally, in our organizing, whether it be HIV prevention organizing and/or prison/criminal justice organizing we need to use an empowerment, leadership development model that recognizes the leadership of communities directly impacted by these crisis, and challenges public health workers to value the leadership of clients and the role of prisons in society.

Rose Braz is the National Campaign Director for Critical Resistance, a national grassroots organization working to end society's use of prisons and policing as an "answer" to social problems. Prior to coming to CR, Rose worked as a criminal defense attorney and also has experience working on police misconduct and prisoner civil rights litigation. She was a member of the original organizing committee for the 1998 Critical Resistance Conference and has been active in prison and criminal justice issues since graduating from U.C. Berkeley's Boalt Hall School of Law in 1992. Rose is on the board of Justice Now and the advisory board of the California Coalition for Women Prisoners. Rose also comes to this work from personal experience supporting family members directly impacted by imprisonment.