



NORTH CANTON GIRLS WIN STATE CHAMPIONSHIP

D1

Einar Diaz keepsake photo Inside ad sections

Sunday

AKRON BEACON JOURNAL

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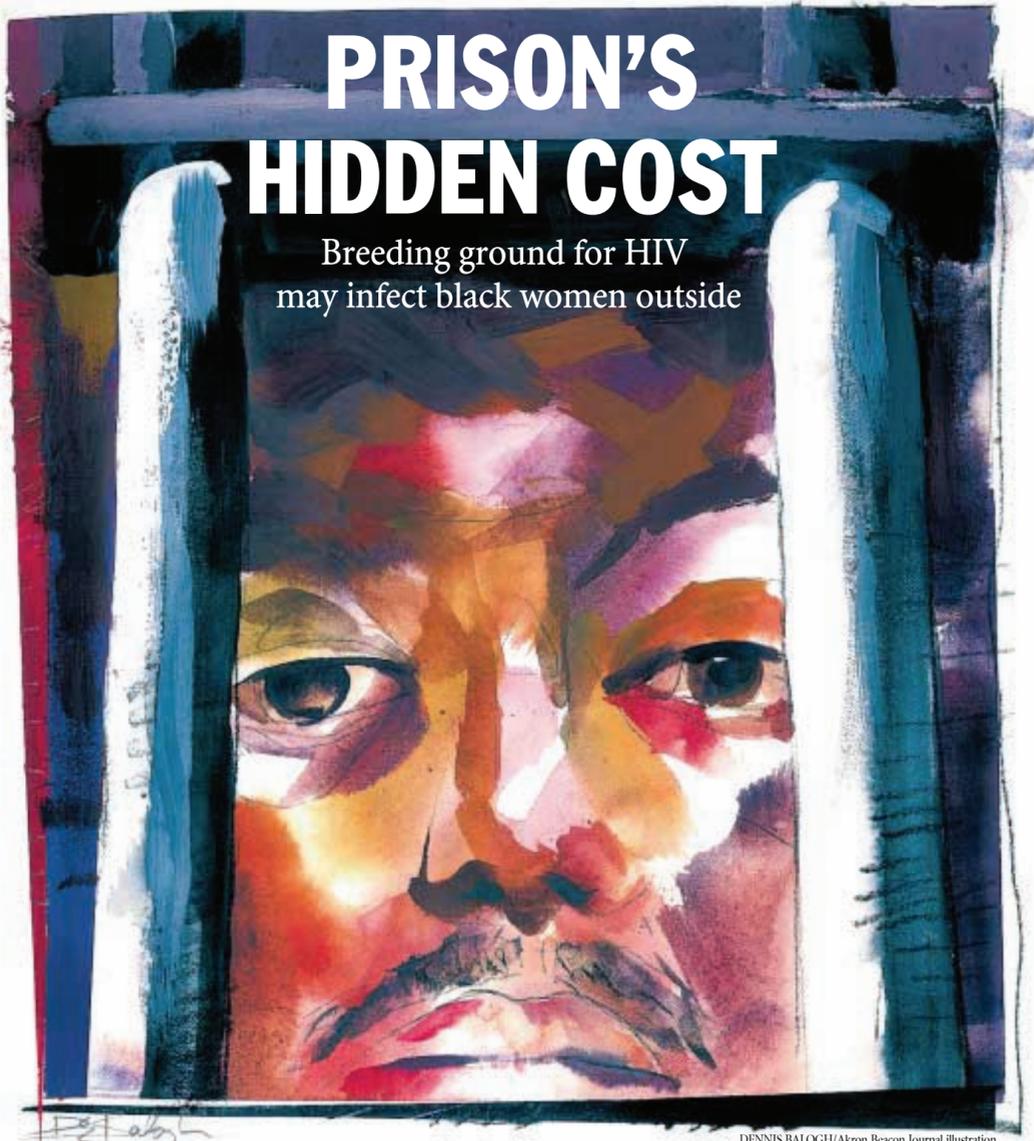
SUNDAY, March 17, 2002 A B C

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PRISON'S HIDDEN COST

Breeding ground for HIV may infect black women outside



DENNIS BALOGH/Akron Beacon Journal illustration

Inmates can take home AIDS risk

For more than a decade, the state pumped millions into educating Ohioans how to avoid the AIDS virus, HIV.

Use condoms. Don't share needles. Clean them if you do.

All that time, a dangerous gap in Ohio's public health policy may have been costing state taxpayers millions more in Medicaid money - and costing some Ohioans, particularly black Ohioans, their lives.

And while Ohio officials touted AIDS-prevention tools, they forbid their use in state prisons, where the population exploded in the 1990s, and where a lopsided number of inmates were male and black.

And in that time, the rates of HIV infection and of AIDS among Ohio's black population soared.

No one knows - and no one is trying to learn - how much the virus is spreading in state prisons.

A growing number of public health advocates say it's time to change that. They look at the numbers describing the AIDS epidemic among Ohio blacks - particularly black women - and see the shadow of prison walls.

UNEXAMINED: Ohio either doesn't collect or doesn't tally useful statistics. **Page A6.**

WOMEN KEY: AIDS groups in two states focus on ex-inmates' partners. **Page A7.**

STUDIES RARE: Research in U.S. on HIV's spread in prisons is often flawed. **Page A7.**

Prison officials deny it flatly. They say there's no relation between the numbers of black men coming out of Ohio's prisons each year and the growth of the AIDS epidemic among poor, black Ohioans.

To say otherwise would be "extremely disingenuous, misleading and inaccurate," said Reginald Wilkinson, director of the Ohio Department of Rehabilitation and Correction.

He said prisoners bring the AIDS virus into the system because they do the things that spread it when they're outside prison walls.

"We're talking criminals here," Wilkinson said, stressing that many inmates used intravenous drugs before entering prison.

"You have it 180 degrees the other way."

Is HIV spreading in prison? "No, not in Ohio prisons," Wilkinson said.

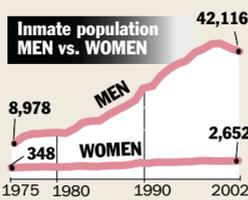
He paused. "It very well could be, but we have no information at all that any inmate gave it to another inmate."

He's right. They don't.

Please see **AIDS, A6**

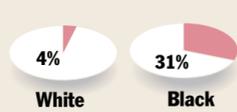
Growth of Ohio's prison population

In the past 25 years, the number of Ohioans behind bars has increased nearly fivefold. Since peaking at 48,171 in 1999, the population has declined by several thousand because of dropping crime rates and the passage of Senate Bill 2.



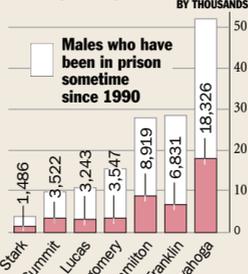
BLACK vs. WHITE male

Percentage of males born between 1956 and 1975 who have been in a state prison sometime since 1990



Black males by county

Males born between 1956 and 1975 by county



SOURCE: Ohio Department of Rehabilitation and Correction and U.S. Census Bureau
Akron Beacon Journal

Inmates' coercion makes sex a currency

In a jail primer pamphlet put out by former Watergate conspirator turned prison minister Chuck Colson, a young, first-time inmate gets a whispered piece of advice from an older prisoner:

Accept no favors, never gamble, never accept loans.

It's a warning repeated by defense lawyers and others preparing novice convicts for the realities of life behind bars.

It's a warning about the kinds of missteps that can lead heterosexual men into sex with other male inmates - and the risk of contracting the AIDS virus.

According to inmates and experts alike, most of the sex going on in men's prisons is voluntary. It's forbidden by Ohio law and prison rules but winked at in other regulations - such as the one allowing inmates to request and pay for an HIV test "after consensual sex."

But not all sex on the inside is voluntary.

Rape happens in Ohio prisons. So does another form of coerced sex - to settle debts.

The state anted up \$136,000 just a year ago to compensate an inmate who was repeatedly sodomized, with a makeshift knife held to his throat, after guards put him in a cell with a known sexual predator at the Allen Correctional Institution near Lima.

Both men were in a segregated ward, the victim for signing a guard's name on a work docu-

Please see **Currency, A8**

FLASHES ARE GOLDEN



GARY W. GREEN/Akron Beacon Journal

Kent State's John Edwards dunks over Alabama's Kenny Walker in KSU's 71-58 NCAA tourney win yesterday in Greenville, S.C.

KSU routs Alabama, reaches first Sweet 16

It just keeps getting better for Kent State.

Senior Trevor Huffman scored 20 points and junior forward Antonio Gates had 18 points and nine rebounds as the Golden Flashes rolled to a 71-58 win over second-seeded Alabama yesterday in the second round of the South Regional in Greenville, S.C.

The victory extends Kent State's winning streak to 20 games and puts the Golden Flashes (29-5) in the Sweet 16 of the NCAA Tournament for

FAVORITES HAVE THEIR WAY

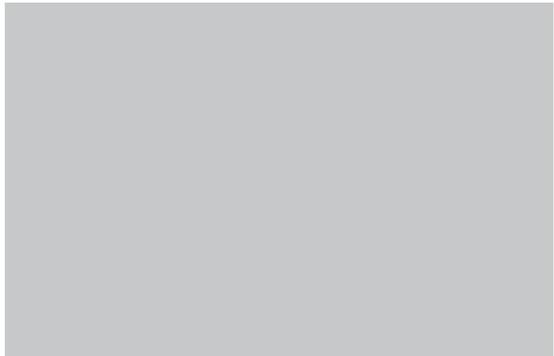
Duke survives scare versus Notre Dame. Kansas pounds Stanford. Kentucky, Indiana win. **Page D8**

the first time in school history.

Kent State, the No. 10 seed, will play the winner of today's game between No. 6 California and No. 3 Pittsburgh on Thursday at Rupp Arena in Lexington, Ky.

See stories, **Pages D1 and D6.**

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OSU out: Ohio State loses 83-67 to Missouri in its second-worst loss in the NCAA Tournament. **Page D1.**



MIKE CARDEW/Akron Beacon Journal

Orthopedic surgeon Dr. Rob Bell performs a rotator cuff surgery at the Crystal Clinic Surgery Center in the Montrose area.

Demand growing for outpatient care

Some consumers prefer centers over hospitals for tests and procedures

By Cheryl Powell
Beacon Journal medical writer

When George Dittoe had a colonoscopy recently, worries filled his head.

But he didn't have to fret about finding a parking space or navigating a large medical facility.

Like a growing number of

health-care consumers, he elected to go to an outpatient surgery center rather than a hospital for his diagnostic tests.

"It's much more relaxing," said Dittoe, a 50-year-old Stow resident.

In recent years, people who want an alternative to hospitals for uncomplicated medical care, like tests and minor surgeries, have had more options.

Since the first outpatient surgery centers opened in the

Please see **Patient, A12**

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Israel retracts its cease-fire claim

Israel retracted a statement yesterday claiming that it and the Palestinians would declare a cease-fire today to end months of fighting. U.S. and Palestinian officials said the statement was premature. **Story, Page A10.**

Today's weather

Damp
40° High 34° Low
NewsChannel 5 forecast, **Page E2**

Giffels offers a toast on St. Patrick's Day

For St. Patrick's Day, David Giffels tours Blimp City Brewery and tells you why this Irish holiday is soooo American. **Column, Page E1.**

Ohio leaves prisons' role unexamined

Statistics about inmates, HIV either don't exist or haven't been tallied

By David Knox
Beacon Journal staff writer

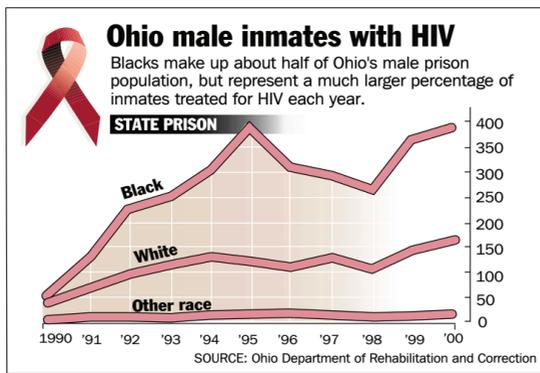
It's no secret among Ohio health officials that the AIDS virus is spreading rapidly among black women.

"We know it's a problem," said Elizabeth Cross, chief of AIDS/HIV surveillance at the Ohio Department of Health. "If you look at the data, I have every reason to believe that black women have been disproportionately impacted by HIV, and it's growing over time."

Yet if you ask about the possible connection to the large number of black men sent to prisons, you won't get an answer. "I can't make that correlation based on the data I have," Cross said.

That situation isn't likely to change soon. The state health department isn't looking for the information. Neither are officials in charge of Ohio's prisons.

The Ohio Department of Rehabilitation and Correction does keep records of all inmates who test HIV-positive, through either



mandatory testing on all entering inmates since 1996, or occasional voluntary or special-circumstance testing while they're inside.

But until asked by the Akron Beacon Journal, the department had never totaled how many infected inmates passed through the system over the years. It took the state more than five months to provide the numbers because the records aren't computerized.

The data show that 1,063 black men had tested HIV-positive on

the way into prison between 1990 and 2000. That represents more than one-fifth of all black males reported infected with the AIDS virus in Ohio in that decade, living or dead.

Black men also are a disproportionate part of Ohio's prison population: More than half the inmates are black, while only about 12 percent of the state's population is African-American. But again, finding out exactly how many have spent part of their lives in prison and are now

out was difficult.

The state can't even provide a total count of people who went to prison in the 1990s because its database includes repeat offenders. It estimates that 43 percent of the men who entered prison in 2000, for example, had been there before.

The Beacon Journal weeded out repeat offenders from the department's database of more than 200,000 prison admissions since 1990 and focused on men born between 1956 and 1975. That group, 25 to 44 years old in 2000, was chosen because they were likely to be more sexually active upon release.

The analysis found that 112,284 men in the age group had been in prison sometime in the past decade.

Of those, at least 56,000 were black men, representing almost a third - an astounding 31 percent - of the average number of all black males of those ages reported living in Ohio in the 1990 and 2000 censuses.

Why such a large proportion of the young black male population has been in prison is a result of the nearly fivefold growth of Ohio's prison system in the past 25 years, coupled with the war on

drugs, which has snared many more blacks than whites.

The Beacon Journal analysis found that two of every three male inmates imprisoned since 1990 solely for drug crimes were black.

As the prisons swelled, so did the ranks of released inmates, because the average stay was less than three years.

Of course, that's not saying that most of the 42,500 black men released since 1990 are infected with HIV. Although HIV has been spreading steadily, only 3,628 African-American men now living in Ohio have tested positive for the AIDS virus, according to the state health department.

But people entering prison are more likely to be infected than the overall population. The Beacon Journal analysis found that about nine of every 1,000 male inmates in 2000 had tested positive for HIV - more than four times the infection rate for all adult males in Ohio. Even after adding an estimate of the Ohio men who have HIV and don't know it, based on the health department's highest guess, the prison infection rate still would be nearly three times higher.

The degree to which HIV-infected former prisoners are responsible for the upsurge in infections among black women is unknown.

Three-quarters of Ohio's infected black women in recent surveys cited "high-risk heterosexual contact" as the likely cause, rather than intravenous drug use, but they are not asked whether their sexual partners had been in prison.

Why not do more research? Cost is the answer most often given, in Ohio and elsewhere. But Christopher Krebs, a North Carolina researcher who has studied the spread of HIV in prison, cites another reason why state health and prison officials don't pool their scarce resources to investigate the problem.

"They're approaching the issue from entirely different perspectives," he said. While health officials focus on disease, "departments of corrections are concerned about public safety."

"Getting them to admit they need each other is often difficult."

David Knox, the Beacon Journal's manager of computer-assisted reporting, can be reached at 330-996-3532 or at dknox@thebeaconjournal.com.

AIDS

New inmates tested; those released aren't

Continued from Page A1

Ohio tests inmates on their way into prison, but says it costs too much to do it again on their way out.

Each test costs \$10.25.

Meanwhile, the neighborhoods that Ohio prison inmates return to have become the most infected in the state.

Black Ohioans are now six times as likely to have the AIDS virus as white Ohioans.

The virus is 11 times as common among black women in Ohio as among white women.

Many are dying, of both genders and both races.

More are living, chained to the costly regimen of AIDS drugs that is now a dreary daily requirement of surviving the disease - at tremendous public cost.

Odds vary widely by race

Open a pack of playing cards: 52 regular cards and two jokers.

Shuffle the deck.

Pick a card.

The chance of drawing a joker is pretty small: 1 in 27, or less than 4 percent.

Those are the odds that a young white man, chosen at random, spent time behind Ohio prison bars in the past decade.

Now imagine a pack of cards with 13 jokers and only 41 regular cards, increasing the chance of drawing a joker to about 1 in 4, or about 25 percent.

Those are the odds that a young black man in Ohio has been in prison at some point since 1990.

As the AIDS virus moved deeper into the ranks of black women in the 1990s, about 42,500 young black men filed out of Ohio's prison system at least once, with another 13,500 still inside.

Young white men went to prison, too, in roughly equal numbers, in the 1990s.

But the impact on their larger communities doesn't come close.

Apply the laws of chance, and a sexually active young black woman in Ohio dating young black men would have to date about four to hook up with one who has been in prison.

A sexually active young white woman would have to date 27 white men to do the same.

Risk higher in prison

There is no question that the risk of getting the AIDS virus in prison is higher than on the outside, both because of its concentration among incoming prisoners and prison policy.

Nine in every 1,000 male inmates in Ohio are known to be infected, compared with about 2 in every 1,000 Ohio men overall, according to an Akron Beacon Journal analysis of prison and Ohio Health Department data.

The prevention tools recommended by health officials - condoms, clean needles or bleach for needle disinfection - are considered contraband in prison.

How virulent are prisons?

Ask the Red Cross. Years ago, it stopped accepting blood donations from anyone who has been held in a correctional facility - a prison, jail, detention center, or halfway house - for more than 72 consecutive hours in the previous year. The reason: The agency considers them "high risk environments for HIV and hepatitis," a spokeswoman said.

Read the restriction carefully. Significantly, the Red Cross allows former inmates to give blood again a year after their release, when a blood test would reveal any virus picked up in prison.

The restriction contradicts the argument that the AIDS virus is only carried into - and not transmitted inside - prisons.

In the past decade, 1,544 male inmates tested positive for the virus on their way into prison. Almost 70 percent were black.

Nobody knows how many men came out with the virus in those years.

Infected by ex-inmate

LaVon Jones is among the increasing number of Ohio black women carrying the AIDS virus.

The 44-year-old Akron grandmother of 12 hauled herself to the doctor two years ago: Her weight was dropping. Her head and legs were aching and she was dragging through too many days bone tired.

She learned she had the virus and knew immediately where she had gotten it.

She got it from Tito, her boyfriend.

Tito got it in prison.

She said she knows Tito got it in prison because he'd been tested: He didn't have it when he went in, she said.

Jones is sure she isn't alone in contracting the disease from someone who got it in prison.

"Yes, they're connected," she said, nodding so deeply her head nearly grazed a coffee table, her voice rising to a near shout.

"Yes, yes, YES. I'd say 65 percent of the black women who have the disease contracted it from men who have been in prison."

Jones has no proof.

But she said she knows what goes on in prisons.

That's because she asks a lot of questions, of both women and former inmates: "A lot of them men, they have to have someone to trust," she said.

There's no doubt in her mind.

"I think the governors should be held accountable for this," she said. "The people with HIV go straight into the (general prison) population. Those men in there have lovers in there."

And needles.

And makeshift tattoo guns.

The case for examining the role of prisons rests partly on a belief that behaviors that spread the AIDS virus are common there.

Men in prison are more likely

to have unprotected sex with other men, more likely to share needles if they use them, and more likely to get tattooed with equipment that isn't clean.

Where the numbers lead

But the argument for looking at prisons as an incubator for AIDS rests first with the number of women such as LaVon Jones who have the virus and got it from sex with a man.

Those numbers beg for an explanation, because they show a difference in the behavior of the virus.

Among white Americans, HIV spread largely among gay men, after the staunchly promiscuous, late-1970s gay culture on the two coasts gave it a disastrous head start.

By the end of 2000, nearly 450,000 Americans died.

Among blacks, the epidemic got its start among intravenous drug users, spread more slowly, and was spread heterosexually far more than among whites.

An estimated 75 percent of

black Ohio women diagnosed with HIV in the last two years of the 1990s got it through heterosexual sex, according to the state health department.

The men who gave it to them more than likely had not gotten it from another woman: AIDS doesn't spread well that way, a fact AIDS activists and prevention experts don't discuss much.

Chances are, most of those men got the virus in one of the ways that most easily spread not only HIV but also hepatitis B and C.

The first is dirty needles. The second is anal sex.

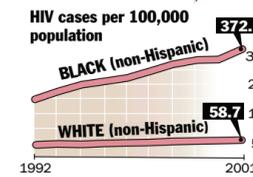
Health officials don't talk about what behaviors spread HIV most easily because they don't want anyone getting complacent.

"If I say male-to-female sex is a lot more efficient (at spreading HIV) than female-to-male sex, it allows the males to say this is her problem," said Ralph DiClementi, an Emory University professor who studies at-risk teens.

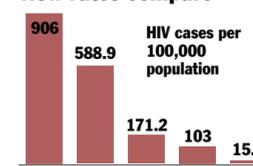
But it's health advocates' knowledge about how the virus

HIV growing faster among blacks

The concentration of HIV among blacks has soared in the last decade and now is six times the rate among whites.



How rates compare



*2000 data, the latest available from the prisons. Other rates are through December 2001.

SOURCE: Ohio Department of Health and Department of Rehabilitation and Correction

spreads most easily that has them eyeing prisons with suspicion. In tiptoeing language, they say they're looking at the high numbers of men who got the virus through sex with men - called MSM by AIDS clinicians - and at the high numbers of black women who got it from men, and connecting the dots.

"There's a general feeling, especially among health officials, that the high amount of MSM/heterosexual transmission in that community is due to the African-Americans who are in prisons," said Kenneth Cook, an AIDS prevention specialist with the Columbus Health Department.

Tom Kuhns, the Toledo Health Department's expert, agrees. "The case that it's spreading in prisons is that in African-American females - their highest exposure to the virus is heterosexual sex."

The Akron Health Department's Chris Partis also agrees: "The suspicion would be that a fair amount of the HIV that's going into the minority population is getting there from prison."

The Canton Health Department's Tom Wingert doesn't tiptoe. The prison system "needs to be taken to task for this."

Living 'on the down low'

Last summer, the Centers for Disease Control and Prevention released an explosive study that implicitly acknowledged black men's behavior as a major cause of the spread of the AIDS virus among black women.

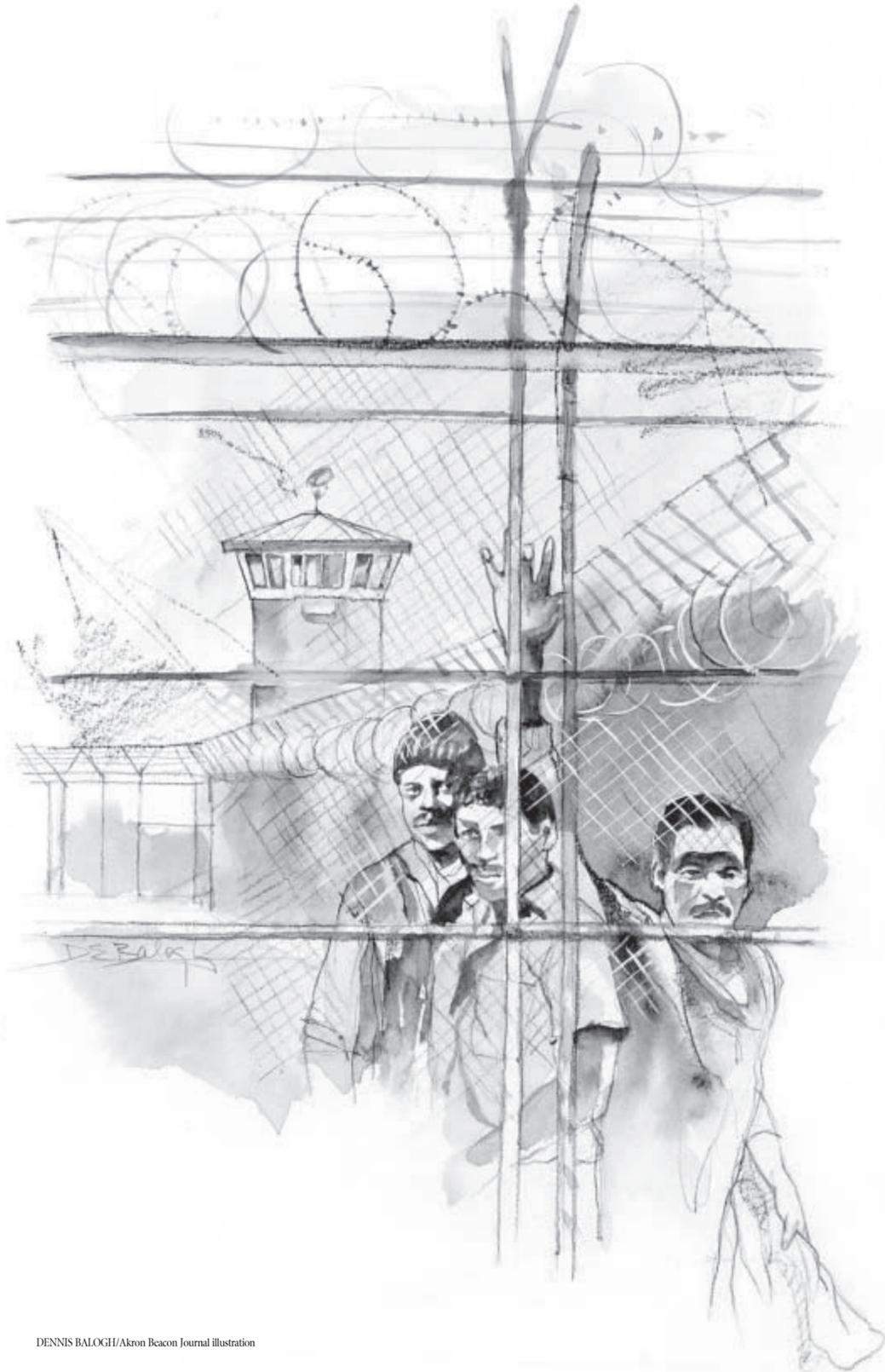
The study talked about secret bisexuality among black men - men living "on the down low," as the slang has it.

The study examined more than 8,000 HIV-positive men and found that an abnormally high percentage of the black men who had sex with both men and women considered themselves heterosexual. They don't tell the women of having sex with other men, in part because the taboos against homosexuality in the black community are so strong.

The study didn't go further than that. Left unexamined was the possibility of a link between the "down low" phenomenon and the extraordinary percentage of young black men who have been locked up without women.

Sex is illegal in prison, just as is shooting drugs or giving and getting tattoos. But all those things happen, according to for-

Please see HIV, A7



DENNIS BALOGH/Akron Beacon Journal illustration



Partis

HIV

Ex-inmates describe risky prison behavior

Continued from Page A6

mer inmates, researchers and prison officials themselves.

Ohio's Wilkinson said both sex and tattooing happen in state prisons, but that their prevalence is exaggerated. Ohio punishes both harshly, but sex in particular is "very difficult to monitor," he said.

Interviews with several former inmates paint a picture of a culture that spreads HIV and similar diseases. The only question - and it has no answer - is how much.

The ex-inmates are black. They were chosen because of the disproportionate number of black men in prison and the impact of that on black women.

The former inmates who agreed to be quoted asked that their last names not be published, to protect their privacy and their parole status.

They said tattooing and sex are the most common risky behaviors in prison. Both can land an inmate in solitary confinement.

Many inmates come in to prison with tattoos. Others get them, or improve upon them, inside. Some get tattoos to flaunt gang symbols for self-protection, or just to look tough.

Sharpened paper clips and the needles from sewing kits make a tattoo tool, and the ink comes from ballpoint pens. A motor, removed from electronic equipment such as a Walkman, makes a crude vibrating tattoo gun.

An inmate has no way of knowing whether the inmate tattooed ahead of him is infected, and no way of getting the needle disinfected even if he knows that's the case.

Strict AIDS confidentiality laws mean prisons never reveal who tests positive, and inmates don't tend to tell.

"I don't discuss that with no one," said Randy, a former inmate from Cleveland who came into prison with the virus. "They'd look at you in a different way."

Former inmate's views

Steve is a 45-year-old local man who spent eight years at the Marion Correctional Institution in the 1990s.

He had sex in Marion three days after he walked through the gates. He has sex almost exclusively with men on the outside, too, he said.

In his years in prison, Steve played the role of wife to three men consecutively.

But he was propositioned often.

In the prison barter economy of sex, cigarettes and beatings, "I could have had a whole lockbox full of cigarettes."

In Steve's opinion, sex is common in prison. He bases that on his first prison sex partner, a member of a religious group that harshly rejects homosexuality. "If a black Muslim is doing it, that means a lot of people were doing it," Steve said.

Many men who are not gay have sex in prison, Steve said. At least one of his long-term prison partners slept with women when he wasn't locked up, he said.

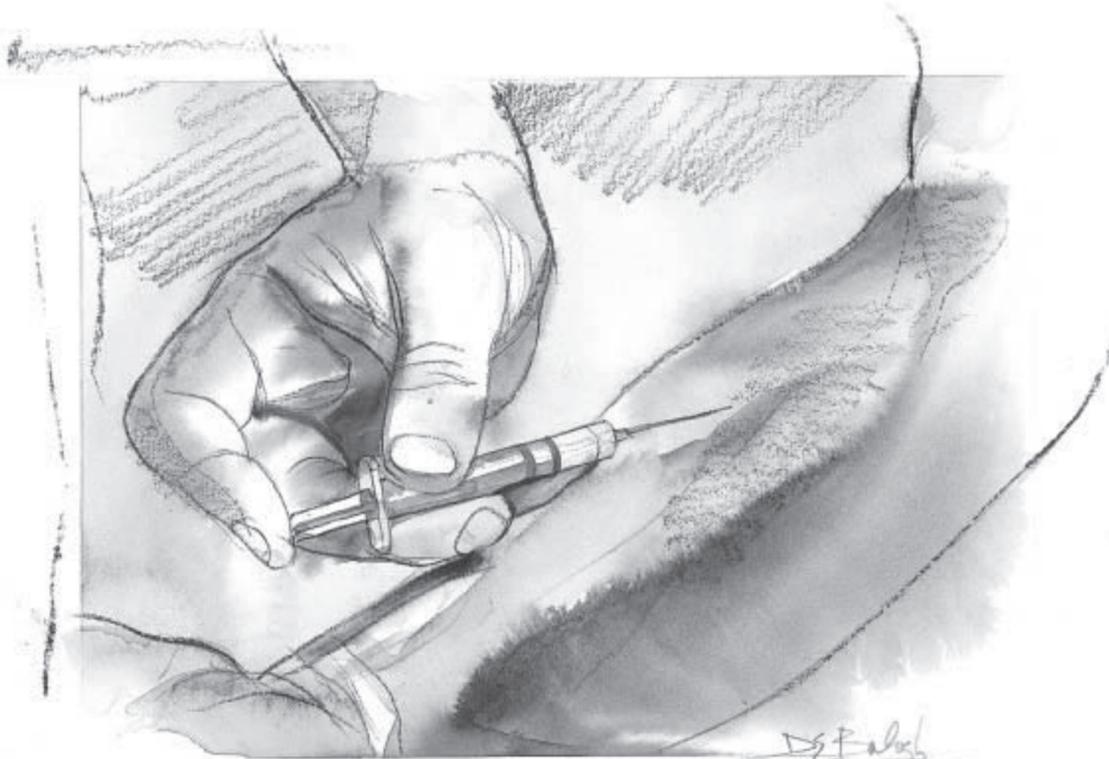
Steve remembers when condoms were available briefly at Marion - albeit through larceny. The prison had an outside contract to package them and the inmates assigned to that job helped themselves.

Steve turned to the prison kitchen. He stole Saran Wrap and used it instead.

He was diagnosed as HIV-positive in his seventh year in prison. Caught having sex, he and another man had to shell out \$15 of their \$19-per-month prison pay to get tested - a prison rule.

It's impossible to tell how common Steve's prison experience was. Prison rules-infraction boards document only how many inmates get caught: From 1999 to 2001, 120 inmates were charged with "obscene or seductive behavior" at the minimum-security Pickaway prison, for instance.

But inmate after inmate repeated the kinds of tales Steve told. Straight men with gay men. Sex traded for cigarettes or money. Gay men becoming wives or



DENNIS BALOGH/Akron Beacon Journal illustration

Studies of HIV's spread in prison are few, flawed

By Margaret Newkirk
Beacon Journal staff writer

A whopping 21 percent of state prisoners contract the AIDS virus while incarcerated, according to a Florida study.

Or maybe one-third of 1 percent do. That's what an unpublished Centers for Disease Control and Prevention study found in Illinois.

Welcome to the state of research on HIV transmission in prison. There isn't much of it. What exists is wildly contradictory and often flawed.

Researchers have found outbreaks of HIV infection in prisons in Scotland and Australia.

Researchers in the United States have seen evidence that other sexually transmitted diseases are spreading behind bars.

But only seven formal studies have been conducted in this country.

Some, such as the early Florida study, were weighted toward those most likely to be infected, and thus were misleading.

Others were too conservative in their projections because they looked at inmates in prison early in the nation's AIDS epidemic, before the disease was so common.

A study to be published later this year is one of those. Christopher Krebs of the Research Triangle Institute in North Carolina looked at in-

mates who were in one Southern state's prison system in 1978, before AIDS hit, and were still locked up two years later.

It found 33 inmates and former inmates who definitely got the virus in prison, and another 238 who might have gotten it there. Projected over the disease's history, Krebs estimated that a minimum of 792 HIV and AIDS cases in that state came from prison.

The unpublished CDC study was also conservative because it was conducted in the 1980s. The study tested 2,400 inmates who had been in prison at least three months, then tested them again a year later. It found 77 HIV-positive inmates the first year, and seven more the next.

The study is cited as proof that prison transmission is rare.

But Cal Skinner, a retired Illinois state legislator who made a crusade of AIDS and prison, said that's missing the point. Apply that "low" transmission rate to the entire prison population in Illinois, and it would add 100 new infections per year, he says.

"The study tells me that this is an identifiable breeding ground about which something could be done," he said.

Margaret Newkirk can be reached at 330-996-3792 or mnewkirk@thebeaconjournal.com

property.

Inmates say it's possible to avoid sex if you're careful. "Way back in the olden days, maybe it was coerced sex," said David, a 38-year-old who spent time in Pickaway for one of Ohio's most common felonies: possession of crack cocaine.

Like Steve, David said that normally straight men have sex with other men in prison. "That's all you got," he said.

There are enough flamboyantly gay men in prison - "men who wear their shirts tied up, or have that Kool Aid lipstick," as David put it - to satisfy most of the demand.

David is HIV-positive, and, like Randy, hid that from the other inmates while in prison.

He didn't have sex there. He avoided it by keeping a low profile and acting masculine. He also had something other than sex - canned meat and cereal swiped from the kitchen - to trade.

Like Steve, he described prison sex as commerce. "Suppose you came in new, and you had something I wanted. Maybe you've got a better lawyer than

me, and I want access to that lawyer. So I strike a deal. I rent you my 'herm.' A jailhouse sweetheart is called a 'herm.'"

Tom Powell, medical director for Vermont's prison system, said the inmates' portrayal of prison life is accurate.

Powell is one of the few prison officials in the country who speaks frankly about sex in prison, because Vermont is one of only two states that distributes condoms in an effort to prevent the spread of disease.

Said Powell: "It's very opportunistic behavior. Men have sex with men in prison because men are what's available."

"Then they get out and go back to their wives and girlfriends outside."

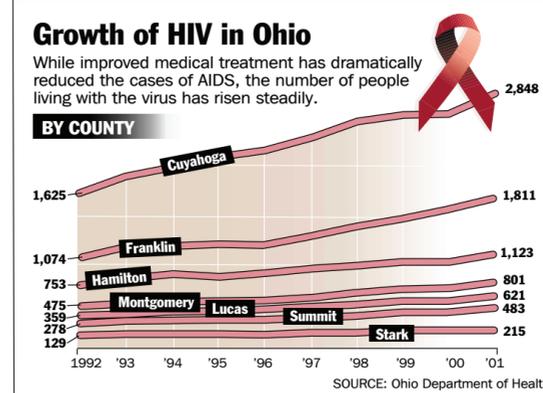
"If they've picked up a virus in jail they're going to strew it around the community."

"Most prison administrators would prefer that this issue not be talked about. You just pretend the whole thing is not there."

"It drives public health people wild."

Responses face hurdles

Ask public health people why



no one monitors the disease spreading in prison, and they answer in a near chorus: Prison officials don't want to know.

They say that's why only two state prison systems - Missouri's and Nevada's - test inmates on both ends of their prison terms. That's also why prison officials seldom lend a hand to researchers, they say.

"The problem you know about is a lot more expensive than the problem you don't know about," said the University of Louisville's Richard Tewksbury, one of the nation's top prison researchers.

The legal liability alone could be staggering.

"Everybody pretty much knows what goes on in prisons," said the Akron Health Department's Partis. "But the prisons can't do anything about it because that would be admitting that a lot of this stuff goes on."

Even if prison officials decided to tackle the spread of the disease tomorrow, they'd face hurdles, some of them practical, most political.

Civil libertarians, the CDC and the nation's AIDS lobby despise mandatory testing of any kind. They say it violates prisoner rights, medical ethics and a bedrock principle of AIDS prevention - that testing should be encouraged, not forced.

Opposition to segregating infected inmates is even fiercer. Medical people say segregating inmates who carry HIV would create virtual petri dishes for diseases such as tuberculosis, which preys on AIDS victims.

Prison people, meanwhile, say such segregation removes a curb on sex and rape: fear of infection. "By separating individuals by supposed HIV status, this final disincentive to engage in this criminal activity would be lost," an Illinois prison director said in a 1994 letter.

Prisons could increase oversight. But that's not likely in Ohio, which shed 1,000 employees last year, and is poised to lose more.

Prisons could provide bleach to clean needles, as jails in Houston and San Francisco do.

But Wilkinson said bleach, in the hands of a prisoner, would be

a potent weapon.

Prisons could provide condoms. That's what former inmates suggest. That's also what nearly every country in the western world has been doing for years, and what the World Health Organization of the United Nations urges.

In this country, two states and a handful of jails allow condoms. They're available in Vermont, Mississippi, Philadelphia, New York City, Washington D.C., San Francisco and, just recently, Los Angeles - where the sheriff announced the shift in a terse public statement. Sex is still illegal in the jail, but "communicable diseases must be controlled, that's all," the statement said.

The institutions that allow condoms can't document that they control HIV - since no data exist - but they have seen no evidence that condoms lead to increased sex.

Arguments against allowing condoms include the possibility that they could be used to smuggle drugs or as a weapon - a suggestion that Vermont's Powell calls "dopey."

Condoms also pose political problems. Inmates in Philadelphia have been allowed to pick up condoms at the infirmary three times a day since the late 1980s. But the condoms are donated, heading off gripes about public subsidies for homosexual-

"We're running a corrections department, and we don't need interference from a third party in terms of

how to operate a corrections system."

REGINALD WILKINSON

Director of the Ohio Department of Rehabilitation and Correction, on why the Ohio Health Department isn't allowed to handle AIDS prevention in prisons

ity.

A spokeswoman for Mississippi's prison system is emphatic: The state doesn't "provide" condoms, she said; it "allows" them. Prisoners can buy them at the commissary. No public money - repeat, no public money - is involved.

Ohio official's stance

"Public health systems have an obligation, and that's to prevent illness by identifying high populations and targeting them," said Vermont's Powell. "I can't imagine a better place to practice public health than prisons. You've got at-risk people, with unhealthy behavior and multiple partners. Why in God's name wouldn't you do this?"

So, will Ohio? "Absolutely not," said Wilkinson, the state prison director. "And it will never happen. To me, it would condone the possibility of inmates having sex."

Ohio also has no plans to let the state health department handle AIDS prevention in prison, as Vermont does.

"We're running a corrections department, and we don't need interference from a third party in terms of how to operate a corrections system," Wilkinson said.

He said Vermont, with liberal politics and small prison population, isn't comparable to Ohio.

For Ohio taxpayers, meanwhile, the costs of AIDS are mounting.

In one year, the state shelled out \$1.6 million for AIDS drugs in prisons; \$7 million to teach the public how to avoid AIDS; \$14.6 million for social services to the infected poor, and \$42.5 million to pay for AIDS drugs and treatment, home health care and nursing home beds - which can cost as much as \$2,300 per victim per month.

Steve gets some of that money. The inmate who tried to protect himself by stealing Saran Wrap from the prison kitchen takes 28 pills daily - 14 in the morning, 14 in the afternoon.

The public pays for those. The public also pays his rent and buys his food.

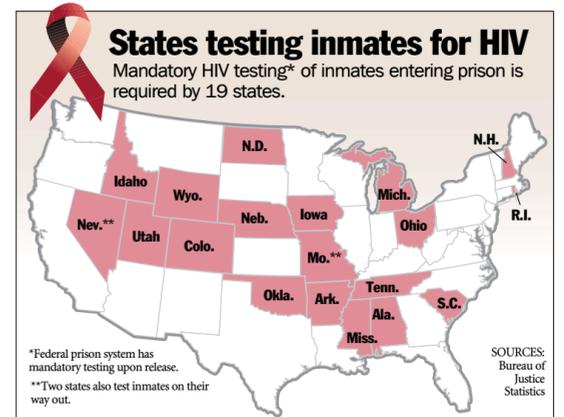
Steve would like to work, but he's a felon. It's hard to find work, and he's banned by law from the nursing home job he's trained to do.

The last of his prison lovers lingered for a while, after both men got out: "There are feelings you can't push aside."

In the end, though, they drifted apart.

The other man isn't like Steve. "He's got a girlfriend. He's got two or three kids."

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Groups in 2 states take case to women

Texas, Calif. programs stress need for HIV testing of ex-inmate partners, insisting on use of condoms

By Margaret Newkirk
Beacon Journal staff writer

In the two states that imprison the most people, public health advocates aren't waiting for proof of the HIV risk brewing among inmates.

In Texas and California, they're bypassing prisons and taking the fight directly to the women who are waiting at home for prisoners to return.

The Texas effort is called Project Cadena - Spanish for "link" - organized through the Center for Health Policy Development in San Antonio.

Director Charlene Dora Ortiz works to get public health peo-

ple, prison officials and Hispanic community leaders to work together on HIV prevention - a radical change.

Ortiz recalls talking to a Hispanic inmate with tattoos he had acquired in prison. "I said, 'You know, you're putting your mujer (woman) at risk.'"

The inmate responded: "We don't think when we're in here."

Asked how many of his fellow inmates got tested for HIV after leaving prison, he said, "Very few, ma'am. Very few."

Ortiz wants inmates tested and their wives and girlfriends talked to: "Do it in the lines they wait in, when they come to see

them. Have testing in the parking lots when the inmates leave."

In California, two researchers took the unusual step of including "partner with a history of incarceration" in a list of HIV risk factors, as part of a study of what puts poor black women at risk.

They found that black women partners of former inmates were far less likely to insist on condoms than were women with better-known risk factors, such as multiple sex partners or a drug-abusing spouse.

A San Quentin, Calif., nonprofit organization, Centerforce, distributes a powerful video warning women that they need to protect themselves.

"Women think that we're safe inside," one inmate says in the video. "But they just don't know what's going on."

"I did things in there that I would never have done on the outside," says another.

"And then you don't tell anyone," says another. "It just stays inside."

Los Angeles' Oasis Clinic for AIDS now routinely asks infected women about their partners' incarceration history.

The clinic works with black churches to persuade women to get parolee partners tested, said Dr. Vernon Jordan.

"Even if he says, 'I did not have sex in prison,' he should be tested. Most men are going to say they did not," Jordan said. "It's been a taboo thing that nobody wants to talk about. It's like putting on your Sunday best."

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DENNIS BALOGH/Akron Beacon Journal illustration

Currency

Most coerced sex is form of prison payback

Continued from Page A1

ment, and the rapist for trying to sexually assault other men.

Overall, the state reports a handful of rapes annually, culled from a much higher number of rape complaints.

Ohio had 27 substantiated sexual assaults in its prisons from 1998 to 2000.

The state doesn't routinely keep track of rape complaints, although it did in 1999; inmates reported 55 rapes. Correctional officials ruled that 47 of those reported incidents were either made up or were voluntary sex, not rape.

Human Rights Watch, a Washington, D.C., think tank, concluded last year that rape was vastly underreported. The organization took out ads in prison newsletters soliciting stories from inmates. The stories, including some from Ohio, were chilling.

Most of the prisoners who told Human Rights Watch they'd been forced to have sex never complained to guards, because of embarrassment and



Associated Press file photo

Prison minister Chuck Colson's advice for young, first-time inmates is: accept no favors, never gamble, never accept loans.

fear.

Two academic studies also indicate that forced sex is more common than prison officials say. Both are by Cindy Struckman Johnson of the University of South Dakota, one of the top prison-behavior researchers in the country.

Struckman Johnson found that about 20 percent of the inmates who filled out anonymous surveys said they'd been forced to have sex in prison.

She also found that less than a third of those who said they'd

been raped reported it.

(Struckman Johnson agreed not to reveal which Midwestern prisons she researched, as a condition of being allowed inside.)

"Fear is by far the most widely used tactic to get people to do things they wouldn't do on the outside," one inmate told researcher Christopher Krebs.

"It's do this, or I'll kick your ass," said Richard Tewksbury, a University of Louisville professor and another top researcher of prison life.

Most coerced sex is a result of

debt - the debt that Colson's fictional older inmate warns about.

"If you are indebted in any way, shape or form inside prison, sex is one of the most common ways to get payback," Tewksbury said.

Gambling is a major route into debt in prison.

"They bet on everything," said Randy, a former inmate from Cuyahoga County. "You play ball in the rec center, and you lose, you got to pay up."

Accepting a gift or loan, even of something as small as a pack of cigarettes or the popular Black & Mild cigars, can get an inmate in trouble, too.

Stores run by prisoners plying their outside hustling skills inside are bootleg competitors to the prison commissaries: "It's like when they sold dope on the outside, except it's a different product now," said Derek, who was released from prison last summer.

A few packs of smokes can leave an inmate owing more than \$100, while inmates in debt have only their \$18 to \$20 monthly prison pay and their families to rely on.

"They say, 'My people will send money,'" Derek said.

But inmates' friends and families get tired of sending money, particularly when it's never enough, Derek said.

Then sex becomes money; "That's when the trauma starts,"

he said.

From time to time, guards sweep through and crack down on gambling and its offshoots, "usually after a family member on the outside complains about extortion," Derek said.

The problem is worst when more hard-core prisoners earn their way into less-restrictive prisons, he said.

"One of these guys comes into a minimum-security place and sees a means of being an intimidator," Derek said.

"He comes from Lucasville or Mansfield, and he knows how to play the psychological game."

Young inmates are particularly vulnerable, said David, another former inmate from Akron: "They don't have a clue. They're perfect puppets. You can get them to do anything if you finesse them. You can con them, a lot more than you can con an older guy."

Men who have sex in prison don't talk about it when they get back outside - particularly those coerced into it.

The inmate who won the \$136,000 settlement from the state, for instance, has never told any member of his family what happened to get him that settlement, according to his lawyer.

Rick Lange, an AIDS prevention specialist under contract with the Akron Health Department, recalls meeting with recently released state prisoners

last fall at the Oriana House halfway house.

The meetings were part of Akron's preparation to bid in the next round of AIDS prevention funding, which begins in 2003.

Lange had asked former inmates to talk about what behaviors might have put them at risk.

The former inmates couldn't think of any, Lange said, other than the odd case of intravenous drug use, until one of them interrupted, saying "Come on, we all know what happens in there."

The former inmates then drew an eerie portrait for Lange, describing fellow prisoners who shaved their facial and body hair and took on a feminine gait in prison, then changed back shortly before their release.

Lange said it took him a minute to realize what the former inmates were saying: that men who'd had sex in prison were remasculinizing themselves, in preparation for their resumed lives outside the prison.

Once outside, heterosexual men who had sex in prison "go back to what they were, and they hope nobody finds out what they did on the inside," said Derek.

"The fear of being found out, it hurts."

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