



**Truth in Testimony Subcommittee Report  
HIV/AIDS in Prison  
Willie Mitchell, Chairman of the Board San Antonio Fighting Back Inc.  
for the  
Subcommittee on Crime, Terrorism, and Homeland Security  
22 May 2007**

In 2006, the HIV/AIDS virus pandemic reached a milestone our world hoped it never would; 25 years of existence. The HIV/AIDS virus is one that has touched lives from all backgrounds regardless of class, race, gender, or geographic location. While there are many factors which contribute to the number of men and women infected with HIV/AIDS virus, those individuals who are or have been incarcerated are not to be excluded. According to an unpublished report done by the U.S. Department of Justice in a report done in 2002 titled *Disease Profile of Texas Prison Inmates*; "...study shows that for a number of conditions, the prison population exhibited prevalence rates that were substantially higher than those reported for the general population<sup>1</sup>". Upon entry into the Texas Department of Criminal Justice (TDCJ) system for any duration of time, all inmates receive a medical and mental health examination; however it does not currently include testing for the HIV/AIDS virus.

Therefore it would only be prudent for the state to do so in order to take a proactive approach and reduce the number of individuals infected along with the potential of infecting others with the HIV/AIDS virus. "...infection with HIV was more common among black females than among either white or Hispanic females<sup>2</sup>". The need for testing before and after incarceration is not only a social injustice; however it also has the potential to be an economic injustice. Social in the sense that individuals infected with the virus who are from low income backgrounds can only create future financial responsibilities to the state in addition to the country. Economic in the sense that it costs the state thousands of dollars each year to provide health care, medications, housing, along with other welfare benefits; all at the expense of both the state and the country. The federal government cannot wait for individuals to become infected with this virus; it must act now and address the issues with a proactive mentality. The report further indicates that, "the high rates of HIV among prison populations are attributable to high-risk behaviors in which a number of criminals reportedly engage prior to incarceration. For example, 40 to 80 percent of prison inmates are reported to have used intravenous drugs". "Eleven percent of incarcerated men are reported to have had sex with a prostitute, while between two and group percent are reported to have engaged in bisexual or homosexual relationships<sup>3</sup>". The lack of mandatory HIV/AIDS screening process in place within the TDCJ system during the study period may likely contribute to the underestimation of the actual cases that exist. The absence of a clear understanding of the number of cases is a danger not only to the individual who is infected, the community at large, and the many correctional facility professionals whose lives are at risk if an individual does not know their status. Furthermore, "research indicates the following factors may contribute to prisoners' excess disease prior to incarceration: low socioeconomic status, poor access to health care in their home communities, and high risk behaviors. Following incarceration, a number of environmental factors including crowded living conditions, lack of temperature control, poor sanitation, and increase psychological stress may further contribute to excess disease among inmates<sup>4</sup>".

Testing inmates for the HIV/AIDS virus is one of many that is needed to ensure the health and wellness of the incarcerated population and correction facility professionals who serve them everyday. The Hepatitis virus is another fatal illness that is often associated with high risk populations of which many incarcerated men and women are. The report also made reference to the increase rates of the transmittal of the Hepatitis virus through risky behavior such as multiple partners, male to male sex, and intravenous drugs. Currently in the state of Texas, it is a challenge to receive testing and aftercare in the event an individual becomes infected; this virus equally deserves the attention of our state and national government.