

Can AIDS Be Stopped at Jail Gate?

By Catherine Woodard

NEW YORK IS squandering an opportunity to beat the AIDS epidemic among addicts and their sexual partners because thousands of inmates in city and state jails aren't receiving AIDS treatments and counseling, city officials say. The city and national AIDS experts are calling for expansions of prison services. In New York, they say, the services are outstripped by the magnitude of the problem. Of at least 100 inmates in city and state correc-

More info, care for inmates can stem spread, critics say

tional facilities who are likely to need treatments at any given time, fewer than 1,500 are receiving care for AIDS-related illnesses, according to state and city estimates. At least 200 city inmates are waiting for voluntary testing for HIV, the human immunodeficiency virus that causes AIDS.

Between 10 and 20 percent of all the

city residents believed to be infected with HIV have been in city jails during the past year if, as health officials believe, about 18 percent of city inmates are infected. About 140,000 people pass through city jails each year.

Great strides have been made in New York, but we are falling far short," said Dr. David Rogers, chair-

man of the State AIDS Advisory Council and vice chairman of the National Commission on AIDS.

The commission, in a prison report released last week, said it is crucial that prison officials take advantage of their captive audience to provide AIDS treatment and prevention programs because of the concentration of intravenous drug users at great risk of infection.

"They are often hidden from us otherwise," Rogers said. "It is a big population with significant risks for themselves and clearly important in the transmission to others."

City and state prison officials said inmates receive AIDS education as part of their orientation and their discharge and are likely to be visited by AIDS educators from the Health Department or community groups during their confinement.

But James, an ex-convict who asked that his last name not be used, said most inmates leave without recognizing the dangers of heterosexual transmission and without realizing that there are treatments for the early stages of HIV infection. "What you learn is usually by word of mouth or what you read when you were fortunate enough to get a paper," he said.

Health officials in city and state prisons are among the largest institutional providers of AIDS medical care in the nation, but they acknowledge that their efforts fall short of the need.

The logistics of providing AIDS testing, education and treatment to the 22,000 inmates in city jails is complicated because most are out of the system within two weeks, said June S. Binney, an assistant city health commissioner who directs prison health services. And it is difficult to link inmates to AIDS services on the outside because many clinics and community programs are swamped, said Binney and Martin Horn, executive director of the state Division of Parole.

"There is tremendous unmet need," said Dr. Steven Safyer of Montefiore Medical Center, who is director of Rikers Island Health Services. "But I am very proud of what we are doing."

About 2,000 city inmates are expected to take advantage of voluntary HIV testing at Rikers Island this year. Last year, Montefiore physicians placed 1,100 Rikers inmates on AZT, an expensive drug that slows the spread of HIV. On any day, about 325 of the 15,000 inmates at Rikers are on AZT. Safyer estimates that 700 more probably need the drug.

About 1,000 state prisoners are being treated for AIDS-related illnesses, care which consumes about two-thirds of the system's \$100 million budget for medical care, said James Plateau, a spokesman for the state Department of Correctional Services. But at least 4,800 of the 8,000 prisoners believed to have HIV are likely to need medical care, according to health officials.

State officials have been able to accommodate demand for voluntary testing in state prisons, Plateau said. But some prison rules, such as banning conjugal visits for prisoners who are infected, are disincentives to testing, said Dr. June Osborn, chairman of the National Commission on AIDS.

"This could be a perfect opportunity to work with prisoners and their families on prevention," said Osborn, who visited a New York state prison in August. "It makes no sense to set up disincentives for testing."



Juan Marquez, who has AIDS, is a graduate of Arrive's drug relapse prevention and AIDS education program for former prisoners.

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AIDS Class for Ex-Prisoners Called a Life-Saver by Clients

By Catherine Woodard

Juan Marquez left an upstate prison with an AIDS diagnosis and not a clue about where to go for medical care. Doudra Plair-Clark's husband died without ever knowing that he had AIDS-related illnesses while he was in jail. Doudra Plair-Clark and her friend Dona Laloma, former addicts who spent time in prison, didn't realize that they could contract the AIDS virus heterosexually from their infected husbands. That these three now know about AIDS they learned through Arrive, an AIDS-education and drug-relapse-prevention program for newly released prisoners. The nonprofit program offers a kind of intensive AIDS education that AIDS experts say is needed in prison, and also works to link former prisoners with services they need outside.

treatment and education to prisoners, said Alexa Freeman of the American Civil Liberties Union's Prison Project. "It is a chance to work with a large group of intravenous drug users who are otherwise difficult to reach."

Arrive, which began as a federal research project in 1985, had to scrape up private funds last year to keep going. The project now is operating with \$85,000 in state funds and is expecting more. With an annual budget of \$200,000 and three employees, the program graduates about 200 people annually from its intensive two-month course, which meets three times a week. Most of its dozen or so part-time counselors and volunteers are graduates.

"The way I look at it, Arrive saved my life," said Marquez, 41, who was referred to a Manhattan clinic for medical care. A former junkie, he enrolled as soon as he was paroled in 1989. "All the information I need to cope with this

virus was there."

Laloma, Plair-Clark and other graduates of Arrive said that, before enrolling in the program, they understood that the AIDS virus was spread by sharing intravenous needles and by sex between men. But they said they did not realize the risk of heterosexual transmission.

Laloma and her husband, both recent graduates, now understand how important it is that they always use condoms during sex. He is infected. She isn't.

"I was terrified about this virus," she said. "Now it seems a little more manageable."

City officials told Plair-Clark last month that her husband's autopsy revealed he was infected with the AIDS virus. She has tested positive for the virus, but was reassured during the Arrive classes that she can cope.

"I just wish my husband could have been given the same course," she said. "I think he would still be alive."