



Penal Protection

Oregon State Penitentiary's inmate-led HIV/AIDS Awareness Program gives prisoners the knowledge they need to stay safe

BY HOLLY PRUETT

“We have a situation going on,” says the guard. “Everyone is locked down.”

The waiting room is filling up with girlfriends, kids, parents, wives, lawyers. The regulars have already stashed their belongings in the wall of lockers and filled clear plastic baggies with vending machine tokens. It's all they can take inside.

The guy next to me points out a *National Geographic* from 1977. A matronly first-time visitor is told her underwire bra won't make it through the metal detector, and no, she cannot go in without a bra. A wind-up toy plays a lullaby.

Welcome to the Oregon State Penitentiary, home to 2,000 prisoners and the only inmate-led peer education program for HIV/AIDS awareness in the state.

Up on the Education Floor, 16 men offer varying degrees of attention to Jerrid Wolflick, a volunteer trainer with the HIV/AIDS Awareness Program.

Slender and handsome, Wolflick has a calming manner as he runs through definitions and statistics—worldwide, an estimated 16,000 new people are infected with HIV daily. His audience trusts him to know what he's talking about. Like them, Wolflick is an inmate.

“It's like being in a college class,” says civilian sponsor Sharon Rubottom, present to ensure “there's no hanky-panky,” as she puts it.

She adds, “He runs it like a professional.”

These semiweekly sessions are part of a 19-week, inmate-led course that certifies prisoners to be peer educators. When the program was first started by an inmate several years ago, there were 125 applicants for the first 25 slots.

According to HAAP coordinator Charles White, the next class is already full, with no publicity other than word of mouth. White, also an inmate, directs a staff of five plus 10 regular volunteers who coordinate a network of trained peer educators to speak with inmates.

Harvey Caron takes a tough, realistic approach when he talks to a hostile crowd: “I know none of you ever used someone else's works or had unprotected sex, but there are 200 people out there in that yard who might have and are not going to tell you.”

HAAP educators cannot condone prohibited behavior like drug use and man-to-man sex, but they see it happen every day. So they focus on the window of opportunity that prison presents.

“If it weren't for prison, I wouldn't ever think about educating myself on HIV,” says lifer Gary Haugen.

According to *POZ* magazine, a study by the Correctional HIV Consortium found that 90 percent of inmates with HIV will return to outside communities.

“Most inmates say their first priority within two hours of being released is getting high; their second is to have sex,”

the study found.

For that reason, Caron considers HAAP a lifeline. Though HIV-negative and heterosexual, the burly, mustachioed convict counts himself among the 80 percent of inmates with a serious drug history.

“Teaching in this program reinforces my own change in thinking. If I don't practice the information, I'll lose it,” he says.

Wolflick, the trainer, says he participates in HAAP because it gives him some peace of mind.

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“I've watched a lot of people die. Helping people keeps my anger level lower,” he explains.

HAAP members believe they are changing behaviors. Many shared stories of inmates who, if they didn't abstain, chose to snort or eat drugs rather than inject them, or engaged in lower- or no-risk sex.

Catherine Knox, administrator of Health Services for Oregon's Department of Corrections, confirms the efficacy of the approach.

“Inmates are extremely responsive to counseling and education efforts,” she says. “Studies tell us that the people who would benefit are involved.”

(Knox says that blind seroprevalence studies by the Oregon Health Division show the prison infection rate holding steady at 1 percent.)

Apart from the inmate-initiated peer project at OSP, the Department of Corrections provides HIV education and services to every prisoner throughout the state system. Knox says DOC favors a “normalized” approach that mirrors the outside community as much as possible. Resisting the mandatory testing required by other states, Oregon con-

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