

# Inside **OUT**

The Newsletter of the CDC/HRSA Corrections Demonstration Projects  
Produced four times a year through the collaboration of the

Correctional Technical Assistance and Training Project of SEATEC and the National Minority AIDS Council

Spring 2003  
Volume 3  
Issue 1

## ANAC Meeting Offers Lessons Learned on Transitional Care

by Jackie Zalumas, Corrections Technical Assistance and Training Projects

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Corrections Demonstration Projects grantees made a panel presentation, Corrections to Community: Transitional Care for the HIV Positive Inmate, at the 15th Annual Association of Nurses in AIDS Care (ANAC) National Meeting, which was held this past November in San Francisco.

Carol Dawson Rose, Ph.D., RN, of the Pacific AIDS Education and Training Center, San Francisco, moderated the presentation Jackie Zalumas, Ph.D., RNC, FNP, of the Southeast AIDS Training and Education Center, Corrections Technical Assistance and Training Project, Atlanta, made introductory comments on corrections, infectious disease and transitional care issues.

Shoshana Hall, RN, early intervention nurse at the Forensic AIDS Project of the Jail Health Services of San Francisco County, gave an overview of the care and education program at the jail, articulated the components that made the program work and discussed the challenges and barriers faced. Ms. Hall attributed the success of the program to:

- collaboration among the sheriff's department, the health department and community-based organizations, which is pivotal.



A group with the Forensic AIDS Project.

- the sheriff's view that inmates are citizens of San Francisco, are part of the community and, as such, will be returning to it.
- the fact that jail health services are operated by the Department of Public Health rather than by a *private*, outside contractor; therefore, the interests of the jail are in the interest of the community.

Ms. Hall discussed the Forensic AIDS Project's care arm, which provides primary care in the jail, links to transitional care in the community and also has an education and prevention division. An essential feature of

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# Inside OUT Spotlight

## Thomas D. Farrell

*Supervisor of Health Services, New Jersey Department of Corrections  
by Johnetta Holcomb*

Thomas D. Farrell is Supervisor of Health Services for the New Jersey Department of Corrections (NJDOC), a position he has held since 1988. In that capacity, he oversees the department that implements correctional health care for the state of New Jersey, which encompasses the medical, dental, nursing, mental health and pharmaceutical needs of the incarcerated. He also has responsibility for NJDOC's role in establishing corrections health care management policies, monitoring health care contractor guidelines compliance and for maintaining and nurturing the vital bridge between NJDOC's medical department and the community at large.

Thomas Farrell became interested in health care management while serving as a reservist in the U.S. Army National Guard, where he trained as a medic and served as a sergeant in a medical unit. This experience sparked his evolution from clinical psychology toward management, which would later lead to health care management.

Following his military service, Farrell did an internship as resident staff psychologist to offenders at a drug center, where, living among his clients, he witnessed the day-to-day challenges faced by offenders and their victims. After completing his internship, he took the position of director of psychology of NJDOC's special treatment program sex offenders, which was followed by his promotion to assistant superintendent. In 1983, he moved to NJDOC's Health Services

and in 1988 began his present position as supervisor of Health Services.

Farrell attributes his success has to a combination of factors, including his passion for clinical psychology and his ability to deal with frontline issues. Farrell knows and understands the theory, speaks the language and articulates the issues of corrections/health care management, all of which has contributed to his ability to establish public health/community/CBO/service provider/consortium links while building relationships and coalitions around common goals, barriers and shared strategies.

As a result, Farrell has been able to forge links with local medical providers, the New Jersey Medical Society, the New Jersey Hospital Association, the New Jersey Health Department, the Jersey Mental Health Planning Council and the Governor's AIDS Advisory Council. His work with the Centers for Disease Control/Health Resources and Services Administration Corrections Demonstration Project (CDP) has given him the opportunity to build on existing relationships with public health and other partners, which, in turn, has led to NJDOC's having received enhanced resources and assets for programs and service delivery as well as the elaborate network, shared resources and problem-solving capabilities of the seven states and their constituencies surrounding emerging corrections issues.

What does Thomas Farrell find most challenging and at the same time

rewarding about his job? Probably the unprecedented opportunity to better partner public health and corrections during this time of dwindling local, state and federal dollars, and the opportunity to serve the affected, marginalized populations with the expansion and enhancement of resources and assets that evolve from such a partnership.

Are there other challenges? The answer, says Farrell, is, "Yes."

According to Farrell, while "on the inside," inmates are generally unable to acquire the common entitlements and benefits that would enable them to live in the free world. And once they are released, the ability to ascertain these necessities usually becomes even more difficult: time passes, backlogs increase, shortages abound and red tape lengthens.

Therefore, better utilization of the pre-release/discharge planning process to establish links that facilitate movement from the inside to the outside *prior* to release, is at the top of his professional wish list. Farrell believes that his regular meetings and communication with community agencies will help reduce the barriers that often exist between community and bureaucracy. At the same time, he hopes to build and strengthen these relationships in an effort to develop shared strategies that will meet inmates needs. ❖

# AIDS Awareness Month Bring Out Quilts and Health Fairs

by Dwight Clark, MBA, Prison Initiative, National Minority AIDS Council

In recognition of National AIDS Awareness Month, Centerforce, in collaboration with San Quentin State Prison and the Central California Women's Facility (CCWF), hosted the 3rd Annual AIDS Quilt Display and Health Fairs.

The CCWF held its events on two separation occasions. The first event, the annual Health Fair, took place November 9. More than 400 inmates participated in the event, which included music, with special performances by members of Adriana's Dance Studio and by inmate volunteers. Twenty community groups, public health administrations and inmate peer educators also took part, providing health education, prevention information and other resources.

The highlight of the event was the presentation of a check for \$3,500 to a community agency, Barrios Unidos, the funds having been raised through a CCWF inmate-sponsored fundraiser. The second event, the viewing of six of the AIDS Quilt panels, was held December 5-6. Among the 420 participants were inmates and correctional staff members, including Warden Mitchell.

The display included a special panel honoring CCWF HIV-positive women, which was created by the inmate peer health educators. The quilt will be submitted to the National Names Quilt Project.

San Quentin State Prison held its National AIDS Awareness month observance December 13. More than 400 inmates and institutional staff, including Warden Woodford,

attended the one-day event, which included music performances and consisted of a Health Fair and viewing of six of the Names Quilt panels.

Several Bay Area community agencies—RIS, the Marin AIDS Project, San Mateo Public Health, the San Francisco Forensic AIDS project, U.C.S.F., Santa Clara County Public Health, the Veterans Program and Planned Parenthood Golden Gate—also participated. In addition, the agencies and inmate peer educators provided one-on-one outreach and offered resources to inmates and members of the institutional staff. AIDS ribbons were distributed to inmates and staff to wear as a symbol of their support.

All of the events were well received, and they brought a bit of reality to a place where it is greatly needed—our prisons. The AIDS quilts had a powerful effect on all viewers, causing many of them to reflect on loved ones who had died from AIDS. After seeing a quilt from Trenton State Prison, New Jersey, one inmate said, "this makes it so real." ❖

# The 2003 National CBO Meeting

by Dwight Clark, MBA, Prison Initiative, National Minority AIDS Council

The Centers for Disease Control and Prevention (CDC) and the Health Resources Service Administration (HRSA) are sponsoring the 2003 National CBO Meeting, which will be held in San Francisco June 3-4. The previous two meetings—the National CBO Meeting is an annual event—offered participants from the 47 community-based organizations (CBOs) that are funded by the CDC/HRSA Correction Demonstration Grant an opportunity to network, disseminate information and participate in skills-building workshops. This year's meeting will offer two days of plenaries, roundtables and workshops for case managers and a one-day capacity-building workshop for CBO executive directors.

For more information about the meeting, please contact the program coordinator of the Prison Initiative Project at the National Minority AIDS Council at (202) 483-6622, x317 or by e-mail to [tcombs@nmac.org](mailto:tcombs@nmac.org). ❖



## 2003 UNITED STATES CONFERENCE ON AIDS

PROGRAM SPONSOR: National Minority AIDS Council

September 18-21, 2003  
Hyatt Regency Hotel  
New Orleans, LA

**\*\*Early registrations must be postmarked by June 13, 2003.**

For more information call 202-483-NMAC(6622) or email [info@nmac.com](mailto:info@nmac.com).

You can also visit [www.nmac.org](http://www.nmac.org)

## NEW RESOURCES

### ***In the Center of the Ring***

“A Guide for HIV Housing Search Advocates on How to Improve Your Act,” 1998 (updated version available online). While emphasizing the housing situation in Massachusetts, this training guide for housing search advocates who serve people living with HIV/AIDS is relevant for advocates

### ***amfAR Global Link (formerly the HIV/AIDS Treatment Directory)***

This guidebook is designed for medical professionals and patients seeking technical information about HIV and opportunistic infections. It includes detailed descriptions of approved and experimental HIV drugs, articles on treatment trends and side effects and a directory of AIDS Drug Assistance Programs. This publication is free and can be ordered by calling 1-800-458-5231 or writing amfAR, Attn: Treatment Information Services, 120 Wall Street, 13th Floor, New York, NY 10005.

### ***Email Listserv On HIV And Hep C In Prisons And Jails***

PrisonPoz is an email listserv focusing on HIV and Hepatitis C in prisons and jails. More than 120 subscribers from across the country — service providers, activists, ex-prisoners, academics — use the listserv to discuss and share information and announcements in the field. Subscriptions are free. E-mail maddow@rcn.com for further information or to subscribe.

### ***Email Listserv for the Care Act Community***

HRSA HIV/AIDS Bureau's (HAB) HAB Information Email provides updates to HRSA/HAB grantees and others in the CARE Act community. The biweekly newsletter includes funding alerts, HAB policy updates, conference announcements and re-

sources. To subscribe, contact Paula Jones at [pjones1@hrs.gov](mailto:pjones1@hrs.gov).

### ***Link to HIV and Correctional Facilities Statistics***

In 2000, 18 states reported a decrease in the number of HIV-positive prisoners and 29 reported an increase. “HIV in Prisons, 2000” (12 pp.) (NCJ 196023)

This annual report provides the number of HIV-positive and active AIDS cases among prisoners held in each state and the federal prison system at yearend 2000. The report provides prison data on the number of AIDS-related deaths, HIV-testing policies, a breakdown for women and men with AIDS and comparisons to AIDS rates in the general populations. Based on the “2000 Census of State and Federal Adult Correctional Facilities,” the report also provides data on the number of HIV-positive prison inmates at mid-year 2000. Also presented are the 25 facilities holding the largest number of HIV-positive inmates. The “Bureau of Justice Statistics Year 2000 US HIV/Prisons” report is now available online at this address: <http://www.ojp.usdoj.gov/bjs/abstract/hivp00.htm>

### **NMAC Publications-Correctional Book Series:**

#### ***First Steps - Understanding the Culture of Corrections***

Published in 2000, this booklet offers an introduction to the culture of corrections and is designed to assist CBOs learning to work successfully within correctional facilities

#### ***Hitting the Bricks - The First 72 Hours***

Published in 2002, this booklet discusses the issues facing former prison-

ers immediately upon their release and aims to familiarize CBOs with some of the services that can facilitate a successful transition from incarceration to society

### ***March /April HIV Education Resource List for Corrections***

This regularly updated publication provides a list of educational resources for the correctional setting, as well as general HIV/AIDS and Hepatitis C information that can be accessed by incarcerated individuals directly and/or by CBOs advocating on their behalf.

### ***Mental Health and Substance Abuse Among Prisoners Living With HIV/AIDS***

This is the third pamphlet of the Correctional Book Series. It provides information on this triple diagnosis and why it is a major reason for the increase in incarceration rates in state and federal correctional facilities.

### ***Pushing for Progress: HIV/AIDS in Prisons***

In this new position paper, NMAC articulates a national agenda for addressing HIV/AIDS in the correctional environment. *Pushing for Progress* describes the scope of HIV/AIDS in prisons and jails, assesses previous efforts to address the epidemic and proposes a new, comprehensive and humane approach to HIV/AIDS prevention and treatment for prisoners.

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For copies of NMAC materials please email [imcdowell@nmac.org](mailto:imcdowell@nmac.org) or write Ingrid McDowell at NMAC: 1931 13th Street NW, Washington, DC, 20009. ❖

# River Region Health Services: Forging Links

by Dwight Clark, MBA, Prison Initiative, National Minority AIDS Council

River Region Human Services (RRHS) is a community-based organization dedicated to improving the quality of life in North-east Florida by helping individuals develop a functional, independent lifestyle that is free from drug addiction, mental health disorders and HIV/AIDS and other communicable diseases. Formerly known as the Jacksonville Drug Abuse Program, RRHS has provided substance abuse treatment in Jacksonville and in Duvall County since 1971.

Following are descriptions of two programs with which RRHS is heavily involved.

RRHS participates in the Jacksonville Jail Linking Inmates Needing Care (LINC) Program, the goals of which are to:

- identify incarcerated people who have HIV and other STDs, TB and hepatitis;
- assist in planning their release; and
- conduct follow-ups after their release, to determine if the intervention made a difference.

LINC is managed by the local health department, which has established contractual links with the Jacksonville/ Duvall County Jail, which provides services inside the facility, and three agencies that provide services to LINC clients after their release from jail. RRHS (substance abuse treatment), along with Lutheran Social Services (case management) and Rainbow Center (maternal and infant primary care) provide the services to recently released HIV clients from the county jail.

RRHS provides HIV-positive LINC clients with outpatient treatment,

residential treatment (for women only) and inpatient treatment and mental health services, which include group and individual sessions. Once enrolled in the program, LINC clients receive substance abuse and mental health assessments, preferably, and if possible, before release from the county jail. While in jail, LINC clients are provided with a variety of support/ counseling services: they learn coping skills, receive anger management training, take part in life skills groups and are given individual counseling sessions. During individual counseling sessions, clients receive referrals to 12-step programs, medical appointments and any other substance-abuse recovery activities that are offered in the jail. After their release from jail, LINC clients still receive individual support counseling to ensure that they will receive all available services to which they are entitled.

LINC clients enrolled in outpatient treatment are assigned a primary counselor who develops an individual treatment plan, which will determine the number of skills groups and individual sessions clients will attend, the length of treatment and will provide for random urinalyses.

The minimum length of stay for LINC clients enrolled in residential treatment (this program is for women only) is 90 days. During that time clients will attend 40 hours of group sessions that will include group therapy, life skills development, both anger management and recovery training, relapse prevention, 12-step meetings, gender groups participation and effective communication skills training. Each client is required to have a nursing assessment and a TB test prior to admission—all residential

clients receive a physical examination and risk assessment. The primary counselor completes a psychosocial history for each client and then develops an individual treatment plan to address the client's personal issues.

RRHS works closely with Lutheran Social Service, which provides case management for LINC clients to ensure that they receive the medical services needed, all the while preparing the client for the transition out of residential treatment. In the female-only residential program, the client can find outside work and can stay in the facility for up to six months. RRHS Director of Residential Treatment Kenneth Arnold says, "The LINC program has been a tremendous success for clients who complete the program. A few of our clients have dedicated the rest of their lives to helping people stay clean from drugs by establishing drug free shelters and halfway houses."

In addition to LINC, RRHS offers the Criminal Justice Secure In-Jail Substance Abuse Treatment Program, which is provided within the three Duval County jail facilities for both pre-trial and sentenced inmates. The program consists of the following three separate, but interactive components.

**Substance Abuse Prevention and Intervention Services** consist of professional educators who provide a series of classes on substance abuse, dependency and treatment for incarcerated adults. (The educators also screen potential candidates for admission to the Secure Drug Treatment Program.)

**Secure Drug Treatment: A Therapeutic Community (TC)** is an adult

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# Outreach, Inc. Touches Many HIV-Positive Atlantans

by Dwight Clark, MBA, Prison Initiative, National Minority AIDS Council

Outreach, Inc., established in 1986, is recognized as one of the country's preeminent HIV/AIDS service providers. Outreach was the first minority nonprofit, HIV/AIDS community-based organization (CBO) in the state of Georgia to provide AIDS awareness and prevention programs in metropolitan Atlanta's African-American communities. During the agency's 17 years of service, it has provided holistic services to 5,000 clients who are HIV positive or who have AIDS, more than 75 percent of whom had histories of chemical dependencies and substance abuse. Outreach provides transportation, housing, support services, substance-abuse and HIV counseling, and testing and prevention support to individuals with HIV and those at risk of contracting HIV.

Outreach's founder and president, Sandra McDonald, is considered one of the country's leading HIV/AIDS experts. Her work includes more than a thousand speaking engagements, workshops and trainings, including a workshop at the National Football League. In its October 2001 edition, *Essence Magazine* named her one of the country's "Twenty Women Honored for a Decade of HIV/AIDS Leadership." Among other awards bestowed on her has been the prestigious Robert Wood Johnson Community Health Leadership Award. In January 2002, Ms. McDonald was appointed by the president of the United States to serve a three-year term on the Advisory Council on HIV/AIDS.

Outreach has three major locations and a staff that includes 25 peer counselors, all of whom are recovering from substance abuse and/or living with HIV/AIDS. Outreach programs

include an intensive, in-house substance-abuse counseling and treatment program at the City of Atlanta Pretrial Detention Center and a similar intervention program at the Fulton County Jail. The treatment program, which was started in 1992, was the first to provide HIV education and substance-abuse treatment in a correctional facility. In 1988, Outreach was the first organization in Georgia to provide support groups—they are named after their founder, Leroy Giles, and have a core group of 45 members—to recently released HIV-positive ex-offenders.

Outreach provides emergency and transitional housing assistance as well as assistance with utilities, food and child care. Outreach also has a women-specific day group intervention program, day and night street teams and support groups. In addition, Outreach operates a Care Van service that transports clients to and from medical appointments and support group meetings at Outreach's Counseling Center.

Through a sub-contract from AIDS Atlanta, Outreach participates in the Centers for Disease Control/HRSA Correction Demonstration Project (CDP), providing substance-abuse counseling, education and treatment referrals for HIV-positive clients in the Fulton County Jail. CDP is a federal grant that is examining the effectiveness of discharge planning for HIV-infected inmates in seven states in which the state of Georgia participates. Georgia's departments of Human Resources and Corrections collaborate with CBOs to provide services for HIV-positive inmates within and outside of correctional facilities. The CDP project in Georgia has six objectives that address the health of inmates:

1. To implement chlamydia and gonorrhea screening, treatment and counseling for female inmates at the Fulton County Jail.
2. To implement chlamydia and gonorrhea screening, treatment and counseling for juveniles in the Metro Regional Youth Detention Center.
3. To provide treatment, case management, prevention case management, discharge planning and post-release linkages to the appropriate support services for adult HIV-positive inmates at Fulton County Jail.
4. To provide HIV/STD prevention education to adults and juveniles at various correctional and detention facilities.
5. To evaluate the effectiveness of an HIV prevention/intervention curriculum and intensive case management for HIV-positive offenders.
6. To provide ongoing training and technical assistance to correction personnel concerning issues associated with HIV and other STDs.

In addition to Outreach and AIDS Atlanta, a third CBO, Wholistic Stress Control Inc., is also involved in the implementation of CDP's goals.

For more information about Outreach, Inc., its programs and services, contact Paula Lockett, Outreach, Inc., 159 Ralph McGill Boulevard, NE, Atlanta, GA 30308 or call (404) 523-7322 or (404) 755-6700. ❖

# HIV and Hepatitis C Co-infection: Unresolved Issues

by Linda Levinson, RN, BA, Clinical Nurse Instructor, Corrections Technical Assistance and Training Project

It has been estimated that in the United States as much as one-third of the HIV-positive population is also infected with the hepatitis C virus (HCV). In fact, it was found that approximately one-half of patients whose cases were tracked at the Johns Hopkins HIV clinic are also infected with hepatitis C. And intravenous drug use seems to increase the risk of co-infection; it is estimated that 60 to 90 percent of people who contracted HIV from intravenous drug use also have hepatitis C.

Hepatitis C can be far more damaging to individuals who are already HIV positive. Co-infection can accelerate the progression of liver damage from between 20 and 30 years to between 10 and 15 years.

Co-infection presents some unique issues and challenges. Treatment and care for those co-infected is complex and expensive. The introduction and

successful use of antiretroviral therapy (HAART) has changed the face of HIV, transforming it from a death sentence to a chronic illness. As a result, people with HIV are living longer and, thus, if co-infected, have more time for complications from hepatitis C to develop. Studies have shown that HIV infection in a person with hepatitis C results in higher levels of HCV in the blood, which leads to a more rapid progression toward cirrhosis and liver cancer. As a consequence, hepatitis C is now considered an opportunistic infection in people who are HIV positive. It is not, however, considered an AIDS-defining illness.

Treatment for both diseases requires the long-term use of multiple, powerful drugs that can have a number of side effects. And adherence to both treatments is critical, not only for their effectiveness, but also to prevent resistance. However, it is adherence that becomes difficult for those trying to

maintain these complicated regimes. Consequently, stress on the liver becomes a major concern because it is already working overtime to rid itself of HCV. As a result, dealing with HIV and the necessary medications can create a major burden on the liver. Studies show that after a year, almost 20 percent of those co-infected had to stop their therapy compared with just 4 percent of those infected with HIV only.

People with HIV who have been diagnosed with hepatitis C should be carefully screened, evaluated and certainly considered for hepatitis C treatment. However, there is still much to be learned about these diseases when they co-exist and interact. Further research and study will be necessary before a more comprehensive understanding of these diseases and their relationship to each other is fully understood. The Division of HIV/AIDS Prevention at the Centers for Disease Control has considered the following unanswered or partially answered questions:

- By what mechanism does HIV infection affect the natural history of hepatitis C?
- Does HAART affect the impact of HIV on the natural history of hepatitis C infection?
- Does hepatitis C affect the natural history of HIV and, if so, by what mechanism?
- How can we effectively and safely treat chronic hepatitis C in HIV-infected patients?
- How can we distinguish between liver toxicity caused by antiretroviral and that caused by hepatitis C infection? ❖

## River Region Health Services

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drug dependency treatment program that is housed within the correctional facility of Duval County. Clients admitted to TC receive a minimum of 120 days of residential substance dependency treatment from a team of professional counselors (108 incarcerated men and women can be treated in this program at any given time).

**Aftercare Case Management Services** RRHS employs a team of professional correction case managers to work with individuals who complete

the In-Jail Secure Substance Abuse Treatment Program. Available aftercare services include transitional housing, assistance in obtaining employment and transportation.

For more information on LINC, the Criminal Justice Secure In-Jail Substance Abuse Treatment Program and other services RRHS offers, contact Director of Residential Treatment Kenneth Arnold at (904) 727-3775. For information about River Region Health Services, write to 2981 Parental Home Road, Jacksonville, FL 32202 or (904) 727-3775. ❖

# ANAC Meeting

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the San Francisco program is access to inmates' lifetime medical records, which facilitates continuity of care and collaboration with community agencies.

Val Robb, RN, is a nurse with Home Base, a transitional "out of jail" program for HIV-positive patients in San Francisco. Ms. Robb discussed the:

- evolution of strategies for dealing with non-adherence with HIV medications.
- avoidance of external and judgmental limits such as shame.
- encouragement of patient participation and decision making.
- interplay of mental illness, substance abuse and at-risk behaviors for HIV with criminal behavior.

Robb described the difficulties of successful adjustment to life after incarceration, particularly for those on probation or with parole. She discussed creative strategies Home Base uses to assist the successful transition back into the community, such as allowing nurses to go to court with parolees. (One of the obstacles to care is the assumption that the parolee has done something wrong, when in fact he or she may be the victim of technical violations and mistaken identity.) Robb called on the audience to consider the lack of coping abilities among inmates with histories of trauma and mental illness and, therefore, to plan housing, case man-

agement and nursing care accordingly, all of which can help people stay out of jail.

Guy Vandenberg, RN, MSW, of Continuum HIV Services in San Francisco, highlighted some of the institutional factors that incarceration imposes on inmates, the outcomes of which contribute to loss of autonomy, persistent mental illness, pressures "inside" to join gangs for protection and the broadening of cultural differences among correctional staff members and inmates. According to Vandenberg, health care in jail may be seen as a distraction from the monotony of jail life and it may also be the first opportunity for primary health care. Vandenberg cited the following barriers to successful re-entry into life outside of jail or prison:

- a lack of housing other than in high-crime areas.
- the mandated return to county of arrest and the culture of crime.
- a lack of experience in dealing with autonomy and with decision making.
- the general expectation that time outside is limited.

According to Vandenberg, these barriers may become internalized, making a return to jail seem inevitable.

A discussion among participants followed in which the barriers and strategies discussed served as a basis for sharing common experiences. ❖

# Save the Date Save the Date Save the Date

## **April 14-15, 2003**

*California Correction Initiative's CBO Training, Long Beach California, contact Reggie Caldwell in Sacramento, CA*

*Phone: (916) 324-6783*

## **April 12-15, 2003**

*National Commission on Correctional Healthcare, Clinical Updates in Correctional Health Care, Anaheim, CA.*

*Contact [www.ncchc.org](http://www.ncchc.org)*

## **April 28-29, 2003**

*7<sup>th</sup> International Conference on Malignancies in AIDS and Other Immunodeficiencies: Basic, Epidemiological and Clinical Research, National Institutes of Health Campus, Bethesda, MD.*

*Contact Jaime Quinn, [jquinn@mail.gov](mailto:jquinn@mail.gov) or fax (301) 496-0826*

## **April 29-30, 2003**

*AIDS Institute, Bureau of Community Based Services, Criminal Justice Meeting, Incarceration to Community: A Continuum of Care, Poughkeepsie, NY.*

*Contact Richard Buck (518) 486-1412*

## **May 5-10, 2003**

*National Minority AIDS Council's Knowledge, Interaction, Connection (KIC) Regional Training, Charlotte, NC.*

*Contact [kictraining@nmac.org](mailto:kictraining@nmac.org)*

## **May 30-31, 2003**

*National Juvenile Detention Association, 15<sup>th</sup> Annual National Juvenile Services Training Conference & Institute, Indianapolis, IN.*

*Phone: (859) 622-6259*

## **May 12-13, 2003**

*Wisconsin Public Health Association, Annual Jail Health Conference, Kalabari Resorts, Wisconsin Dells, Wisconsin 53965.*

*Contact Marcia Allain at*

*[allainma@co.outagamie.wi.us](mailto:allainma@co.outagamie.wi.us)*

## **May 5-7, 2003**

*National Institute of Allergy and Infectious Diseases, Conference on Vaccine Research, Arlington VA.*

*Contact Marcia Doniger at (301) 496-1767 or [www.nib.gov/news/mediacal.htm](http://www.nib.gov/news/mediacal.htm)*

## **North American AIDS Treatment Action Forum**

*When: December 11-14, 2003*

*Where: Hyatt Regency Phoenix at Civic Center Phoenix, Arizona*

*To learn more visit our website [www.nmac.or](http://www.nmac.or) or call us at (202) 483-6622.*