Mr. Larry Kerr  
Director,  
Education Department  
San Quentin State Prison  
San Quentin, CA 94964

August 6, 1991

Dear Mr. Kerr,

It was a pleasure to meet you at the Marin AIDS Project office on June 19, 1991. Per our discussion, the Center for AIDS Prevention Studies (CAPS) at U.C.S.F. and the Marin AIDS Project have been working on the development of an HIV prevention education program to reach the Hispanic/Latino population in San Quentin.

Most recently we met with your ESL teachers (7/17/91) to discuss our plans and requested that the initial baseline questionnaire be administered to both ESL classes. These questionnaires are voluntary and anonymous. Mr. Barry Zack has informed us that these questionnaires cannot be administered until you have received a more detailed description of the project. Therefore, we are attaching a copy of what we distributed to your teachers and additional outlines of the “Plan of Action” and “Focus Groups Curriculum”. Please let us know if there’s any other information needed in order to proceed.

Should you have any questions, please do not hesitate to contact Dr. Cynthia Gomez at (415) 597-9267. We look forward to working with you and your department on this project.

Sincerely,

Barbara Marin, Ph.D.  
Assistant Adjunct Professor

Cynthia Gomez, Ph.D.  
Co-Investigator

cc: Dan Cashman, M.D., Chief Medical Officer, San Quentin Prison  
Barry Zack, MPH, Marin AIDS Project
A. Specific Aims

The objectives of this proposal are to increase knowledge regarding HIV transmission and change attitudes toward antibody testing, using condoms, IV-drug use, tattoos, and multiple sexual partners among incarcerated Hispanic men. Secondary gains may be the decrease in high risk behaviors, and potential decrease in recidivism rates among this group.

This project will develop, implement, and assess the feasibility and acceptability of a culturally-appropriate HIV risk reduction intervention for Spanish-speaking Hispanic men in correctional institutions in California. A prevention curriculum currently being used in correctional facilities in Washington, D.C. will be adapted for the specific needs of the San Quentin population.

1. We will conduct basic research (i.e., focus groups and anonymous surveys) with Hispanic males currently incarcerated at San Quentin and attending ESL (English as a Second Language) classes to identify the cultural factors related to seeking antibody testing, using condoms, IV-drug use, tattoos, and avoiding multiple sexual partners among this high-risk group of men.

2. Based on this research and the Washington D.C. curriculum, we will develop culturally appropriate interventions in Spanish to promote changes in information, norms and attitudes toward antibody testing, condom use, IV-drug use, tattoos, and avoiding multiple sexual partners among Spanish-speaking Hispanic men in correctional institutions.

B. Methods

Hispanic men participating in the ESL classes in San Quentin will be asked to participate in the different stages of this project.

Initial Data Gathering

Focus groups will be conducted by a male group leader in the ESL classes to gather initial information which will assist in the development of culturally-appropriate materials. Surveys will also be distributed to both ESL classes for data collection.

Implementation and Assessment

Culturally appropriate interventions will be created based on information gathered. These might include formats such as psycho-educational groups and written materials. These interventions will be implemented and assessed for their effectiveness in the ESL classes.
<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Plan of Action</th>
<th>Time Frame</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Distribute AIDS Knowledge Survey to both ESL classes.</td>
<td>Per ESL teachers’ discretion</td>
<td>ESL Teachers</td>
<td></td>
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<tr>
<td>-Input survey data</td>
<td>One month following data collection</td>
<td>R. Juarez, UCSF, CAPS</td>
<td></td>
</tr>
<tr>
<td>-Analyze Data</td>
<td>One month following data collection</td>
<td>Dr. B. Marin, Dr. C. Gomez, UCSF, CAPS Barry Zack, MPH, MAP</td>
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<tr>
<th>Phase 2</th>
<th>Plan of Action</th>
<th>Time Frame</th>
<th>Responsible Person</th>
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</thead>
<tbody>
<tr>
<td>-Begin weekly focus groups in ESL classes</td>
<td>Four weeks for 1.5 hours per session, per class (Sept., 1991)</td>
<td>TBA-supervised by Dr. C. Gomez, UCSF, CAPS</td>
<td></td>
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<tr>
<td>-Input data from focus groups</td>
<td>10/91-11/91</td>
<td>R. Juarez, UCSF, CAPS</td>
<td></td>
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<tr>
<td>-Analyze Data</td>
<td>11/91</td>
<td>Dr. B. Marin, Dr. C. Gomez, UCSF, CAPS Barry Zack, MPH, MAP</td>
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<th>Phase 3</th>
<th>Plan of Action</th>
<th>Time Frame</th>
<th>Responsible Person</th>
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<tbody>
<tr>
<td>-Provide AIDS/HIV prevention intervention to ESL classes</td>
<td>2-3 sessions for 1.5 hours per ESL class. (Dec., 1991)</td>
<td>TBA, UCSF, CAPS, MAP</td>
<td></td>
</tr>
<tr>
<td>-Administer post-intervention survey to ESL classes</td>
<td>During final intervention session</td>
<td>TBA, UCSF, CAPS, MAP</td>
<td></td>
</tr>
<tr>
<td>-Input data from post-surveys</td>
<td>1/92-2/92</td>
<td>R. Juarez, UCSF, CAPS</td>
<td></td>
</tr>
<tr>
<td>-Analyze Data</td>
<td>2/92</td>
<td>Dr. B. Marin, Dr. C. Gomez, UCSF, CAPS Barry Zack, MPH, MAP</td>
<td></td>
</tr>
<tr>
<td>-Final Report to Chief Medical Officer, San Quentin State Prison</td>
<td>3/92</td>
<td>Dr. B. Marin, Dr. C. Gomez, UCSF, CAPS Barry Zack, MPH, MAP</td>
<td></td>
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Focus Groups Curriculum

Focus groups will be run for four (4) consecutive weeks. Each session will last for one and one half hours, and will be conducted in each of the two ESL classes currently running in San Quentin. These groups will increase the inmates' awareness of their knowledge concerning HIV/AIDS and will highlight the limitations of that knowledge.

Session 1

A) Introduction and general information about focus groups
B) Specific areas to be covered:
   - What is their understanding of HIV/AIDS
   - How do they feel about the epidemic
   - How might they be personally affected by the epidemic
   - What are the different means of HIV transmission known to them

Session 2

A) Specific areas to be covered:
   - What are the cultural factors contributing to the Latin inmates' attitudes about AIDS
   - How would their life change if they were HIV+
   - Do they believe there are ways to prevent HIV infection

Session 3

A) Specific areas to be covered:
   - What would motivate someone to decrease high risk behaviors once they returned to their community
   - Consequences to one's behaviors, are they taken into consideration, when and why
   - The "invulnerable syndrome", (believing that you can not get AIDS) what purpose does it serve

Session 4

A) Specific areas to be covered:
   - What are the most effective means of providing information about AIDS to Latin inmates and why
   - What might be the most difficult attitude/behavior to try to change to promote HIV/AIDS prevention
   - Focus groups rap-up
My: Barry Zach

Prison:

I Reception Center - mostly parole violaters
II General Population - (6 months)
III BSU - AIDS Ward - few Hispanics
IVN Cadet Corp - new medical chiefs

Best guy probably the medic. Deport of G.P. group.
Transmission: sex
10 drug
Tattoo

Can: Provide cultural appropriate interventions to this high risk population.

Where it could happen: in ESL class
Vocational class

Areas wanting to address in interventions:
Sexuality
10 Drug use
Tattoo
Body testing
Alcohol / non-10 drugs

Initial Stage: Focus guys to gather information
Two people in to run them.

Middle stage: Survey / data gathering

Third stage: Create interventions
My 2 Church
P.O. Box
Lauren Hare  Director of Education  Jan Quentin

Common Goals:  
\( \uparrow \) Substance Abuse  
\( \uparrow \) Reeducation
Prison proposal

ESL Classes: What are we doing there?
   - Form groups
   - Make outline for group

Common goals of Correctional Dept. & CAPS
1. Increase knowledge of HIV
2. Decrease substance use
3. Decrease recidivism

Specific CARE goal:
1. Provide culturally appropriate prevention interventions to Hispanic inmates

Subjects
   - Inmates attending ESL classes at San Quentin

Methods
1. Stage 1: Focus groups to assess needs & particular emphasis on sexually
   - IV drug use, tattoos, and blood testing, alcohol
   - use & other non-IV drug use
2. Stage 2: Ask participants to fill-out survey which will lead to creation
   - of most appropriate intervention strategies
3. Stage 3: Pilot-test newly created interventions
Appendix A
INTRODUCTORY ANNOUNCEMENT TO RECRUIT INMATES FOR FOCUS GROUPS

To: All H-Unit Inmates
From: Dr. Barbara Marin & Dr. Cynthia Gomez
University of California, San Francisco (UCSF)

We are looking for volunteers to participate in small group discussions about AIDS prevention. We are developing AIDS prevention programs for men who are about to leave prison. It is very important to us to get your opinions about HIV/AIDS and to use your ideas to create an effective and useful program.

Because we want to learn about the specific concerns in different racial/ethnic groups, we will be dividing groups by race/ethnicity. There will be a group for Blacks, a group for Whites, a group for Hispanics/Latinos, a group for Native-Americans, Pacific Islanders, and Asians. All groups are voluntary and confidential.

In the month of ______, 1992 groups of 10-12 inmates will meet on Tuesdays or Wednesdays from 3:00pm-5:00pm with two UCSF staff in the Visiting Room of H-Unit. Volunteers will attend one group, but if needed, might be asked to attend more than one group. Topics for discussion will include needle use, condom use, other forms of safe sex, HIV testing, and tattooing. Participation is totally voluntary and you will get a priority ducat [for Committee: pass to be out of a designated area] to attend.

Because we will only be running a few groups, we may not include all volunteers. If you sign-up, but are not included in these groups, we will keep your request and try to include you in other parts of our project. If selected, you will be given further information about the groups and will be asked to sign a consent form. If interested, please tear-off and fill-out the form below and return it to C.C.II, Mr. Hamilton by ________, 1992.

Thank You.

I am interested in participating in the HIV/AIDS discussion groups given by UCSF.

Name:_________________________ ID:_________________________

Housing:___________ Release Date:_______________________

Ethnicity (check one): Black____ Pac.Is.____ White____ Asian____
Native-Amer.____ Other(specify)_________________ Latino/Hisp.____:

Preferred language: English____ Spanish____
APPENDIX A

CONSENT FORM
TO BE HANDED OUT TO
PARTICIPANTS IN FOCUS GROUPS

Information about the Study and Focus Groups

Drs. Barbara Marin and Cynthia Gómez of the University of California, San Francisco are conducting a study to understand inmates' attitudes about preventing infection with the AIDS virus. Your participation would greatly help us to gain the knowledge to develop programs to protect people from the dangers of AIDS.

If you agree to participate in this study, you will be requested to participate in a group discussion in which you will be asked to give your reactions to opinions about the topics being discussed, without having to talk about your own personal history or give an account of your behavior. Your reactions and those of other members of the group to practices that can expose a person to HIV infection with this virus as well as practices that can protect that person from becoming infected with HIV will be the subject of discussion.

The session will take two hours.

Some of the issues discussed may make you uncomfortable. You should realize that you can refuse to comment on any issue and that you can actually decline to actively participate in the discussion at any time.

Confidentiality:
Only staff from UCSF involved with this study will know what you say in the group. They may take notes. But they will not ask your name and will not communicate anything said in the group to prison personnel.

There will be no direct benefit for you from participating in the study. The anticipated benefit for the community at large will be a better understanding of what would be effective ways of giving prisoners worthwhile information to protect themselves and their loved ones from the AIDS virus.

You are free to participate or not participate in the groups. It is entirely your decision and no one will put pressure of any kind on you.

If you have any questions, the group facilitator will be glad to answer them for you.
If you so desire, you can contact Dr. Barbara Marin at (415) 597-9162 or Dr. Cynthia Gómez (415) 597-9267. If for some reason you do not wish to do this, you may contact the Committee on Human Research, U.C.S.F., which is concerned with the protection of volunteers in research projects. You may reach the Committee office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (415) 476-1814, or by writing to the Committee on Human Research, Suite 11, Laurel Heights Campus, Box 0616, University of California, San Francisco, CA 94143.

Consent to Participate in Focus Group

In this discussion group, questions will be discussed about ways of preventing infection with the HIV (AIDS) virus, sexual behavior and drug use.

Participation in Research is Voluntary I am free to refuse to be in this study. If I choose to participate, I am free to omit discussing any question I do not wish to discuss or to stop participating actively at any time. This study has been adequately explained to me and I have had the chance to ask all the questions I want and I freely agree to take part.

DATE ___________ SIGNED __________________

Promise to Preserve Confidentiality

I promise not to associate any specific comment made by any one during this group discussion with the name of the individual who made it. I understand that I may repeat what some one said during the discussion as long as I do not attribute the comment to a specific individual.

DATE ___________ SIGNED __________________
To: All H-Unit Inmates  
From: Dr. Barbara Marin & Dr. Cynthia Gomez  
University of California, San Francisco (UCSF)  

We are looking for volunteers to participate in survey about AIDS prevention. We are developing AIDS prevention programs for men who are about to leave prison. It is very important to us to get your opinions about HIV/AIDS and to use your ideas to create an effective and useful program.

In the month of _____, 1992 volunteers will assemble in Unit H Visiting Room and fill out answers on an “answer sheet” to questions read by a UCSF staff member of the study. Topics for discussion will include needle use, condom use, other forms of safe sex, HIV testing, and tattooing. Participation is totally voluntary and you will get a priority ducat [for Committee: pass to be out of a designated area] to attend. Your answer sheets will not have your name or any other way of identifying you and only UCSF study staff will have access to them. Participation is totally voluntary and you will get a priority ducat [for Committee: pass to be out of a designated area] to attend.

If interested, please tear-off and fill-out the form below and return it to C.C.II, Mr. Hamilton by __________, 1992.

Thank You.

I am interested in participating in the HIV/AIDS survey given by UCSF.

Name:___________________ID:_____________________

Housing:_____________Release Date:______________

Ethnicity (check one): Black__ Pac.Is.__ White__ Asian__
Native-Amer.__ Other(specify)______________ Latino/Hisp.__:

Preferred language: English__ Spanish__
Information about the Study and the Survey

Drs. Barbara Marin and Cynthia Gómez of the University of California, San Francisco are conducting a study to understand inmates' attitudes about preventing infection with the AIDS virus. Your participation would greatly help us to gain the knowledge to develop programs to protect people from the dangers of AIDS.

If you agree to participate in this study, you will be requested to respond to a questionnaire. Questions will be asked about practices that can expose a person to HIV infection as well as practices that can protect that person from becoming infected with HIV.

This questionnaire would take about a half hour.

Some of the questions may make you uncomfortable. You should realize that you can refuse to answer any question and that you can actually stop answering the questionnaire at any time.

Confidentiality:
Only staff from UCSF involved with this study will have possession of the answers and these answers will at no time be connected with your name.

There will be no direct benefit for you from participating in the study. The anticipated benefit for the community at large will be a better understanding of what would be effective ways of giving prisoners worthwhile information to protect themselves and their loved ones from the AIDS virus.

You are free to participate or refuse to participate. It is entirely your decision and no one will put pressure of any kind on you.

If you have any questions, the survey worker will be glad to answer them for you.
If you so desire, you can contact Dr. Barbara Marin at (415) 597-9162 or Dr. Cynthia Gómez at (415) 597-9267. If for some reason you do not wish to do this, you may contact the Committee on Human Research, U.C.S.F., which is concerned with the protection of volunteers in research projects. You may reach the Committee office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (415) 476-1814, or by writing to the Committee on Human Research, Suite 11, Laurel Heights Campus, Box 0616, University of California, San Francisco, CA 94143.

Consent Form

In this survey questions will be asked about ways of preventing infection with the HIV (AIDS) virus, sexual behavior and drug use

**Participation in Research is Voluntary** I am free to refuse to be in this study. If I choose to participate, I am free to omit answering any question I do not wish to answer or to stop answering questions at any time. This study has been adequately explained to me and I have had the chance to ask all the questions I want and I freely agree to take part.

DATE ___________ SIGNED __________________
SAN QUENTIN PRISON PROJECT
FOCUS GROUP QUESTIONS

RE: Taperecording. Ask for their approval. Emphasize that the recording will be available only to project staff and not to anyone at San Quentin.
I was brought in only to run this group, just to facilitate. I don’t care about what you might say. I’ve just been asked to come in and talk to you. There are many questions and I might just have to rush you a bit to cover just as much as we can. Identify the note taker.

I Introduction (5-10 minutes)
[use your own judgment about how much time]

Go over focus group process, confidentiality, taping, moderator’s role. Explain our intention to develop a program for inmates prior to their release from custody. They are the experts and can help us by providing their thoughts or experiences. There are no right or wrong answers; therefore, their honest opinions are the most valuable.

II General Questions (15-20 minutes)

1. What gets your attention if we wanted to give you important information?
2. What are inmates thinking or wondering about in the days before their release from custody?
3. What is an inmate’s biggest worry about going back to the outside?
4. What keeps you wanting to survive?

(Pursuing question of reasons to live, but not sure about how to get at it. Could ask directly do they worry about dying?)

III AIDS-Specific Questions (20-30 minutes)

1. What do you think about AIDS?
2. Do you think it’s a good idea for inmates to have an HIV/AIDS test done when they get here? Why?
3. When would you, as inmates here in San Quentin, ever talk to each other about HIV/AIDS?
4. What does it mean to have safe sex?
5. Would you have safe sex to avoid getting AIDS?
6. What about sharing works?

7. Could we expect an inmate to use clean works on the first day out of custody? Why?

Could we expect an inmate to have safe sex on the first day out of custody? Why?

**IV Scenarios (40-60 minutes)**

Well, then let's try to imagine a particular situation. Let's imagine there's a guy who just walked through the gates to the outside. You know how sometimes we sort of talk to ourselves when we're trying to make a decision? Like: "hey, I don't want to get cancer so I won't smoke," then another part of you says, "who cares, I'm going to have a cigarette..."

O.K., then half of the group will be the part of him that has decided he's only going to have safe sex. The other half of the group is going to be the part of him that doesn't care about safe sex. Try to defend your position as much as possible.

(Here, the moderator really needs to help the group with the task. He should provide probes to either side as needed. For example, if they say "he just said fuck it, I'm having sex" moderator can ask "but what does "fuck it mean? What is the guy thinking?" Also, take the scene beyond the internal dialogue, such as, "now he's going to try to buy condoms, what happens here? What is he thinking about? What's the possible struggle?" The group should then be asked to create another situation they could imagine and again get them to argue the different stances.)

**V Wrap-Up (10-15 minutes)**

1. What could we do to help you and other inmates to avoid getting HIV/AIDS?

This is the end of our group. Do you have any questions before we end? Thank you for participating.
First Interview

El entrevistado trabajó un poco con un programa de SIDA antes de estar en San Quintín. Entró en prisión por usar drogas. Tiene amigos con SIDA y está preocupado. Tiene amigos homosexuales y ha vivido con ellos porque tienen más "clase" que otra gente. Sabe que al salir de prisión volverá a usar.

II.1

a) Información sobre los estudios o cómo ayudar a gente con SIDA. Estoy cansado de la prisión (ha estado "in an out" desde 1984). Información sobre los programas de tratamiento de drogas. No tengo a nadie ahora y quiero cualquier ayuda que pueda obtener cuando salga.

b) Mis amigos con SIDA y un primo homosexual que no lo tiene He visto cosas en TV que me hacen ver lo que está pasando afuera y me puede dar a mí. Yo me he inyectado desde los 14 años y toco madera de que no me ha pasado nada.

c) He visto a la gente que se está muriendo. Un amigo estaba aquí y lo movieron haya arriba, al Gymn, y murió hace tres semanas.

II.2

Preocupación por la familia, los hijos, donde trabajar, donde van a vivir, si van a hacer drogas o no. Si vas a hacer la misma cosa -- robando -- que estabas haciendo antes. La gente está confundida.

¿Por qué está confundida? Porque, por ejemplo, puede ir o para acá o para allá. Pero no sabe que es lo que quiere hacer: si van a hacer bien o mal. 99 de cada 100 van a regresar aquí, pero siempre hay uno que va a salir.

II.3

La droga y la vida. Si se va a entrar otra vez a las drogas o no.

II.4 La droga.

III.1 Pienso que es una cosa que Dios ha dado para que la gente ..., nadie sabe de donde viene la enfermedad. Se puede agarrar de cualquier modo. Antes solo se agarraba de inyecciones o de hombres. Pero ahora, debería de hacer algo para ayudar a la gente que lo tiene, es una lástima.

¿Cómo se puede agarrar?

Se puede agarrar al tener relaciones con otro hombre, o cualquier mujer de la calle, de una aguja sucia, de una sangre a otra sangre, de un "cooker" para la droga.

III.2 Sí, es una buena idea. Cuando está uno en la calle, uno no
piensa en eso. Al llegar aquí, si va lo tiene uno, encuentran ayuda y pueden vivir más: hay medicina, hay programas y doctores para ayudar.

Antes de llegar y después de salir también deberían tomar la prueba. La prueba debería hacerse mandatoria para todos los que usan drogas, cada seis meses.

III.3 La gente casi no habla sobre el SIDA. Yo he tratado de hablar, pero como que no les importa.

III.4
Lo más importante es condones. O tocar a alguien que conozco suficiente tiempo, que sabes que no lo tiene. Pero siempre hay que tener cuidado. Pregúntale a la persona con la que uno va a tener sexo si son limpios, si han usado drogas, si han estado hombre con hombre, o uno detrás del otro.

III.5
Es una pregunta muy difícil, es como "tossed up in the air". Tendría que decidirlo cuando va a pasar. Puedes caminar en la calle y ver a alguien que conozco, y bueno... es importante pensar y preguntar antes de hacer las cosas.

Lo primero que yo haría es comprar condones. Antes de tener sexo habría que hablar con esa persona y ver si está limpia o si tiene una enfermedad.

III.6 Primero, que regalen agujas para gente que usa. Así nadie tiene que compartirlas. Yo he limpiado mis agujas desde antes de que hubiera información sobre SIDA. Las lavaba con lejía o las hervía. Siempre he limpiado las agujas.

III.7
Si, lo esperaría. Como hay tecatos que pueden agarrar aparatos nuevos. Si uno las pide las regalan. La cosa es que estén disponibles o que se puedan agarrar. Cualquier persona qui trataría de buscarlas si se pudieran agarrar.

III.8
Si, aquí no hay mujeres. Hay homosexuales. Pero muchos hombres son casados o tienen novia. Cuando salgan irán derecho a tener sexo. Los que no tienen mujer o novio van a ir a buscar una puta.

Yo vengo de una familia humilde, pero siempre me enseñaron a mantenerme limpio y con cuidado, y no meterme con cualquier persona. Tengo primos que son homosexuales, pero eso no me preocupa. Son hombres como cualquiera. Yo noo entiendo a la gente que dice que si los maricones... son como cualquier hombre.

IV Para esta sección le pedí que me dijera qué pensaba que una persona haría en distintas situaciones: al salir si quisiera hacer sexo y si la persona tendría sexo seguro.
¿Qué crees que harían al salir para conseguir sexo?

Mucha gente no va a pensar en condón o SIDA o gonorrea. Solo van a tener en la mente sexo, sin pensararlo, y van a hacer lo que quieran. En cuanto a las drogas, yo voy a pensar antes de hacerlo. Voy a tener sexo, pero voy a pensar antes de tenerlo. No soy adicto al sexo. Puedo conformarme sin sexo por dos o tres años. Yo estoy enamorado primero de la aguja. Hay gente que está enamorada primero de la mujer y después de la droga.

¿Y qué crees que harían si ya están a punto de tener sexo?

Primero habría que comprar condones y que la mujer o novio espere. Hablar con la persona y decir: hay que hacerlo seguro y tenernos confianza. Sin condones no, pero con algo.

¿Y si de plano no pudieran conseguir un condón?

Se podría masturbar. Es el único modo en que puedo pensar que lo haría en este momento. Si la persona dice no, tal vez dirá: tú no me quieres o algo. Pero la persona que dice no está viendo por su salud. La persona está pensando bien.

V.

Tener videos, enseñar niños con SIDA y gente en el hospital que se está muriendo. Una mujer que se inyecta y está preñada, no es mujer. No tengo hijos, pero mi mujer tiene un hijo y lo he visto crecer. A mi mujer le gustan los hombres y las mujeres. Pero yo no he visto que se pase de una mujer a otra. Yo uso condones con ella.

Aquí hay visitas maritales para los que están casados. Pero yo no sé que den condones. Deberían de tener como en Glide Memorial que te dan unas bolsitas con condones. Tengo un amiguito que trabaja ahí.

Se sabe que hay sexo entre hombres en prisiones. ¿Has tu sabido de eso?


Mi cell-mate era un drag-queen. Yo me movía en mi ceida, y el bien bonito. Y un día hablando y hablando y eso y tuvimos relaciones y no se cómo pero el agarró condones, el los tenía.

¿Lo hicieron solo una vez?

No, lo hicimos tres o cuatro veces.

¿Usaron condones todas las veces?

Siempre con condones.
Dime. . . ¿lo habrías hecho con él si no hubiera tenido condones?

Si el no hubiera tenido condones, honestamente, lo habría hecho.

¿Cómo es que la gente agarra condones?

Es común que la gente use guantes de hule, de los de limpiar. En la calle siempre me protegió.

¿Te puedo preguntar qué es lo que hicieron? ¿Hubo penetración?

Sí, yo lo penetré . . . y el a mí.

¿Hicieron algo más?

No, solo hubo penetración y nos agarramos cada uno y nos besamos.

Creo que es muy importante que haya un programa para convictos en la calle, como un "halfway-house" para gente que van a salir pero que no tienen un lugar. Aquí hay gente que no les gustan los homosexuales, pero el mundo es distinto. Tener un programa para gente que van a salir y que les ayude a salir del closet para que puedan "catch up with the times" También que ofrezcan ayuda.

Yo, por ejemplo, necesitaría SSI. Yo perdí un ojo en prisión y tengo una enfermedad de que me gustan los hombres. Yo quisiera poder entrar a programas o recibir educación. Y hay los beneficios que debería de tener.

Yo he visto un muchachito bonito en una prisión y otros inmantes lo agarraron de juguete. Se necesita tener algo para ellos al salir. Decirle a los jóvenes la droga no es la cosa.

El halfway house sería de ayuda y apoyo. Yo he visto tantos jovencitos en la calle en SF.

Tengo 27 años. Siempre he vivido en la calle. Me vendí de cuerpo cuando me corri de la casa. Desde los 12 años. Yo nunca sabía nada de eso pero me dijeron quieres ganar dinero y comenzé a venderme. Pero un día dije, ya basta y entonces quise buscar trabajo. Pero entré en la droga. Pero soy afortunado de que nunca nadie me abusó. Yo lo hice para sostenerme mi vicio.

Yo espero que mi testimonio ayude a otros jóvenes. Yo fui abusado como niño - no sexualmente - pero me pegaban mucho después de que mi mamá murió cuando yo tenía tres años. A mí no me gusta que le peguen a un niño.

Gracias por compartir cosas tan íntimas conmigo.

¿Crees que yo pueda contactar a la gente del estudio al salir? Me gustaría mucho hacer algo. Yo salgo en julio.

Pues, yo no podría decir, por lo de la anonimidad. Pero yo les voy a preguntar y si ellos lo consideran prudente te dirán a través del sargento. Pero yo no puedo decir nada sobre si eso sería posible.
Second Interview

II.1  a) They've got a release class here. The class teaches people to get adjusted and to face what they're going to find out there. The information is drivers license, job interviews, what kind of help they'll get from the parole officers and the state, benefits they can get. It does help a lot of people. I've been in those classes before. I'm a repeater. I've been back for using narcotics. That's my downfall.

b) I didn't understand the question. There's a lot of talk that this place helps some inmates but others don't want to take the help. Over time you realize that the classes actually help.

c) If there's trouble, that something is going to start, and people are talking: this is going to happen, etc. I stay away from stuff like that. I don't get involved in rumors and stuff like that. The best to do if you are in a group like that is to approach the matter and resolve it before it gets bigger.

I.2 Myself. I think about my wife, mother and relatives. I think about how I can change myself to be better and show them that I'm a different person. My downfall is doing drugs. I'm a repeater and my mom has to put up with a lot of this. My brothers and sisters have been in here too. The best is to have the will power to stay away from drugs. It just takes one time to be back in. I've told my family that I want to be good and stay away from drugs. I hate to be called a liar. It makes me feel bad.

Maybe people could be put into programs for violations instead of being sent back to prison. Once you start on drugs, it's easy to break the parole. They should work with us, give us a chance, instead of sending us back.

II.3 To start off where they left off -- with the kinds of problems that they had before. They want a new opportunity.

II.4 I like to live. I enjoy this life whether it's in here or out there. I am not a suicidal type. I have the will power to live, to look for the next day.

III.1 It's very dangerous, very catchable, by using needles or having intercourse with women or men, especially being a drug addict. I took the test in January here and I haven't got any results, which means that I don't have it. Now that I'm getting out, I'm thinking of taking the test again. They told me that the virus might not show. I don't want to give it to my wife if I have it. We will have both a test when I go out.

III.2 It's a very good idea to take advantage of it if you use an outfit. Many inmates are scared because they don't know how to act if they test positive. There is a separate unit where they keep
all the HIV-positives. They think if they test positive they give up their right to be in the general population, because HIV-positive people here don't have much except the gym. If they are going to do time, they want to do it in the open, in the main population. They're afraid of finding out they are HIV-positive.

It's a good idea to have places here and out there to go get a free test [he didn't know of the Alternative Test Sites].

III.3 Just like a normal basis, we talk and bullshit and say a joke and then we start talking and . . . be careful out there. It comes up in conversations with other people. It's not something that is put in a shelf. It's here and people know it's here an tripping about it.

III.4 If you don't have the virus, it's having safe sex with a wife. If you meet a woman, she's going to ask you if you have it, I'm sure. To be clean. To tell people to watch out, wear a condom, watch what you do with drugs, outfits.

III.5 Yeah. Using condoms and stuff like that to prevent? Yeah. But it would be more satisfactory to me and my wife to know we don't have it and don't need those instruments. And in order to know that you have to take the test, right?

III.6 It's a no-no. It's very bad. They say bleach cleans out the outfit but I'm sure if a person is using narcotics, and has friends around, will be using more than one outfit. Have a bottle of bleach just in case you want to share the outfit.

III.7 Talking about myself, if I plan to use an injection I'm going to get anew outfit. I hope that all convicts would do that instead of going around the corner and using some other's outfit. They're not hard to come around: people sell them for 1 or 1.50, brand new ones. All it takes is a few minutes.

III.8 Yeah. Again, he knows he's going out to the world where there's lots of sickness and thinks "i don't want to catch anything." I hope he uses his brain instead of just jumping in.

Sure, many of us have been here for a while and want to have sex with a woman, but we all think we don't want to catch something. It takes a few minutes to think what you want to do, to not catch something. There's a time for everything.

IV If people don't have a fiancé of woman they will look for friends and get connected to a girl or go get a prostitute, but then they're looking for a chance to catch some shit by going to those women. If he's smart, he would have condoms. If he's too much in a hurry, he might get himself in trouble. It's up to the person.

If the state was really wanting to help us, why don't they give them [condoms]. When people leave they could give them some condoms.
It's easy both ways. You can get condoms right away, before you have sex. But it's also easy to go have sex right away.

When you let them go, you have to help them. Whether you use them [condoms] or not use them that's up to you. They could scare them a bit and say "if you want to leave . . ."

V. One way is for an inmate who will be using drugs usually has to go buy syringes. Maybe one of these days they could supply us syringes free, and give us a card and register at the health department and say that we use narcotics. The health department could give us outfits and condoms. But they say it's against the law to be carrying an outfit. The law has to do with this. As long as they go to the health department and prove that they are narcotics users and have an ID. How come a normal drug addict can't have a card to get checked and get condoms similar to the ones prostitutes have.

A person that has diabetes has bags of outfits. They go over to the drugstore and get a bag. If we had a card we would have the responsibility to take good care of the outfits. If they catch us selling them, that's a different matter and then the law has to take care.

Back to IV.

If the inmates have a girl to pick them up, from here to there they could stop at the store. Or maybe she might have one [condom] already. But if San Quentin gave you condoms, that would take care of it right there.

The only way to get the virus is by having intercourse. Man, let's see. I don't know of any other ways of stopping HIV unless you have a condom. Unless a girl gives you head but that's not having sex.

It's all a waiting time. With all the bullshit that goes in here, when you are about to get released you know what you want to do: go home, etc. I just hope that people give it a little hope before they get involved in drugs or sex. You know man, I will leave here in nine days.
January 10, 1992

TO: San Quentin Prison Project

FROM: John Peterson
Lee Middleton

RE: Focus Group Questions

Unfortunately, I have a previously scheduled meeting which conflicts with these meetings on alternating Fridays. However, Lee will be able to attend each meeting to represent both of us. We are interested in this pilot project to use the pilot data in a competing renewal of our current RO 1 on risk reduction among African American gay/bisexual men. Obviously, the renewal will not be limited to gay and bisexual men but will also include heterosexual men. However, we will limit the proposed study to African American men. It will be an intervention study to reduce high risk sexual and injection behaviors among Black male inmate populations.

Beyond the focus group plans, we have a few general questions regarding the design of the pilot instrument. 1) will the prison officials agree to strict confidentiality of the results? 2) will they give permission to inquire about sexual or drug behavior in prison? 3) If so, will we be allowed to report those data in our results? Also, we would like to pilot an intervention during Summer 1992 to conduct a process evaluation of the intervention planned.

The categories and actual questions we suggest for including in the focus group are listed below.

BEHAVIORS

1. Do any men whom you know ever "shoot up", get tattooed, or take steroids for weight lifting? If so, do you know if they have shared their "works" or "tools"? If so, have any of these men "cleaned their "works" or "tools"? If so, what have they used to clean them?

2. Do any men whom you know have sex without a rubber with more than one female? If so, have any of them had sex while drinking or using drugs to the point of becoming "high"?

3. Do any men who you know have sex without a rubber with another male? If so, have any of them had sex while drinking or using drugs to the point of becoming "high"?

BARRIERS

4. Do you think there are any problems men you know have in getting rubbers if they wanted to? If so, what are some of those problems?
5. What do men and women you know think about using rubbers themselves when having sex?

6. What do men and women you know think about people who use rubbers when having sex?

7. Are there any problems that men who know would have with their sex partners asking them to use a rubber during sex?

8. Is there anything you think could be said to get a person’s sex partner to let them use a rubber?

9. What do men you know think about rubbers keeping them from getting AIDS or other STDs (diseases caught through sex)?

10. Where do the men you know go to keep up with what’s “hip” or “in” for the latest style or fashion or the latest “happenings” in the community?

11. Do you think there are any problems that men you know have in getting new “works” when they “shoot up”? What are those problems? (Questions 5-10 repeated but replacing questions about rubbers with questions about cleaning one’s “works”.)
Appendices

Report Number Four:
HIV Disease in Correctional Facilities
March 1991

1. The U.S. Public Health Service should develop guidelines for the prevention and treatment of HIV disease in all federal, state and local correctional facilities. Immediate steps should be taken to control the subsidiary epidemics of tuberculosis and sexually transmitted diseases. Particular attention should be given to the specific needs of women and youth within all policies.

2. Given the dearth of anecdotal and research information on incarcerated women, incarcerated youth and children born in custody, federal and state correctional officials should immediately assess and address conditions of confinement, adequacy of health care delivery systems, HIV education programs, and the availability of HIV testing and counseling, for these populations.

3. To combat the overwhelming effects which drug addiction, overcrowding and HIV disease are having on the already severely inadequate health care services of correctional systems nationwide, a program such as the National Health Service Corps should be created to attract health care providers to work in correctional systems.

4. The Department of Health and Human Services should issue a statement clarifying the federal policies on prisoners' access to clinical trials and investigational new drugs. In addition, the Food and Drug Administration, in conjunction with the Health Resources and Services Administration and the National Institutes of Health, should initiate an educational program directed toward informing inmates and health care professionals working in correctional facilities of the availability of investigational new drugs, expanded access programs, and applicable criteria for eligibility of prisoners in prophylactic and therapeutic research protocols.

5. Meaningful drug treatment must be made available on demand inside and outside correctional facilities. Access to family social services and nondirective reproductive counseling should also be made available with special emphasis on the populations of incarcerated women, youth and children born in custody.

6. Prison officials should ensure that both inmates and correctional staff have access to comprehensive HIV education and prevention programs. Particular attention should be paid to staff training on confidentiality and educating inmates about the resources available in the prison setting that may be employed to reduce the risk of infection.

7. The burden of determining and assuring standards of care has largely fallen to the courts, due, in part, to the failure of the public health authorities to take a leadership role in assuring appropriate standards of health care and disease prevention for our incarcerated populations. Bar associations and entities such as the Federal Judicial Center must, therefore, establish programs to educate judges, judicial clerks, and court officers about HIV disease.
January 29, 1992

Barbara Marin, Ph.D.
Department of Medicine
Box 0886

CONTINGENT APPROVAL of: AIDS Prevention in a State Prison Population

Dear Dr. Marin:

During the meeting of January 9, 1992, the Committee on Human Research reviewed your new application. No work should begin on this study until final approval has been issued. Final approval of this application is contingent upon your response to the following:

First, as both the CHR Full Committee Cover Page and Appendix G of the Guidelines for Research Involving Human Subjects at the University of California, San Francisco (October 1987) indicate, prisoners are considered a special subject population and, as such, additional human subject protection must be applied to this group. All applications regarding prisoners are subject to review by a Research Advisory Committee within the Department of Corrections (CHR Guidelines PART XII:83). In addition, as is always requested by the CHR when another institution is involved in a study, a letter of support from the authorities at San Quentin State Prison endorsing the project is requested.

Second, when they become available, please submit copies of all non-standard questionnaires and survey instruments. In this case, the AIDS prevention survey for study #1, and study #2 assessment questionnaires should be submitted to be included with the file for this study.

Third, in order to better protect subject confidentiality, the CHR does not typically ask that a subject sign a consent form for participation in a study that involves only the completion of a questionnaire. Rather, verbal consent plus a brief paragraph at the beginning of the questionnaire or an information sheet covering the elements of a consent form is usually considered adequate. If it is not required by the prison or the state for these subjects to sign a consent form to complete the survey, the members asked that you consider revising this aspect of your study. Please address this point in your response and revise Appendix A (labeled "Information Form to be Handed out to Participants in Survey") if appropriate.

Fourth, because this study takes place in a high security environment, the investigator should clarify if prison staff (in addition to UCSF investigators) would be present during any part of the study procedures. If additional staff will be present during any part of the study procedures, subjects should be informed of this fact in the consent form and the investigator should clarify what steps will be taken to protect subject confidentiality.

Fifth, in future submissions of this protocol the Risks section should include the risk of possible loss of confidentiality.
Sixth, the following changes should be made in Appendix B ("Information/Consent Form to Be Given to Potential Research Participants"):

a) Although headings are not required in consent forms, they do make the consent form easier to read and refer to. It was suggested that you use the following headings: Purpose, Procedures, Risks and Discomforts, Benefits, Alternatives, Questions, Consent.

b) The members commented that the "Promise of Confidentiality" is very unusual and, of course, not legally binding. They thought it might be more appropriate to include this information as a procedure, i.e., "I must not associate any specific comment made by anyone during group discussions . . . ."

c) A brief statement should be added describing the risk that another member of the focus group may reveal something that was said in the group, although everyone will be asked not to do so.

d) When you have incorporated these changes, please place the date in a lower corner of each page of Appendix B. This date will make record-keeping easier for both of our offices.

Finally, although the major objective of this study is to promote AIDS education and prevention in Hispanic groups, the members were concerned that the control group (in this case Black and Caucasian subjects), would receive a less effective intervention than the Hispanic subjects. Please clarify in your response if all ethnic groups will benefit if they choose to participate in the study. It is hoped that culturally appropriate AIDS interventions, if identified from this research, would be utilized in future studies for all groups.

As an aside, one member had some concerns she later expressed in a letter. I am enclosing her comments as a point of interest; however, you need only respond the points raised above.

Please submit five copies of your response and revised consent forms and information sheet, as appropriate, to Box 0962. When these have been received and accepted, final approval will be issued. Any unaccepted consent forms/information sheets in your files should be destroyed to prevent their accidental use. If you have any questions, please call the office of the Committee on Human Research, 476-1814.

Sincerely,

Reese T. Jones, M.D.
Chairman
Committee on Human Research

rlf/skf
Enc: Letter to Chair from member
Reese Jones, M.D.
Chair
Committee on Human Research
U.C.S.F.
Box 0616
San Francisco, CA 94143-0616

Dear Reese,

I have been concerned, since the January 9th meeting of the CHR, that I did not adequately articulate my concerns about Barbara Marin's study of Hispanic inmates at San Quentin. I believe that the goal of the study is laudable, that the investigators have the best of motives, and that this study could yield useful results and lead to more research and additional education which is certainly needed within the largely neglected prison population.

This is a study which will not benefit the subjects themselves, although it is hoped that it will benefit a subset of the general prison population: Hispanic inmates who receive a targeted AIDS prevention intervention which will be developed and assessed in the course of this study. Indeed, the Hispanic inmates who receive the intervention in the second part of this study may benefit if the intervention is shown to be more effective than the standard AIDS prevention education which all inmates evidently receive prior to release.

Fully informed prospective subjects may have a number of motivations for participation in the focus groups in this research: potential benefit to others, desire to talk about these issues, curiosity, relief from boredom, change of routine, and undoubtedly other reasons. For Hispanic subjects, the added motivation is closer to home: potential benefit for their group, for those they identify with, for those they might most want to benefit, for themselves, perhaps, if they participate in a valuable intervention.

Similarly, fully informed prospective subjects may have a variety of motivations for not wanting to participate: it won't do them any good for themselves, they don't want to discuss these issues, other inmates will repeat what they've heard, they just don't care, or they don't want to be background information for a program which will help a population other than their own. You noted during the discussion of this protocol that Dr. Marin's study design would separate the
focus groups by ethnicity, and that there may be tensions or rivalries between groups. That is true, and if a rivalry or gang affiliation or racial hatred provides the basis for an inmate's decision not to participate, we may not like it, but we cannot withhold the information which would enable him to make that decision. By asking white, black, Asian and Native American inmates to participate in a study which will help inmates be better informed about AIDS, the investigators are clearly implying that white, black, Asian and Native American inmates will be helped.

Dr. Marin's goal is to develop a useful intervention for Hispanic inmates, for which, she says, she needs data from other ethnic groups in order to isolate factors specific to the Hispanic population. I believe she needs to inform all of her prospective subjects of this, and I believe that she can still get them to participate by saying a little more: that it is hoped that once (or while) a successful educational program for Hispanics is created, that program and the information the other groups have provided can also form the basis for the development of educational programs targeted to those other groups.

The fact that Dr. Marin should be commended for her willingness to go into a prison and conduct a useful study of an underserved population cannot justify a failure to fully inform subjects. Indeed, prisoners are more susceptible to exploitation than the general population, and particular care should be taken to insure their protection. This concern applies as well to informing subjects in the second part of the study that while all receive the standard release information, only half will receive the experimental intervention which will then be evaluated.

The investigators might also be wise to recognize that the general population of inmates will learn the details of the study, including the purpose to develop an intervention for Hispanics, in very short order. It is worth considering how any perceived deception could affect the credibility of this group of investigators and any later study team.

San Quentin appears to have been chosen as the site for this study because of its proximity to San Francisco. Apart from death row, San Quentin now serves largely as a reception center where inmates may be evaluated before being transferred to other institutions. While some inmates serve their terms there, much larger and more representative Hispanic populations are housed at Soledad and Tehachepi.
Finally, Dr. Marin might gain some useful insight and information by discussing her study with a staff member of the Prison Law Office or other prisoners' advocacy group.

Best regards,

[Signature]

EAZ:ms
A. Specific Aims

The objectives of this proposal are to increase knowledge regarding HIV transmission and change attitudes toward antibody testing, using condoms, IV-drug use, tattoos, and multiple sexual partners among incarcerated Hispanic men. Secondary gains may be the decrease in high risk behaviors, and potential decrease in recidivism rates among this group.

This project will develop, implement, and assess the feasibility and acceptability of a culturally-appropriate HIV risk reduction intervention for Spanish-speaking Hispanic men in correctional institutions in California. A prevention curriculum currently being used in correctional facilities in Washington, D.C. will be adapted for the specific needs of the San Quentin population.

1. We will conduct basic research (i.e., focus groups and anonymous surveys) with Hispanic males currently incarcerated at San Quentin and attending ESL (English as a Second Language) classes to identify the cultural factors related to seeking antibody testing, using condoms, IV-drug use, tattoos, and avoiding multiple sexual partners among this high-risk group of men.

2. Based on this research and the Washington D.C. curriculum, we will develop culturally appropriate interventions in Spanish to promote changes in information, norms and attitudes toward antibody testing, condom use, IV-drug use, tattoos, and avoiding multiple sexual partners among Spanish-speaking Hispanic men in correctional institutions.

B. Methods

Hispanic men participating in the ESL classes in San Quentin will be asked to participate in the different stages of this project.

Initial Data Gathering

Focus groups will be conducted by a male group leader in the ESL classes to gather initial information which will assist in the development of culturally-appropriate materials. Surveys will also be distributed to both ESL classes for data collection.

Implementation and Assessment

Culturally appropriate interventions will be created based on information gathered. These might include formats such as psycho-educational groups and written materials. These interventions will be implemented and assessed for their effectiveness in the ESL classes.
Plan of Action

Phase 1

<table>
<thead>
<tr>
<th>Plan</th>
<th>Time Frame</th>
<th>Responsible Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distribute AIDS Knowledge Survey to both ESL classes.</td>
<td>Per ESL teachers' discretion</td>
<td>ESL Teachers</td>
</tr>
<tr>
<td>Input survey data</td>
<td>One month following data collection</td>
<td>R. Juarez, UCSF, CAPS</td>
</tr>
<tr>
<td>Analyze Data</td>
<td>One month following data collection</td>
<td>Dr. B. Marin, Dr. C. Gomez, UCSF, CAPS</td>
</tr>
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Phase 2

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<th>Plan</th>
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<th>Responsible Person</th>
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</thead>
<tbody>
<tr>
<td>Begin weekly focus groups in ESL classes</td>
<td>Four weeks for 1.5 hours per session, per class (Sept., 1991)</td>
<td>TBA-supervised by Dr. C. Gomez, UCSF, CAPS</td>
</tr>
<tr>
<td>Input data from focus groups</td>
<td>10/91-11/91</td>
<td>R. Juarez, UCSF, CAPS</td>
</tr>
<tr>
<td>Analyze Data</td>
<td>11/91</td>
<td>Dr. B. Marin, Dr. C. Gomez, UCSF, CAPS</td>
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Phase 3

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<th>Plan</th>
<th>Time Frame</th>
<th>Responsible Person</th>
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<tbody>
<tr>
<td>Provide AIDS/HIV prevention intervention to ESL classes</td>
<td>2-3 sessions for 1.5 hours per ESL class. (Dec., 1991)</td>
<td>TBA, UCSF, CAPS</td>
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<tr>
<td>Administer post-intervention survey to ESL classes</td>
<td>During final intervention session</td>
<td>TBA, UCSF, CAPS</td>
</tr>
<tr>
<td>Input data from post-surveys</td>
<td>1/92-2/92</td>
<td>R. Juarez, UCSF, CAPS</td>
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<tr>
<td>Analyze Data</td>
<td>2/92</td>
<td>Dr. B. Marin, Dr. C. Gomez, UCSF, CAPS</td>
</tr>
<tr>
<td>Final Report to Chief Medical Officer, San Quentin State Prison</td>
<td>3/92</td>
<td>Dr. B. Marin, Dr. C. Gomez, UCSF, CAPS</td>
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ABSTRACT

Significance. In California, where 17% of the nation's adult incarcerated population resides (100,000 on any given day), Latinos represent 26% of the population, while accounting for 31% of those in prison. Latino inmates released back to society face many challenges including past and current susceptibility for becoming infected with HIV. This study will evaluate the impact of a culturally-appropriate HIV prevention intervention for Latino inmates who are nearing release from prison.

Method. A total of 200 Latino men who are inmates at San Quentin prison and scheduled for release within one month will be recruited. The first 100 Latino men served as controls and received a baseline interview and follow-up interview one month after release from prison. The subsequent 100 Latino inmates are being recruited and receive a baseline interview, one-hour HIV prevention intervention and follow-up interview. The instrument measures condom and drug use history, self-efficacy to use condoms and clean needles, and scales measuring sexual discomfort, cultural gender norms, coercive sexual behaviors, and sexual socialization.

Preliminary Results. To date 85 controls and 38 intervention participants have completed both baseline and follow-up interviews. Over half have less than a high school education, 58% are under 36 years of age, 30% are married and 77% are serving 12 month or less sentences. Behaviors reported from participants:

- 50% of all inmates had sex in the first 12 hours after release from prison
- 30% of all inmates have had multiple partners in the brief period since leaving prison
- 40% of intervention group vs. 30% of controls used a condom during the first sexual encounter after release
- 57% of intervention group vs. 34% of controls carried a condom on release day
- 8% of intervention group vs. 13% of controls injected drugs on the first day of release
- 13% of intervention group vs. 39% of controls have shared needles since release

Conclusion. Preliminary findings underscore the need for culturally specific HIV prevention intervention strategies for Latino men in prison. Intervention effectiveness will continue to be evaluated, but early findings are encouraging.
Date: January 13, 1992
To: Prison Health Group at CAPS
From: Patricia E. Evans
Subject: Questions for the Prison Questionnaire and/or focus groups

1. Who introduced you to using drugs and why did you begin?
2. Why have you continued to use drugs?
3. What could get you off of drugs permanently?
4. Have you ever recruited new drug users and why?
5. What is it about individuals which makes them open to using drugs?
6. When you began using IV drugs, were you:
   __ Never married    __ Married
   __ Separated       __ Divorced
7. Check off the specific events which you experienced within two years of starting IV drug usage:
   __ Divorce    __ Arrest/jailed
   __ Loss of job __ Major financial loss
   __ Death in family __ Ill health -- self
   __ Death of parent __ Ill health -- family member
   __ Moved residence __ Eviction
   __ Lost property __ Loss of Friend(s)
   __ Disaster (such as fire, auto accident, etc.) Specify Disaster: ____________________________
Judith,

Here are our set of questions we were thinking of for the prison focus groups. The language will need to be made more applicable to the population.

Intro theme: Sex after prison
Do most guys have sex soon after they leave prison?
Where do they find their sex partner?
Do most plan to have many sex partners or are they returning to a specific sex partner/relationship?
How do you re-establish relationships with a sexual partner?
Will there be issues with your partner, like their concern about what you’ve done in prison?
Can you go back to an old relationship asking to use condoms now?
If the sexual partner is IVDU, how will this affect the guy returning from prison?

Condom Specific Themes: 
If you weren’t using a condom, how would you avoid being with someone that might have HIV and give it to you?
What might be reasons for not using a condom?

Testing/In-prison Theme:
Thought on HIV testing- why yes, why no?
Where would you go for testing? why?
If you knew you were HIV+, would you tell the prison staff? Why?
What about the guys inside who are HIV+, what are your feelings about them?
Do you think you could get HIV from someone in the prison? How?
What do you think about the HIV unit they have here?

Intervention Theme:
What could be said to the guys to make sure they use condoms once they’re released?
Should everyone be taught how to use a condom?
What would be the best way to teach condom use?
SAN QUENTIN PRISON PROJECT

FOCUS GROUP QUESTIONS

TO: JUDITH ROSEN
FROM: LEE MIDDLETON AND JOHN PETERSON

The categories and actual questions we suggest for including in the focus group are listed below:

BEHAVIORS:

1. Do any men whom you know ever “shoot up”, get tattooed, or take steroids for weight lifting? If so, do you know if they have shared their “works” or “tools”? If so, have any of these men cleaned their “works” or “tools”? If so, what have they used to clean them?

2. Do any men whom you know have sex without a rubber with more than one female? If so, have any of them had sex while drinking or using drugs to the point of becoming “high”?

3. Do any men who you know have sex without a rubber with another male? If so, have any of them had sex while drinking or using drugs to the point of becoming “high”?

BARRIERS:

4. Do you think there are any problems men you know have in getting rubbers if they wanted to? If so, what are some of those problems?

5. What do men and women you know think about using rubbers themselves when having sex?

6. What do men and women you know think about people who use rubbers when having sex?

7. Are there any problems that men who know would have with their sex partners asking them to use a rubber during sex?

8. Is there anything you think could be said to get a person’s sex partner to let them use a rubber?

9. What do men you know think about rubbers keeping them from getting AIDS or other STDs (diseases caught through sex)?

10. Where do the men you know go to keep up with what’s “hip” or “in” for the latest style or fashion or the latest “happenings” in the community?

11. Do you think there are any problems that men you know have in getting new “works” when they “shoot up”? What are those problems? (Questions 5-10 repeated but replacing questions about rubbers with questions about cleaning one’s “works”).
Date: January 17, 1992
To: Prison Health Group at CAPS
From: Judith Rosen
Subject: Questions for the Prison Questionnaire and/or focus groups

1. Have you done anything in particular to stay healthly or fit while you were here?

2. It's hard to get along and survive here inside. Did anyone help you out? Do you feel you have people you can count on to help you out?

3. Do you have people, friends or family, that you can count on to help you out once you're outside?

4. Will you be able to see a doctor or get some kind of health care once you're out?

5. Place these problems in order of importance to you:

   Violence
   Homelessness
   Not having a job
   AIDS
   Divorce
   Legal problems
Types of Fem Groups

Ethnic Group

[INDO Group]