**Mass incarceration and its adverse impact on imprisoned constituents with HIV/AIDS**

**Introduction**

Throughout this decade, the mass incarceration phoneme has been widely discussed by numerous legal scholars; resulting in contemporary policies written into law at both the federal and local levels. Of note, a laborious amount of work is still merited to redress a myriad of disparities and social determinates. Hence public health practitioners, elected officials, academicians, and legal advocates to date continue their discourse in implementing solutions to dispel disparate outcomes for individuals caught in the web of the American criminal justice system. Of which, historically vulnerable communities such as African-American’s, Hispanics, and the indigent are subject to adverse impacts such as greater risk of an HIV/AIDS prognosis/diagnosis. With this intention, this narrative will attempt a cursory analysis of incarcerated individuals living with HIV/AIDS and fiduciary policy that effect efficacy of health outcomes. Additionally, a brief assessment of socioeconomic variables which proliferate the risk of imprisoned constituents will be discussed within the literature.

**U.S Prison Population by Demography**

Chiefly, incarcerated citizens diagnosed with HIV/AIDS is a constituency which could benefit immensely from culturally competent stratagems. The sub-groups primarily affected are African-American and Latino(a) individuals. According to data from The sentencing project (2017) Blacks make up 67% and Hispanics 32 % of the U.S. prison population. Similarly, African-Americans make up only 12 % and Hispanics account for 18 % respectively of the United States populous. Consequently, a prodigious amount of African-American and Latino(a) individuals have been systemically targeted and inauspiciously affected by the American penal system (Alexander, 2010). Notably, nearly 33% of African-Americans are convicted of non-violent offenses (NAACP,2015). Therefore, in terms of HIV/AIDS, the high propensity of incarceration imperils many minorities and places them at greater risk of contracting the disease (Lichtenstein, 2009). According to recent data, the risk of infection of incarcerated persons should not be ignored as nearly 2 % of all inmates have HIV or AIDS which is a 25 % higher prevalence rate than that of the general population (et. Westergaard, Spaulding, Flanigan, 2015).

**Correlating the Outcomes**

Moreover, voluminous empirical studies suggest that the commonality of pernicious outcomes relevant to incarceration and HIV/AIDS is the paucity of pecuniary resources. To that end, one could argue that without monetary options, access to basic essentials is severely limited as requisite living standards such as adequate housing, transportation, and health care are not amenable. Furthermore, preventive treatment regiments are often stymied due to the lack of government funding or personal fiscal capital. Markedly, efforts to assuage social discrepancies could begin with increasing access to public health within marginalized groups. Thus fostering optimal solutions as it pertains to alleviating economic and social inequities.

**Hegemony and its inauspicious impact on Social Services and Public Health Investment**

Notwithstanding, perhaps the most arduous deterrents are hegemonic proclivities which often favor individuals higher on the socioeconomic ladder. Government budgets are an example of this assertion, given dedicated appropriations for public health epidemics such as HIV/AIDS are nominally funded. Consider the notion of the U.S. governments median Fiscal budget of $28 billion expended on HIV resources (U.S. Department Health and Human Services, 2018). Comparatively, the equal justice initiative (2018) estimates mass incarceration expenditure at $182 billion annually. Effectively allocating a largesse amount of funding to the penal system, but arguably missing the mark on HIV.

**Conclusion**

Moreover, the trend is not conducive to robust public investment of social services which further contributes to obdurate inequalities. Nevertheless, there are still viable investment methodologies that public sector administrators can adopt to ensure equity. Bivens (2012) asserts that augmenting public investment to $250 billion annually for the next decade could increase Gross Domestic Product (GDP) from 0.9 to 2.8 % percent. As a result, the investment would grow the economy while correspondingly mitigating public health issues such as HIV/AIDS. However, public investment alone will not suffice; albeit, collaborative community efforts, in addition to fervid public education campaigns are essential to understanding challenges the incarcerated and those infected by the HIV/AIDS pandemic endure. In sum, there are plausible solutions to address the HIV/AIDS incarceration crisis as mentioned in this literature. Therefore, much work still needs to be done to get to “zero,” (AIDS Foundation Houston, 2018). Accordingly, assessments such as these can serve as the catalyst to bridging the gap.

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