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**Laura Browder:** Are we good to go?

**Woman 1:** We are totally good to go, Laura.

**LB:** Okay! Perfect.

**Jihad Abdulmumit:** I have a little cheat sheet of some stuff I ran off in case I have to reference it.

**LB:** Okay

**JA:** Would it make a difference if I referenced it or looked at it? I can see... Well it depends on... Only if you ask me a certain statistic about prisons, but if you don't then...

**W1:** Remember, we're gonna be editing.

**JA:** Oh I see.

**W1:** So, you know, if you need to look down, just look down.

**JA:** I don't have a problem lookin' down, I'm just worried about on your side of the offense.

**W1:** You can just start talkin' to Laura once you get your statistics together. 'Cause the editing should cover the look down.

**LB:** Yes. So that's cool. But Jihad, can you just start by telling me your name and the date?

**JA:** Oh, my name is Jihad Abdulmumit and today is October the 6<sup>th</sup>, 2017.

**LB:** So, tell me something about how you grew up, where you're from.

**JA:** I am from... I was born in Somers Point, New Jersey, which is right outside Atlantic City. In 1954. I'm 63 years old. I was raised mostly in Plainfield, New Jersey, which is a little ways from Newark, New Jersey, as a child...raised by mother and my stepfather, have one brother, went to the schools and Plainfield High School, and ended up getting my GED 'cause I went to jail in the 12<sup>th</sup> grade. After that I moved to New York.

**LB:** Tell me about jail in the 12<sup>th</sup> grade. Tell me about moving to New York. 'Cause I know you had a pretty eventful time.

**JA:** Yes indeed. It was. Well when I was sixteen years old I joined the Black Panther Party. In Plainfield we did all the classical things that the Panther Party did. Breakfast program—so I was flipping pancakes and bacon and eggs for the kids going to school, some of them my age, actually, you know, but all volunteers, no internship or anything like that. It's just us doing this because of the need that we saw in the community. We had free clothing drives. We had a food pantry. The Black Panther Party newspaper. And had community education classes, mostly

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history classes, in the community. But then I got arrested, numerous times, for just related work in the Panther Party. So it kind of like took me out of school. I ended up getting my GED, which was much more difficult than going through the 12<sup>th</sup> grade and taking the tests. The GED was real... but I passed it. Matter of fact before all of this started to happen I was an honor roll student. So I did go to school. I always kind of appreciated learning—I still do. And reading. That's the generation, the cultural movements were coming on the [00:02:55 unc. flag?] end of the Civil Rights movement when it was transitioning into a little more militancy, I think it was, at that time. But everybody was like avid readers, you know, poetry, and different authors that so, you know... We'd read a lot. There were no cell phones to distract back then, so to speak. So I just loved that.

Then when I got out of jail, unfortunately, through the just... you know... the hardship of my mother, we got so many threatening calls from actually the Plainfield Police Department... just nonsense calls. So that's why I went to New York. It actually was Rochester, New York. So I won't get you to mistake it with New York City.

**LB:** And so this is around 1971? '72?

**JA:** Yeah. '72. End of '72, beginning of '73, I went to New York.

**LB:** Okay. And tell me about that.

**JA:** It was a very rich experience in New York. Rochester, New York, started this organization called the Rochester Federation of Youth. It became a very, very, very large street organization. Youth from all over. It must've been about a good fifty-some active members. We had our own drill team. We had sold fresh produce in the community, education classes. We had a program where we connected with the schools. Before somebody was expelled from school they would use us as a filter to try to talk to the student. We was almost like advocates for the students... back then.

**LB:** So it was an extension of the work you had been doing with the Black Panthers, sounds like.

**JA:** In a way... maybe not quite as militant.

**LB:** Yeah, yeah.

**JA:** You know? Like that. But mind you now, the time frame, I think we had this conversation before. It's just... so everything we say now has to be put into context of end of the 60s early 70s. So our organization got so large. We just broadly become so beside ourselves with these flamboyant programs and affecting city policy. [00:05:02 unc. mumbling a name?] He was on the verge of getting on the mayor's youth advisory council, which we were starting ourselves. All these type of things and then entered the militancy again about it. 'Cause at the same time, there were different movements in the United States that were trying to carve out five states down South. Whatever they would've been—Georgia, Mississippi, Alabama, Louisiana, and South Carolina—to form a separate government, a socialist government, which was kinda like in line with what the Panther party was doing in 1968. I know I'm talkin' fast about a lot of things.

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So the Republic of New Africa started in Detroit and we had our own constitution. We was gonna try to have a socialist government down South. And so we started robbin' banks to do that, to be honest with you. Eventually I got captured doing one of these expropriations and I got a 43-year sentence and I did 23 years in prison.

**LB:** That's a long time.

**JA:** That is a very long... Well because of the politics behind it. And the judge recognized that. You know? So it wasn't like... At that time people were getting seven-to-ten-year sentences, a slap on the wrist, five-year sentences. But my case was definitely different. But just to put it in a little bit of context—because forty years removed from that makes me look more like a criminal and such because of the attitude and the whole history of those movements I think is consciously and purposefully not talked about, even in academia. So anyway, just to give you an example of how it... it was kind of appreciated what we were doing because at one of my hearings—I use this example a lot—it's that they called in these two gentlemen, white bank tellers, and I'm the only black person in the court at the arraignment. And the prosecutor was so sure that he had the right person. And he asked could they identify me. And they purposely didn't. They both smiled at me and wished me well. I only say that to say that even though people may not have been on that far end of extremism, back then you know, but I think at that age just to capture a little bit... people from the Vietnamese War protest who... you know all kinds of issues that was happening in the streets and in the communities... they were acknowledging why you were doing this and it wasn't directed towards any community.

**LB:** It's so interesting because, you know, when you look at the third period of the common term, right, between 1928 and 1931, their huge slogan was “Black Belt Self Determination.”

**JA:** Right.

**LB:** “The independent black republic in the South.”

**JA:** Right. And we actually keyed off of that a lot, you know. Because of the demographics of the population down south and giving us hope that this could actually be done. If it could be identified as a culturally, politically, socially identifiable group—not to the exclusion of anybody else... 'cause that's one of the unique things about the Panther party, that it was Marxist, Leninist, socialist organization. All bad words today I would imagine, but it wasn't the nationalist organization and such. So it would've been... If it was to be successful, ideally, it would've been a socialist government where the principal's economics would've been totally different. I think the economic piece is important because that's why even in... I don't wanna get off track but I can talk about it forever. Even in the different movements overseas, that happened, even with Nelson Mandela coming out, all these fantastic phenomenal things sort of happening, but because the economic structure wasn't changed, you're actually maintaining the status quo. You're just putting a little more smiley face on it a little more, and a little more of a humanitarian face, of course. But if you can't change that dynamic such as in the United States—of 1% of people holding 90% of the wealth—it's always gonna be the same. 'Cause I'm always asked the question, “Do you see the situation in the prisons, in health care, and this and this, remaining the same?” And I say what Malcom X said. I say that, “A chicken can't produce a duck egg.” The

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system is not designed to produce those type of humitarian [sic.] changes. The pendulum swings back and forth from the Donald Trumps to the Barack Obama's. Donald Trump gets worse and then he gets a little better, but essentially it's gonna always be the same because that's the type of system we live in. That's my take on it.

**LB:** So when you were in federal prison, were there a lot of other political prisoners there with you?

**JA:** At that time, yes. There were.

**LB:** So tell me something about that and then we can get into the...

**JA:** ...the HIV? Okay.

**LB:** The HIV education.

**JA:** Yeah. Yeah. Well actually for the Black Panther party, you know there's a part of that that was the Black Liberation Army, the BLA, and I became a member of that. In prison there were about seven of us when we got there, when I got there.

**LB:** 'Cause you were at Lewisburg, right?

**JA:** Yes. I didn't start in Lewisburg. I started in some faraway place called Oxford, Wisconsin, actually. Yeah, I know. I got... I got beat up by the guards there pretty bad because of some nonsense stuff, but it was all part of the prison experience, just trying to smuggle cinnamon buns out the kitchen in my underwear. And they caught me. And boy did they... You'd'a thought I was broken to Fort Knox. They charged me the... Well actually this scenario happened twice. It happened in Lewisburg too. I got beat up and put in segregation. It was just a [00:11:01 unc.] to Lewisburg. I was actually happy to go because I knew that's where my comrades were. I went there and there was plenty of political prisoners there, even though at that time we didn't... the whole notion of political prisoners didn't... we didn't apply it to ourselves, and it wasn't necessarily applied to us. It was for these more famous cases. I know Huey Newton, Bobby Seale, and all these cases like that that they were in political prison. But we... I'm 16... 18... 19... and 20 years old, and we sell papers and the Panthers do all the grunt work. You get arrested for a robbery, as of such, you're not the political prisoner if it's not a famous case, you know. Ironically the only Panthers that you know today are the ones that got arrested on these famous cases. Otherwise you wouldn't know any. You wouldn't know me. You know, you only got famous because of the case. We didn't actually get famous by name, because of the work we did. Either we got assassinated and became famous as a result of that, untimely death, or we would have such an outlandish case that the media picked it up and now you become famous as such. But a lot of us that actually did the core work—nobody would know. I think the only way I'm being known now as being a part of the Panther party is because I'm the head of this human rights organization called Jericho. I continue to do the work. Otherwise nobody would necessarily know who I was at all.

**LB:** How old were you when you were sent to prison?

00:12:41 **JA:** I was twenty.

**LB:** So that's pretty young to be facing forty-odd years.

**JA:** Yeah they sent me to... When I went to Lewisburg, I was underage... so... but that did not seem to matter. It was like a kinda harrowing type experience because, along with the politics and prisoners... There were a lot of progressive prisoners there, but there was also a lot of ignorant, very predatory, what they call Marxist terminology "lumpenproletariat," you know, street. You know... people were getting raped, which was kind of like unnerving a little bit. I mean they took my gun, you know? I couldn't protect myself. But I think that I was... really God's grace shined on me all the way through my incarceration because nothing ever physically happened to me except for the beatings from the guards. But I was always able to get along very well with the prison population. So even at that young age, even though it was scary to look at the situations, but you know, like I said, praise God, it never came to *me*.... directly. I was not ever the victim and I'm so thankful to have survived on that level.

**LB:** How did you first hear about HIV?

**JA:** People were dying from it. This thing called AIDS... I don't know what it's called AIDS... I don't know what it's called... HIV, as such back then. AIDS was the main headline word, you know. You have AIDS. Withering away and dying. People were dying because of the medicine—the efficacy of the medicine wasn't as such as it is today, obviously. And nobody really knew. The only reason I came across this is just trying to be creative enough to—because I was getting turned down on parole every two years—to come up with a program. And it was myself and it was Mutulu, Dr. Mutula Shakur which was Tupac Shakur's stepfather. We always... you know... we always put our heads together to try to think of something positive to do with the prison population from Kwanza events to all kinds of things. So we thought about the HIV/AIDS awareness program. The administration accepted our proposal at Lewisburg. They had the Red Cross come in and train us, instruct us, and they were very gracious and very... I didn't know anything about it at all. So I learned through them, and we started doing this interface peer group sessions with other prisoners until I became knowledgeable about it. This went on for six or seven years before I was released.

**LB:** So what years would those have been?

**JA:** That would've been from '93ish '94ish to 2000 when I was released.

**LB:** So the epidemic was really in full swing at that point.

**JA:** Right, right. And as we went on we started hearing more on the news about it, obviously, you know, the different things. The Red Cross provided us with so many different videos and informational things about it. You know. So I was really just [00:15:51 unc. soaking? sucking?] in this information. I even wrote a couple of plays about it in prison, and one in Spanish too, 'cause I'm a playwright now today, 'cause I've written over 20-some-odd plays. All of them are original. My wife and I, we have our own theater company here and about... But I started doing

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the playwriting in prison. We wrote a play about HIV and AIDS. What struck me... one profound thing that happened—one of my... one guy that was helping me with the class and became a key actor in the performance, I didn't realize until after the performance, until he was on his deathbed, that he had AIDS. He never divulged that so I was really taken aback that my friend had AIDS. Because of the stigma. Now here you are talkin' about it... [00:16:39 unc.] There wasn't anybody know you had it. That's one of the things that still goes on in prisons today as we might end up talkin' about. So here he is teaching the class about it, being in a performance about it, and the person that's close to him... I'm one of his friends. I never knew he had it. He never even said that. I was shocked, you know.

**LB:** How did you see HIV first start to affect the prison population? How did you all first talk about it? How did you first learn about it?

**JA:** I learned about it through the Red Cross coming in and just... like I said... I'm still a news junkie today, and I'm a avid reader. Reading, paying attention to the news, I still do NPR on the way home, to work, and even when I get here. Democracy Now—I'm on it. So anyway. So anyway I found out through those channels and just through talking to people, which was very enriching to me. But I think most people began to become aware of it through biased ways. That's why the stigma is so profound.

**LB:** So was there anyone in prison with you who was at all open about their diagnosis? Were people getting sick in Prison?

**JA:** Right. People were getting sick in prison. Yes they were. How open they were about it... I guess when it became... I don't know... Except for the friend of mine when he got to his deathbed he said he had it... I don't know if anybody that just openly talked about it. If you found out about it, it was... "Now that you know I might as well just... you know..." But they still were holding it kind of close to their chests. Like I said, because of the stigma. And that stigma exists today still, I think, very profoundly so in prisons and jails. 'Cause I go in there regularly. And I conduct the classes and I talk about stigma. It's very routine for so many people in the group session: "Man I ain't gonna be around the man. Shoot." So many misconceptions about a subject that is so out as far as you would think. And it's from hip-hop to rap to rhythm and blues to folk and country music... classical. On every station they're talking about HIV and AIDS and just awareness campaigns. And just routinely to this morning—I'm just talking to groups that have so much misinformation. And the attitudes about it. Even when the information is correct, the attitudes and the biased-ness and the prejudice towards it—overrides what you even know to be true. You know how you get it. "Yeah well..." So you still will wither and withdraw from somebody that has it knowing that it's not casually passed on. I think the attitudes override even your information. It's just you, you know, and your tripping and such like that. But I don't know anybody that openly talked about it. No. In the sense of them having it.

**LB:** Yeah. So eventually you got paroled, and then what happened? How did you come to work here at the Health Brigade?

**JA:** Right. Well, in prison, I became a jailhouse lawyer, a very good one I might say, and to the point where the administration would allow me to spend extra time at lunchtime to give other



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prisoners advice, make phone calls to their lawyers. I eventually went to school for that. I have a two-year degree as a paralegal. So I had that going on. But when I first came home, all the courses I'd taken in prison, one was in electrical wiring. My parole officer, who was very nice to me, I have to say, I don't know how he was with anybody else, but he was very gracious to me—he's the one who got me a job at that hearing. And my first 72-hour hearing with him, he said... he listened to me... and I'm proud of my history. So I wasn't like... you know... 'cause the question is routinely asked, "Are you working here because you're giving back?" I said, "I'm not giving back anything... 'cause I never took anything away from my community." We defended our community and we provided for people in the community. I work in here because I love what I'm doing. But it's not under the notion I'm giving back because of some criminal conviction that you... So I was proudly telling him my past and it must've captured him in such a way that he liked me. He was intrigued, you know. And I wasn't saying it to impress him. I was just like I'm talking now—just history.

So he went and looked at his papers and he said, "I gotta job for you. I couldn't believe you did it. Let me call this person now." And he gave me a job right away doing electrical wiring with this guy. So I did that for a year. And when my degree came through for my paralegal, I gave my foreman a three-week notice and said, "I'll be leavin'" and I got a job with an attorney here doing legal work in Richmond. That lasted for about a year. And then that came to an end because this particular individual lawyer took a case in DC that was paying an astronomical amount of money which I could talk about that case... but that'd take me way off the course here... but a very interesting case about government intrigue about who's bringing crack cocaine into the communities... but anyway... so... I couldn't go to Washington to stay with that because he moved his whole office there.

I was unemployed for about six months. Around the same time I got married. It was very stressful for me at that time because now I lost my income. I was getting unemployment but you know how unemployment is. And then I got... I read in the paper about it... you know... the Fan Free Clinic, then... Fan Free Clinic was hiring for an HIV counselor and I was like, "I know how to do that."

**LB:** So this is around 2000...

**JA:** 2003.

**LB:** What brought you to Richmond initially?

**JA:** I couldn't go back to New York or New Jersey on parole. They viewed me as a... I don't know what they viewed me as. There was too much going on there.

**LB:** Did you have people in Richmond?

**JA:** Yes I did—friends and people, close friends, yeah, in Richmond. So I came here. I was granted parole here. And I like it here actually. Much slower pace than New York. Slow but not slow. Slower paced in terms of the busy-ness, but not necessarily slow in terms of consciousness. I'd like to make that distinction.

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**LB:** So you read about the job at Fan Free Clinic. You come in. Then what happens? What kind of work did you start doing?

**JA:** Prison work. I couldn't believe it! They hired me almost at the interview. It was like one of them rare occasions like where you're past conviction was a stepping stone instead of a stumbling block. 'Cause the advertisement didn't say that you were coming to do work in prisons—which that's what the job was asking for. I didn't know that 'til I was at the interview. They said, "Well, you know, you have to go into the Department of Corrections facilities."

I readily said, "Well I'm on parole. I don't think I can do that." They said, "Oh. Alright. We'll see." And they saw, and they petitioned the DOC, Department of Corrections, and they said yes, long as I didn't have a drug case. I couldn't believe it. I guess they didn't think I would stick up the commissary. But I was used to make a joke about it. And then I asked my parole officer, who I already said was very helpful to me, and he said, "Yeah. Just don't mess up. I put my trust in you." And obviously I [00:24:13 unc. didn't?] messed up. And I've been coming in. It was so unusual, surrealistic I guess, really, to be coming into a prison and leaving after doing that much time. It was so... still... I respect the fact that I come in and I'm fully aware of my feelings coming in and leaving even after all these times. I've been here fourteen years.

**LB:** Tell me more about your work in prisons. What do you do? Why is it so necessary?

**JA:** From my teenage days as a Panther... I like interacting with the community. I really do. I'm a social person when it comes to that. I like... I guess the functional term now is "outreach," I guess. That's the innocuous term to call it. But I like doing that. So it was a job that's right up my alley. I like explaining things, dealing with social and political issues, health included. And so it was like that ideal job. You know? Okay, so that's kind of like moving me even to this day. I appreciate the environment. The Fan Free Clinic environment was very grass roots, down-to-earth since I've been here, and it's pretty much still the same. I like that. That's what motivates me to stay. Wish I could get paid more but it's nonprofit, I understand that. And what was the other part of your question?

**LB:** Well the question is: why is HIV education so necessary in prisons?

**JA:** Right. Right. Okay. It's important in prisons because like from when I came, when I was there, up until now, today, October the 6<sup>th</sup>—it's the health issues in prison is very important. It's a lot of reason why prisoners do not necessarily receive the best of health. We can go over them if you want. And HIV may not be the worst of it as other type of infections and illnesses are concerned—believe it or not. That's only because of the programs that the government has established for treatment of HIV. A lot of the treatment can be free, even on the street. But it's important. Health is important because we're all human beings, number one. And I know from being in prison that healthcare, general health, and wellbeing-ness, is always a challenge. And HIV... people are dying from AIDS-related illnesses. It's still an open area, a festering wound, that somehow or another just remains so. And because of the [00:27:08 unc. efficacy? effective-ty?] of the medicine today, they went to, "Yay! We're getting there." But now it opens up the door for you to be negligent in other ways now. We can flush that out a little more as we're



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talking, but I think it's still important about prisoner health. And my focus is HIV in prison because I'm knowledgeable about it. But actually it could be other issues also. Because when we go in to do the HIV testing and advocacy for prisoners related to HIV treatment and testing—we also kind of, on the peripheral, advocate for other health issues too if we perceive that they're not getting them... from all the way from sexually transmitted infections, to chronic infections like hepatitis C, or diabetes treatment, and things of that nature. So I think it's... I'm a good fit for that. I'm knowledgeable about it. I've been in prison already. I know the ropes, how it goes. I think I can really navigate through mostly all situations... not that there wouldn't ever be a new situation for me... I'm not arrogant like that. But I know that I can probably navigate through the majority of them. So I'm comfortable. I think I'm a [00:28:20 unc. forceful?] advocate for prisoners. And I think I'm in a good spot to help out like that.

**LB:** So what are the HIV rates in Virginia prisons and jails like?

**JA:** Well they're saying overall HIV, as the United States Justice Department has said for years now, you know, that the HIV rates in prisons and jails are five times higher than in the open communities. And so one reason for that I guess would be because of the concentration of who's in prison. So now... just at the risk of stereotyping anybody, but... the demographics are kind of consistent. Alright, so who's most at risk for contracting HIV? It's usually those in poorer communities. So who may be more at risk for tag for blue collar crime? 'Cause white collar crime lot of times a slap on the hand, you know. Poorer communities... with a whole piece of the hustlin' and the drugs. In poor communities there's a disproportionate focus on the black community. But also in all communities too, in white communities, but disproportionately black people are higher rates. So if you have only 12-15% of the population but you might be anywhere from 40% or so of the prison population. That's disproportionate. You know? And so the same, for lack of a better word, the same risk populations that are in open community find their way into the prison community and now you're concentrated there. The end product of all that is, according to the Justice Department—the HIV rates are five times higher than in the open community.

**LB:** Are there still policies in place which insure that, for example, sexually transmitted diseases will get transmitted more easily in prisons? i.e.: I know they used to not be able to give out condoms in prison.

**JA:** To my knowledge no place does that.

**LB:** Yeah. So, given that, how do you work with HIV education when some of the most basic means to preventing infection, are not available to you as a tool.

**JA:** Right. You just talkin'. That's the thing about talking is that some people may internalize that to change their behavior. And others are just goin' in one ear and out the other. Because it's just an unnatural environment. You're there for 3...4...5 years. So a person wants to have sex so that part of their life... and everybody's different. So based on your orientation, or just things like your mental state, or how horny you are, however you wanna say it, you know—there it is. Same thing. But actually, you know what, it's the same thing in open community too, I mean. So ironically it's that in the community, open community, where you do have the means to protect

yourself, you'd be... well *you* probably wouldn't be surprised... but the... how many people still wouldn't wear a condom. So now you're in an environment where you could, and you still don't. So you compare that with an environment where if you wanted to you can't because there isn't any... So I think it comes down to a person's thinking.

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**LB:** So over time, because you've been doing this now a long time, in and out of prison, what kinds of changes have you seen in people living with HIV or threatened with contracting HIV, in the way they understand their condition? And the way they deal with their condition?

**JA:** Mhm. Well according to... the Department of Corrections now have been mandated that everyone is tested some point and time before they go home. The Health Brigade, used to be the Fan Free Clinic, we help out a little bit by providing that free service. So it's not billed to the Department of Correction because we don't charge, you know. We're funded through the Virginia Department of Health to do this and whatever else. And in the local jails, Henrico County jails, so they'd be taken off their plate, like that.

So I think people... Now that you're mandated, it's hard to say if it wasn't mandated and it was just left up to the individual, can't really say how many people. I suppose when it's mandated now so I guess it's 100% unless somebody falls through the cracks, but 100% testing before you go home as opposed to if it was not mandated. Actually how many people would step up to the plate to ask for an HIV test before they went home? So I can't really say that in terms of the forthrightness of an individual to get tested and be on top of that themselves. Because even when we come in once a month to some of these places... you would think that it would be many more asking to be tested, but there's not. You know?

**LB:** Yeah.

**JA:** There's not. But it's left up to their own volition. Then it's really hard to ascertain how many people would actually be going to get tested themselves. So how many people eager to get on top of their own health, when it comes to HIV infections or anything for that matter until it's almost like you're at the point of like... it's hard for me to determine that.

**LB:** Well that leads right into my next question. Have you seen a change in the way the general population out there understands/ thinks about/ deals with HIV? 'Cause we're talking now about what... 20 years?

**JA:** Mhm.

**LB:** That you've been doing this kind of work in and out of prison?

**JA:** Mhm. Yeah. Well it's hard. I can only speak to the places I go... which is quite a few.

**LB:** Yeah.

**JA:** But there's a lot of... I don't know how many... thirty-some odd prisoners in Virginia? [00:34:34 unc. mumbling] And that's not counting the county jails and such. So we're going to

about eight or nine of them. And then the people that we're able to see... I would think that it is... Even though I say the stigma's still there, so not to contradict that, but I... you know... there is a positive result in the ongoing education where people can generally understand it and deal with it better with those that have it and those that don't, in spite of the stigma that I talked about in the beginning. 'Cause that's still a reality inside and outside.

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So for example if we test somebody and they turn out to be positive, one of the most bizarre comments that somebody would make is...at the end of the initial shock and tears or whatever happens and somebody regroups...they say, "I knew it." Because you would've had to have been living on another planet not to know how to contract HIV today. Without any class, without anybody coming in, you generally know that it comes from unprotected sex or blood transmission through sharing needles. Now you may have a lot of the detailed information incorrect, but you generally know. And the person generally would know after they're given this news of being infected...that...what they were doing. You know? I usually give an example of my... I had a friend when I was a teenager who got his girlfriend pregnant. Now here they are having sex on a... regular teenagers you know... they were goin' for it. And then when she got pregnant, he was like, "How did... How did this happen?!" Are you stupid? You know. That's it. So when I'll be teaching classes I say, "You don't wanna be like my friend. You know? You know how it happens. So I'm saying that to say... getting back on the track. I think that prisoners generally know how HIV is contracted.

**LB:** Now can they get PREP?

**JA:** In prison?

**LB:** Yeah?

**JA:** No. Not in the DOC. 'Cause the reason is that the expectation is... I say not in the DOC because... and I would assume not in any jail neither, but jails have their own autonomy, but I would be surprised to see that happen because it's under the notion that you're not supposed to be having sex. So why are we giving you condoms? And why are we giving you PREP? And why are we doing anything when that's it. You're not supposed to be having sex. They passed a law back in 2010-ish that's a federal law actually. It's called PREA—prevention, rape, something, act... elimination act. You know. None of that. So when you have that type of law in effect, which is for the most part a good law in terms of trying to prevent rape and sexual abuse in prison from guard to inmate...I don't like to use the word inmate...from guard to prisoner and from prisoner to another prisoner and from correction officer to another staff—doesn't matter how it goes, it's, "No, no, no, no, no, no. And this is the punishment." They're very strict on that. So I think given the gravity of rape, inside and outside, that in that regard it looked like that's a good thing. But also you can see where it's going in terms of harm prevention. Everything is so filled with contradictions.

**LB:** Yeah.

**JA:** We learn it in [00:38:16 unc. Marxism?].

00:38:17

**LB:** It's true!

**JA:** Yeah it's true. Everything good? Okay. Then you start realizing the contradictions in it, that it has this bad side. Well, not bad, but it has this other side to it. It affects this. So it's a good, but also it stops this from happening or it precludes this from even being talked about. And about safe sex—you can't stop it but you gonna punish it. There's no such thing as harm reduction. Harm reduction is leading to... and then you get some conservatives, General Assembly, whatever the case may be... and then you go you hit a brick wall.

**LB:** So as an end result there are a lot of people now who are actually contracting HIV while incarcerated—it sounds like?

**JA:** Well, but they say... Yes, no doubt. But they say that, in the majority, the rates are five times more than outside community because of bringing it into the institution.

**LB:** Okay, okay. So that's why.

**JA:** But that doesn't mean people don't contract it inside the prison.

**LB:** Yeah.

**JA:** Right. So just by way of comparison.

**LB:** So how have the treatments changed since you first started working in HIV prevention?

**JA:** Well, they got the cocktails now. You know. I think they're honin' in on the medications, makin' it easier, more palatable to take. Medications are not necessarily as hard on your system as it used to be. I think the funding for it, for the HIV meds, has a unique spot in health care, in the prison and on the street. For example, I'll give you two examples of HIV medicine and treatment. We're able to do HIV testing. Somebody tests positive, we can let the administration know that, and then we collaborate to get medical attention for that person. If they're in this area, then VCU medical center, infectious disease clinic, [00:40:17 unc. they have to tell a man?], they tell it to a doctor, the appropriate medication is prescribed, they're reviewed on a regular basis—seem like a complete package. Alright. As opposed to... hepatitis C.

We don't do hepatitis C testing, even though we do it here at the Health Brigade. Because... one reason... there's probably a lot of reason but they all connected... is that if a person tests positive, which I'm quite sure there's many more people with hepatitis C than HIV, I can guarantee you that. You know. Once we test them positive—okay now what? There's no connecting you with anybody. There's no money for that. The Harvoni treatment alone is phenomenally expensive. And I guess it will be that way for the next eight years now, you know, filling out the ten-year patent on it. We're almost up to, some people quote, \$93,000 dollars, 'cause it's almost like \$1,000 a pill. And so who's gonna pay for that? Department of Corrections? They'll be broke. Even at the best estimate, there's no funding or special program for it. It'll break the back of Department of Corrections—just objectively speaking. Even if you had every doctor and everybody on board wanting to get it for the prisoner and all of that—it's

00:41:29

still gonna be a question of finance and economics. You're gonna hit a brick wall somewhere. And to the government, state government or whatever, find and establish a program to alleviate the cost of that and allow it to be administered. Other than that you're gonna be vetted out in a very stringent way. And that stringent way is gonna come with, obviously, medically, just what genotype are you, how bad is it, and then they put you on the list, and then count out dollars, and then that alongside with you better hope the doctor even cares about you. I mean there's other negative things too, which I don't wanna... you know. And I just give a salute to all of the fine nurses and doctors, for real, I'm being not facetious, you know, that work in the DOC that do an admirable job trying to get the best health care. But there's a whole lot that's not like that. And I can tell you that and I can be very direct about that. There's a good ol' boy network, just like many police departments. You know? And if the administration doesn't like a prisoner—you better not like him neither. And "This is how we do things here, in this part of the woods." And if you fall under that, if you are a writ writer or a political prisoner or somebody that just got under the eye, irritated the administration for whatever real or unreal reason you might be in for—don't get sick. You know, so...

00:42:58

**LB:** What's a writ writer?

**JA:** A writ writer is somebody that when everything, when something happens—and I will say, real or imagined—they immediately file a grievance with the administration and then take that grievance to court. And they'll say, "Okay. You sue us one more time."

**LB:** Yeah, yeah.

**JA:** You know. So I never was a writ writer as such, but you know, but I know a lot of people are, and I've helped them, you know, on the side you know. Oh okay, that's how you do it. [00:43:30 unc.] Yeah you can really get in a crumby situation here with this. 'Cause you locked in away from the outside community. The [00:43:37 unc. daze?] of the attention of the outside community came to an end pretty much with the Attica rebellion in 1973 when everybody was paying attention to hunger strikers and this and that. After for some reason things started to change after the 70s in terms of community involvement with prisons. They just now pickin' up again but not to that point when people was, you know, you go on a hunger strike, people, the newspaper would be there and wanna know why, you could get the attention of publicity. You do it now you might just... well before you starve to death they'll come in and force feed you. So you can just hang on a little bit, but you won't get that attention from the community. Matter of fact they may think that you're making a stupid decision. The whole politics of it has changed. You know about that.

But yeah, HIV has a certain unique position in Department of Corrections, not necessarily in the jails. Like I said that's a different animal there. The autonomy of jails do it differently. Each one is different. But when it comes to HIV infection, I think the Department of Corrections sort of mandates that they have to follow somebody who's infected, connect them with a doctor, and because they have that outside direct guaranteed connection, it kind of takes away some of the good old boy stuff...

**LB:** Mhm.

00:44:54

**JA:** ...and the negligence that may come as a result of being incarcerated. Because now you're mandated that this person has to get attention to care. But when you're talkin' to a jail, all of this may be blocked. People may not know that. And then you have the rare...not rare...but you got, it's not uncommon that a person, in a jail anyway, may not divulge their status because of the stigma. You figure you're gonna be here a year—"I might just not say nothing."

**LB:** And you won't get mandatory testing in jails either right?

**JA:** Right. Exactly. A lot of times they're getting HIV meds like we're getting any meds in the prison. In the jail everybody sees who's getting the medicine. Okay. "Pill line!" You know and everybody comes out... "Wait a minute, what's wrong with you man?" You know, so it's a matter of time before you draw attention to yourself by constantly going to the pill window in the morning, afternoon, or evening, or however you gotta do it. And nothing seems to be wrong with you. "Okay what do you?..." And then, see, speculation happens. You know. Perception is reality regardless. And so a person may not necessarily wanna go through that. There's a lot that a person has to reckon with.

**LB:** So what are some of the biggest challenges you face in providing HIV education and try to prevent new infections from taking place?

**JA:** Mhm. I guess the biggest challenge would be—how many people can we actually reach? And that has to do with our own capacity also. I'm just one person. I have a coworker now that does some of the jails, but basically it's me. You know? I'm one person. There are other organizations in town, but I think under the program that I'm under, the CHARLI program, that's the acronym CHARLI. "Comprehensive HIV AIDS Resources and Linkages for Inmates"—that's what it stands for. It's funded through the Virginia Department of Health. We have six of us organizations throughout the Commonwealth... or five. Shouldn't get that wrong. Edit that out! Anyway, we have Northern Virginia, Tidewater, Southwest, Charlottesville, Roanoke. So we provide the same services. Outside of us, I don't know of any organization that is going in as systematically and in an organized way, as we are. And even with that our capacity is our capacity. So how many people are we reaching? As our CHARLI program has been established, four or five, six, seven, years ago. We always had a prison program here but now it's under the roof of this CHARLI program. Before it was just our individual program that we'd go in and do similar things, but now it's even more structured. And it's evidence-based. Well it's always been evidence-based programming. But how many people are we really reaching? You know? And how often can I possibly go in?

So, okay, our capacity, which is how often we go in, how many people we're reaching... As we've become more established and recognized, because the Department of Corrections acknowledges us and they send out their memos and notices that... We have a state badge now. That used to be an obstacle. Now it's not. So now I can go into any prison facility. So they opened up a lot of doors. Mind you now, in my own particular case, even with my convictions now, I've always been able to go in. And whenever there is a little resistance there, the headquarters, the Department of Correction headquarters, they immediately get on it, eliminate it. That's not really... They're really on our side. They really work with us. And I think most



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counselors are eager for us to come in. Because on their side it's still bolstering their program. You know—communities coming in. And they're not adverse to it. I don't see that. I think our biggest challenge is three things. I'm trying to figure out how to say this third thing. So it's our capacity, which is A and B—how often can we come in and how many people can we actually talk to that makes even sense. But the third challenge I think is... I don't know. What would you call it when you're talking to somebody and it's not really... it's just breaking through that wall of behavior. Are we really... is my conversation with you for two sessions, or maybe two hours, or maybe four hours...really changing? I don't know if that's a challenge, but that's a reality.

**LB:** It sounds like a challenge to me. It sounds really challenging.

**JA:** I'm not there in your life.

**LB:** Yeah.

**JA:** I'm talkin' to you. I think my class is very flavorful. I pack it full of cultural things and I'm a playwright so I'm kinda theatrical with it. I make it fun. I think, objectively speaking, I get good ratings on my classes. I'm very thankful and humble, but I'll definitely say that. But even with that, it's like, "Okay." So now I'm going back and continuing to do my life sentence, do my thirty years. Yeah. I really... it's the beginning, but it's not like an ongoing. It's just a class. So if you're already there a little bit, it might spark something in your consciousness. Mhm. But if your behavior is such that I can't really change that necessarily or change even your attitude in the long run... just by talking.

**LB:** So what do you...

**JA:** I don't know how to say that. That's a challenge.

**LB:** That's clear.

**JA:** I don't know what title to put on that.

**LB:** So what do you think we as a society can do differently to prevent the spread of HIV? Like what is there going on in our society that we need to do differently?

**JA:** Oh, sister.

**LB:** Giant softball question.

**JA:** [00:51:15 unc. You hit me hard?] I don't think you gonna change people's sexual habits and behaviors by itself... historically all the way to Adam and Eve maybe. So I think that... But what could change to help ameliorate it a little bit would be... I mean you're talking about stuff that's with the media, the movies, the film, the music, this and that, family history, and lifestyles. You're talking about so many things that have to be tweaked just a little bit to make your behavior slightly different. You're talking about mental health issues that are so prevalent in society today that causes you to engage in problematic behaviors. You know... the demeaning of

00:52:11

women all the way from the president on down—the present president. I’m talkin’ about Donald Trump. It’s just a hard nut to crack. So I guess the hope would lie, in terms of HIV, just... even though I said all that, you cannot let up on the education. So the other person would at least where a condom or practice safe sex. You talk about harm reduction now. You know if you have five partners, maybe you should have three. So what am I telling a person in a conversation? It’s good to write off, you know, “Okay. Did you tell them that you had it?” “Yes, I told them that.” “Did you tell them you should wear a condom?” “Yes I told them that.” You know, but when it comes to a person’s lifestyle, I think that just has to come to three things, maybe. Maybe more. You might could add one. It’s gonna become your family orientation with their principles and values as a family. It’s gonna come through your faith beliefs. Or it’s gonna come... or maybe all of the three... or thirdly it just come from your general education. And which adds to your own self-worth and what you view of yourself and others. I mean if that’s gonna be... So that’s not like a overnight quick changes like that. That’s something that you’re reared and grown up with so...

Your family. You may [00:53:38 unc. invite?] your family. Okay my family they do this, this is what I’ve been taught. You may or may not listen to that given a certain situation but your lifestyle may be more in accordance with that. Hopefully it’s a good thing, not a bad thing. You go to church or mosque or synagogue or whatever you believe in. Then hopefully that has some impact and you believe that, you know, God is watching, and accountability in a religious way. That may carry some serious weight to a certain extent. But I think, I personally think that with all that said and done, it’s just your educational level itself. How did you process all that plus whatever else you learned—to make up you?

**LB:** So...

**JA:** That’s gonna determine what you... [00:54:22 unc. mumbling] I didn’t mean to cut you off, Laura.

**LB:** No, no, no.

**JA:** Yeah, this... the other things that can help make those things work like the changing of our communities with more opportunities, better schools, better environment. Creighton Court doesn’t have to stay Creighton Court while we building the next baseball stadium. Mayor after mayor after mayor. Governor... It’s the same hood stays the same hood. That’s what I said in the beginning. The economic relationship’s just not changing. I don’t care if you have McAuliffe in, which I respect him, or anybody else—the new mayor, the old mayor—long as those relationships stay the same... that you are, regardless if they may say this and that, you are bounded by this economic relationship. So Creighton Court will remain Creighton Court. You know? And Gilpin Court will be Gilpin Court. Midlothian projects and all that to a certain degree and if that ever changes through gentrification then you gonna take your little funky behind and you’ll be livin’ in this court over here. We’ll just move you. And long as those type of dynamics play out... Richmond School System is lacking money. Long as those type of dynamics play out... that has a lot to do with the lack of opportunities that lead to certain lifestyles and selling drugs and drug culture and you know just think about the gentrification in Church Hill. Like, for example, my coworker and I was talking earlier and they got the restaurants outside now. But my

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wife and I stopped at one of these houses that's being renovated and it was \$315,000. Now I live in North Chesterfield, and I live in a four-bedroom, 1800-square-foot house, that the value of that house, on that half acre of land and all of that, you know, it values out about maybe \$210,000. And you talkin' 'bout this house, next to this house, next to this house that's bein' built up is \$315,000.

**LB:** I believe it.

**JA:** So, but and this \$315,000 remodeled neighborhood in the middle of Church Hill with the nice restaurant with the tables outside where you can actually sit outside and talk now... there's no shooting and robbing going there. It's in the next block that hasn't been renovated yet. So I know that... It leads you to think that, you know, the construction and the value place in the neighborhood has a lot to do with lifestyles. And since we're talkin' about sexual lifestyles, the drug use, that's there.

**LB:** So that leads to two other questions. First of all—how do you think the opioid epidemic has affected the work you do and the challenges to preventing new infections?

**JA:** Right. Well... Yeah. Well it leads to more infections when you talk about the sharing of the needles, obviously. 'Cause a lot of times we focus on the sexual part, which I have been in this conversation. But now that we're okay goin' to that vein... Yes, definitely so. Sharing needles and the whole desperation and lack of... bad decision making from the actual using of the narcotic to being out there and the lifestyle that causes you to compromise common sense all the time because of your serious addiction. You know it's a bad decision but "I'm so sick I need to buy the drug rather than buy a new needle..." You know, it's all these type of things are compromising common sense all the time. It's adding to the numbers. My clients, one of the challenges has been coming out. 'Cause all my clients are HIV positive clients under the CHARLI program—that's what it's for. You know the significant challenge is drugs when they come home. You know, using drugs, the prevalence of drugs, the drug societies. It's a drug world really. And you were saying... A lot of times it impacts because it increases the numbers. It impacts it because it presents that this more challenges for people that are trying to get their life together and avoid HIV infection 'cause it's open door to HIV infection. Do I see that changing? The same answer I had about everything else. I don't see that changing too much. And the reason... I'm not a pessimist. It's just that I'm trying to be realistic. I hope it changes. My life, I would like to give in some small way to try to make it change and help somebody else, even in the midst of it not changing. But I say that because...

A certain structural thing that's happening, Laura, is that... I don't know if you listen to it... like I said, I'm a news junkie—I'm on it... and I'm a paralegal, and I'm on that too... is that I listened closely to the Oliver North hearings a decade or so ago. That said what we already know—is that he got offended by being questioned in Congress there by the exchange of drugs for weapons: "How dare you ask me that? You know what's going on. This is what we do. I should not. I should be exempt from these hearings. I'm definitely immune from prosecution because you have me... Bring it." This is like serious stuff that's been going on.

01:00:00

Another example real quick, I wanna say, when I was a paralegal, I worked for an attorney named David Ball. He's a very, very good attorney. We took a case. The last case, I didn't take that because it went to DC. But it was Gray vs. United States. Gray was responsible for 29 or 30 deaths over a ten period of time, of crack cocaine-related. And he was goin' facin' the death penalty and so our defense was not that he wasn't guilty, but he should not get the death penalty because he's not the one bringing the drugs in the country. So as a result of that, Mr. Ball had me do research and studying of the drug connection through the Central Intelligence Agency, with the crack cocaine comin' into South-Central Los Angeles, for example, that's not the only route, and the banks in Florida that launder the money. All of this was true. And not a soul... Maybe, I think, Maxine Waters might've said something one time and then it was like.... zip. This is true. These are court documents. These are the names of the banks. These are the people that bring it in. This is real stuff. And if it's not... Okay it's real stuff. So now what? It could very well be on the 6:30 news because the strange thing about what happens nowadays is that we can actually tell you what's happening because you ain't gonna do nothing about it if you wanted to. Even with me just telling you that. Even when I found that out from working there, I'm sitting there telling you and Lorraine and so we're now... I've been knowing this. So what have I ever done about it? And the same for the next person, next person, next person, congressmen, senators, congressmen. Okay. What now? Who's ever done anything? So why not? To tell you that is like, you know, how can you even bring [01:02:8 unc.] into the country. They got all these deals goin' with them. Or anybody for that matter I mean it's like it's ridiculous. It gets ridiculous after a while, but, you know, the average person is banking on the fact that in this country you'll go home with HIV infection too after the rallies, after the good talk, you'll you know... you go home, you get your Redbox, your Netflix, relax and enjoy your life, go on with your life.

**LB:** So why Richmond?

**JA:** I don't wanna sound cynical.

**LB:** No, no.

**JA:** But forgive me if I am.

**LB:** No.

**JA:** I'm not. I don't wanna be cynical, but... I mean... what's going on.

**LB:** Yeah.

**JA:** What happens? After you know?

**LB:** So why does Richmond have such a incredibly high rate of HIV infections compared to other cities? Why are we #17 among...

**JA:** You know that? Out of how many?

[01:03:03 unc. LB & JA talking over each other about statistic.]

01:03:10

**JA:** Right, right. I always ask that question. And I would think that my subjective answer is... meaning I've never based it upon any... I don't know how to verify that you know... is that somehow or another, this is a mid-route between northern cities going down south. That's one possible reason. Drugs come through like that. If they can make it down past Baltimore. It's not just the south, but it's Baltimore, coming down to DC and Richmond, these certain spots here. That's one possible reason. And another one is like Tidewater and all this around the Navy thing down there in the... so here you gotta more fancier city than Tidewater I guess in terms of being you know whatever. But I think those reasons exist why Richmond is such that it is now. Those are the only two things I can come up with that it's right down straight through 95, coming from north on up. And everybody, everything, is going down, like from cigarettes being sent up, you know, no taxes, to New York City, then drugs and fumbling back and forth. And I think that somewhere in there develops a culture of usage. And that usage of drugs allows for increase in HIV infection. That's my... It seems like there should be more to that, but other than that I can't put anymore construction to it.

I do know that there is a correlation between the sex and the drugs. And that correlation does not mean that you're having sex in the same house or place, you know you're drugged out and you're having sex. Because here I have a situation long ago past with a old client. I learned a lesson where he said that him and his cousin had made an agreement that they would only share needles with themselves, you know, get high and chill out, relax, watch TV, you know, alright. So neither one of them had HIV. And they actually, according to them both, they kept their word. Neither one shared a needle outside. They were very cautious about that. They knew that they both get high. They knew about the HIV as far as the blood transaction you know gettin' transacted through the blood. They were aware of this, you know. Or were they? Because what ended up happening is that one of the cousins, you know, one of his flames, he goes and has unprotected sex with somebody and contracts HIV. And they weren't like... when it comes to sexually, they weren't like really out and about. But it was just that encounter. And now you come back and now it's time to chill out again, watch the Netflix, get high together. They kept their word, you know, sharing with each other, with nobody else, just them. And low and behold, he gives his cousin the HIV infection which he got from a sexual encounter previously. So even though it may not be like any real super promiscuous thing going on, a lot of times it's just that those encounters that we do, you know. And it's interesting listening to people how they contracted the HIV. That's what kind of leads to my answers, just listening to my own clientele speak about how they got it. So there you go—the drug thing is increasing, drugs are coming through, you're having sex, not necessarily super promiscuous, no orgy. Do they use that word anymore? Not since Hugh Hefner. They don't use that word no more okay. I don't even know what made me say it. But it doesn't mean all this thing going on, but you know, you did that over there. A couple months later you come over here and you did that. And it transitioned, the transmission is still happening. Or you know you takin' the medication now, it's working, and now you have HIV. You get lax about wearing the condoms because of the PREP information too, which is true, but is it true for you though? I mean, how are you doing? You know, and medication... I'm takin' meds. I'm doing pretty good. I had for twenty years. And in that twenty years, you infected how many people maybe? As opposed to dying within two years, and being off the mark. We don't have to count you anymore. But now you're here, with HIV—were you protecting yourself all this time? Were you non-detectable all this time? I mean, like I said, it's

another contradiction. Longevity leads to more opportunities for you to transmit the infection. But that's my answer to Richmond. I don't know more than that to say.

01:08:20

**LB:** It's geographical. Yeah, that's interesting.

**JA:** Geographical, maybe. You know. In the middle of 95 goin'...

**LB:** The way guns are, right?

**JA:** The way guns are. And cigarettes.

**LB:** Guns and cigarettes, because...

**JA:** Maybe alcohol too. I don't know.

**LB:** Yeah. I don't know either. So if you could say one thing to the general public about HIV, what would it be?

**JA:** If I could say one thing to the general public about HIV—it's still a reality. It's 2017. It may be a harsh reality in the sense that you feel that you have to use protection in different situations, but that's not only just for HIV, so the boogie man can't just be placed on that. That's for any type of infections nowadays. The information about most if not all of them are out there. So I would say that, you know, the general population should try to take that extra step to become consciously aware. And try to get their behavior to conform with that awareness, and to routinely get tested... so that you would know. Because getting tested changes things immediately, in most cases. Most. You know, a reckless person, when they come to the realization that they have HIV—now that's a game changer. That's more game changer than coming to my two-hour class, to be told that you really have it. And now it's like... A lot of times I've found that people actually get more on top of their health, their life, everything else, their diet. They become spiritual. A lot of things happen when you get hit with that diagnosis.

**LB:** So you see that all the time.

**JA:** Mhm. I mean you always get the story about the person that mostly got it, they gonna spread it to everybody, you know, they're scary, that type of thing. But I think most people just good, I don't wanna say good, but just regular people, you know... "Oh man. Okay. What do I have to do? Okay. Start eating alright, so I take this and maybe I better get checked with..." You know, it opens a door or opportunity for you to get your life together. It's almost like a hard, hard slap. Pow! "Oh, my god. Now if I wanna live I have to do this because this is a death, near-death sentence," if you don't take this medication and make the necessary adjustments in your life. 'Cause even though we talked about the effective-ty of the medicine... you still could die from AIDS related illness, to use that term, if you don't do these one, two, three things. It's no joke. You will die. You know. So but I say get tested and act on your awareness. That's what I would say.



**LB:** And what do you think the biggest misconceptions the public has today about HIV, what would that be?

01:11:16

**JA:** From my advantage point, I think it would be... and it's probably a different answer for anybody you ask... but I would... it's kinda what I just said, a little bit, with the... Two misconceptions—one is that with the medicine you're alright. And you get very relaxed, you know, to protect yourself, to take any precautions. The other misconception might still be in the ignorance of how you can actually contract it. 'Cause, like I said, in the beginning of our discussion, going to the classes, you know, it's routine for somebody to think that it's passed through saliva. People just still don't know about how it's passed. Misconceptions about how you contract HIV. So those are the two.

**LB:** Are there any questions I didn't ask you that you want to address?

**JA:** Well no, I just want to make it clear that I'm not a pessimist. I'm just tryin' to answer the questions real. I think a lot of things that we encounter, from our behavior, to treatment, to a lot of things—it's just structurally based. And so we as advocated on the ground can do the best that we can to try to make changes around us and be a positive influence, but as long as... And try to change some of the structural things if that's possible to do. But as long as that remains the same, you just gotta work with what you work with to make a better place, a world, community, city, that you live in and be a better person yourself. I think the questions you asked me were very good. I liked them.

**LB:** Thank you.

**JA:** So but yeah. Prison is a place with a concentration of HIV. I think the prisons are, the DOC facilities anyway, can't speak for the jails, it's too many autonomous places, are more and more getting more on top of it, as mandated by the general assembly legislation and stuff of that nature. So it's coming down from the top down. It's like coming down like that as far as trying to really address it in a little better sense.

**LB:** Which is super interesting and I think most people don't know anything about that. So it's just gonna be more valuable to get that out there.

**JA:** Right, right. It seems like everything else is falling apart. The treatment for this, the person can't get down my back pain and give me medicines for that, comes HIV, once they know they have it, that you have it, then a different dynamic comes into place and I think that has a lot to do with the outside intervention of, in this area, MCV medical center, VCU medical center, outside doctors, which I think is something for the future. That we should pass... this should be some type of introduction to General Assembly legislatures, pass some type of thing that we're outside doctor or outside medical intervention could be available for other infectious diseases and conditions too, not just HIV. Because that changes the playing field when you have objective advocates for prisoner health rights on the scene. That the state recognize...they recognize VCU medical center, you know. It's a recognized entity; it's not just some local doctor's offices, doctor without borders, I respect them, but it's not somebody like okay a radical doctor. This is an established institution that's reputable and if we can get that type of attention on other

01:14:55

infectious diseases, and some type of broader oversight on medical departments to get rid of the good old boy network, to direct funding, more funding, where for healthcare, for prisoners, and just do a constant review of that, honest review, on the individual basis to. We review the system and yet there's still about 5 or 6 prisoners that's being treated like dogs. That's not gonna work. Who's in the hole there? Back there that's not gettin' treated? Wanna see that person too. And for women. 'Cause there's a couple of law suits out here. Or lack of, Fluvanna Correctional Center for women, women have law suits there, different medical conditions that's not being treated. None of them with HIV, but that. And there's a general, Department of Corrections, being sued for its lack of attention and treatment for individuals that have hepatitis C. But, like I told you in the beginning, it's the same thing. It's really just lack of doctors, lack of money, lack of resources, good old boy network, you know. And just the overall cost of medical care.

[01:16:04 unc. mumble]

So if you think that people under the gun, on the street, with the threats that the Donald Trump administration's giving with the whole back of this, blocking Medicaid expansion and repealing and non-replacement of the Affordable Care Act. And you think that's a threatening thing for people for people on the street—you can imagine how it is for somebody in prison. You can only imagine. Under the street for anybody to see what's going on, you can only imagine how gruesome of a specter, scary specter, that is. I don't know how you gonna edit this though.

**LB:** I think I'll have a good time doing it, because you've said, you know, so many really interesting and important things.

**JA:** Because you asked so many interesting and important questions. You shoulda had three.

**LB:** When I do a group interview, sometimes I only have one.

**JA:** Well okay.

**LB:** Just let everyone just [01:17:01 unc.] Yeah. We did a big group interview at Armstrong High School actually this week for another project I'm working on.

**JA:** At Armstrong High School.

**LB:** And we had about twenty alums show up. I got to ask two questions. Because they were all... They all had stuff on their minds.

**JA:** Wonderful. Yeah. That's what I would leave the public. Act on your awareness and get tested.

**LB:** And Jihad if there's anyone else that you can think of who you think I need to interview—think on it. Let me know.

**JA:** Here or anywhere?

**LB:** Anywhere, anywhere.

**JA:** On this subject.

**LB:** On this subject.

01:17:45

**JA:** Mhm.

**LB:** And you don't have to tell me now.

**JA:** Would you interview somebody that had HIV. Have you? Or you already have.

**LB:** I haven't. Well, I guess I did with Rodney.

**JA:** Yeah, yeah.

**LB:** But I wanna interview more people with HIV. 'Cause you know Rodney's in a kind of special situation.

**JA:** Yeah. So maybe... well if you wanted me to ask, I could maybe ask... who would be a ideal client that would not mind divulging their HIV status and being on camera... I'd have to look. 'Cause that would be telling.

**LB:** I think so too.

**JA:** Coming out of prison. 'Cause they can relate to their own prison experience with HIV. 'Cause I was in prison, obviously, you know. But I didn't have HIV. I don't have HIV. You know. So I'm looking at it interacting with you, but I'm not going through that.

**LB:** That's right. And you were there at a different time too.

**JA:** And I was there at a different time, so. Right. I came home in 2000, so my knowledge of everything were the new medications and the new federal programs.

**LB:** That's right. It was totally different.

**JA:** And not really what's geared up like Ryan White and all of these things.

**LB:** Yeah. All of that.

**JA:** Things goin' on. So I'm really looking at it from the outside, a little bit of inside perspective from going in. But I'm only in there for a couple hours. And I don't necessarily see. And then the last thing I wanna say unless you ask me another question is that. You know just how anybody that comes to inside of a prison or [01:19:17 unc.] you know your best. "Hi, yes we have your paperwork here from Mrs. So and So and Ms. So and So," you know, but that may not be how you really are. I'm a guest comin' in. I'm a visitor, outside community representative that's a little bit on point. So I'm looking. It's not just I'm anybody—I'm looking to see how it's really

01:19:36

going. And you know that. So you might be... “Yes, so we got. Okay, we did the paperwork.” So you know. And I’m not saying that everything is contrived and phony. And you know like that.

**LB:** No, it’s just...

**JA:** But I can’t see through that. I couldn’t see through that. But the person that lived it could see it.

**LB:** Yeah. So that could be helpful. But anyway if you could think of anyone who would be up for it.

**JA:** If I could I’ll give you that answer right away.

**LB:** Yeah.

**JA:** I’ll look.

**LB:** Well thank you Jihad. This has been great.

**JA:** Shoo. My God. Oh is that still on? Wait a minute, come on Lorraine, turn it off! The green light is still on.

**Lorraine:** [01:20:18] unc.

**JA:** Oh yeah, yeah.

**LB:** That’s so true. It did that last time when we were interviewing Bob Higginson and...

**JA:** Oh you did Bob Higginson?

**LB:** Yeah, yeah. He was great.

**JA:** Oh I know he would be! I know he was charged.

**LB:** I know.

**JA:** Yeah. I like the doctors at the VCU medical center. I like who I interact with. Like I said, most nurses and... they’re on it. They’re so receptive, once they get to know me of course.

**LB:** Yeah.

**JA:** There was resistance in the beginning. But... no... the resistance has never come from the medical department, I take that back. It’s always come from... if there was any resistance, which was me doing the classes, coming in, but that slowly is broken down, because like I said the DOC has got this program now, from the top going down, the CHARLI program. It’s not just us coming and one or two places saying, “Who are you?” But now...

01:21:12

**LB:** The system's in place.

**JA:** It's in place.

**LB:** Yeah. I also met with... do you know Aisha Louvion?

**JA:** Yes I do. At VCU.

**LB:** I just met with her.

**JA:** Oh, okay.

**LB:** She doesn't want to be interviewed. I'm hoping I can break down her resisting.

**JA:** Oh, okay.

**LB:** 'Cause I want more women too. 'Cause so far it's been four guys. Cristina will break that streak. But you know with all these projects I wanna make sure that there's a balance.

**JA:** A balance of women. Interesting.

**LB:** And also race, gender, age, everything.

**JA:** Yeah. Hm. Interesting.

**LB:** I mean if you think of a fantastic man, don't let that stand in your way. But if at all possible, right. I'm interested in getting a really balanced group of people. In terms of where they're coming from.

**JA:** Right. You can add that to it. The VDH, Virginia Department of Healthcare [01:22:15 unc.] little cheat sheet, but it might be a year outdated now. Other than that it gives the dates but you can have that.

**LB:** Yeah. I wonder how this intravenous drug user rate has changed since 2009, because that was before the opioid epidemic really took hold.

**JA:** Okay. No. Okay. So I just wanna say this... What time is it? Dagggonit. Cristina gonna be mad at me. I said, "I'm gonna be out there in twenty minutes."

**LB:** She knew that was never gonna happen.

**JA:** I have a little ambivalent type of views about the use of the word "epidemic" now when it's always been a problem in certain communities. And drug use... obviously I came home in 2000. Got that. But it was so prevalent in prison, shooting heroin was so common, it was unreal. I mean the [01:23:19 street?] situations I know I tried to revive people they didn't overdose. And I know

01:23:25

quite a few that overdosed on drugs. I know that drug use with the syringe, it was like everybody had an insulin needle or something or a rigged-up thing, you know, that they were injecting drugs. It was just so common and I know that was before the camera system got intact. You know. It had cameras but it wasn't like it is today. But it might be one camera or something like that. But the guards bring it in. They were bringin' in so much drugs because if you get somebody. \$35,000 a year, that's how much you get, or \$28,000, whatever a correction officer gets. So somebody says, "Okay, okay I can give you \$6,000. My people will send you \$3,000. You bring in this heroin. And when I get it I'll send you the other three." And obviously a prisoner's making a calculated judgment on approaching the person, but that's on them. It's a big thing. But the person said... So they go for it. So they bring it in in their lunch box. Give it to the prisoner, there it is.

Some people used to think that it's comin' from you kissin', which that has happened. I know a couple people that overdosed and died. Somebody you know pushin' the drugs up their rectum or the bag busting in their system. And there was one guy—he had three children and they all came to visit him. And he did that, they call the fatal kiss, passing the drugs, then swallowing it, and they could not get that up. And he overdosed. During count time, which is just right after the visit. But I know for the most part, correction officers who were bringing it in when I was incarcerated. And there was plenty of drugs, plenty of marijuana, plenty of [01:25:09 unc. wine?], plenty of everything. You just couldn't... It was just like in the community. You can't just stop it. It just seemed like it was there. Because of the money. People was always like "\$6,000? I know I got this uniform on but I don't make you-know-what, you know. So \$8,000. Can you make it \$7,500?" You know, I mean, "Get it right away. All's I gotta do is bring it in in my lunch bucket and be done with it? That's all? Cash? Nobody's gonna write a check?" That's a big deal. What if it's more? I just... I use those figures because I know it's two situations where it was that amount of money. That's why I use that in my example. Said they'll offer you \$6,000 or \$7,500 dollars. Mmmm, okay. It's not uncommon to see somebody walking out in handcuffs neither. Caught you. That's how it is. You know. Drugs. It's like the wars in Afghanistan, all these places. And the Muslims, that comes from... their money is coming from the poppy fields. Drug money. The Muslim isn't even one to recognize it. I said, "Oh yeah. You can put your head in the ground all you want man. This stuff is going on." It's real. Lotta money. So much money it's almost like you better not touch it, 'cause somebody will come out the closet in your own house to kill you and you gonna wonder how they got there. That is true. It's just too much. You better not. No, no, no. I know I'm rambling. Just kick me, I'm gone. But really, you know, 'cause in the federal system you got all them big time drug dealers and they got their stories. You just sit there and listen. I know some of it may be exaggerated.

**LB:** But still.

**JA:** But still. There it is. All the Nicky Barnes's crew. All these big crews that come out of New Jersey and New York. I was in prison with all of them. And they're playing ball and lifting weights and boxing the bag with everybody else and eating chow and just playing around. 'Cause in there it's you know... And ironically... What's the guy that died? He was right next door to me. Who's the mafia guy? Oh gosh... Brain lapse. He was my next door neighbor cell-ee for years. Who's the big guy? The last guy that got busted in New York?



**LB:** John Gotti?

01:27:49

**JA:** Yeah, yeah, yeah, yeah! He got throat cancer and died. ‘Cause a strange thing happens when you come in big like that. It changes. You’re big time on the street. You’re big time in the county jail. Guards bringing you liquor and folded sheets and all that. And the minute you hit that penitentiary—it’ll be the little street dudes. You ain’t big time no more. ‘Cause they will kill you like that. I need something from the store. You better not disrespect ‘cause if you’re not able to really muster up in a different type of way without your crew, without your little assault weapons, all’s you got is a rusty knife—you ain’t gonna muster up. So it’s a big-time person is the one that can muster that. Now the whole thing changed. All that big shot and you’re a shot-caller. That don’t happen in the federal system. You’re dead. People be lookin’ at you soon as you come in. “My man.” Yeah okay. He gettin’ ready to be extorted by some thug that’s just a strong big gangbanger. It’s ruthless.

**LB:** That’s a tough situation.

**JA:** It’s ruthless. It’s ruthless. You will be... you gonna get stabbed to death. You don’t have no guns. You can’t walk around with a crew. If you walk around with a crew you subject to get locked up the minute the prison administrators see that happening. Okay but you gotta body guard? If I see that again you goin’ in this penitentiary, you gonna go... And then they can send you and you on your own.

**LB:** Yeah. It’s a tough, tough place.

**JA:** And then you got some lumpen guy, some street guy that now that street guy has the reputation. That nobody from the street has the reputation because he’s able to... he has the whatever it takes to be a knucklehead, I mean, violent. That’s the guy that you gotta reckon with. Won’t be a big drug dealer. You’ll be dead. I’m outta here. I got some more stories that’s totally off the parks.

**LB:** No they’re good.

**JA:** Remember that case in Florida? The guy Yahweh ben Yahweh?

**LB:** Yeah!

**JA:** You do? Or you’re just saying that?

**LB:** No, yeah, I do.

**JA:** He was like some god, son of god. He had this ongoing criminal enterprise?

**LB:** Yeah.

**JA:** Well he lived on the same range as me. Are you still recording this Lorraine? Would you stop. You don’t even know when to stop.

01:30:32

**Lorraine:** Where is the stop button?

**JA:** Nah. Yeah. No.

**Lorraine:** Oh! It's that little red stop button.

**JA:** This guy, you know, they were planning to rape and extort him so bad he used to come to me and say, "Man, can you walk with me down to the kitchen?"

**LB:** That's crazy.

**JA:** He had all this shot-calling on the street. And when he was inside they had him... And he's still gonna call himself "God, Son of God." People... That was it. He had to get a whole bunch of New York guys to just protect him from getting raped. 'Cause he was a little guy, you know, not feminine, but a little thing about him. He had a little long big afro, but he would put it in a bun. I said, "Man you better take your hair out that bun."

**LB:** Yeah. I don't think a man bun would go over too well.

**JA:** He was cleaning the door knobs.... One time he got sick and I told him, "You know, Yahweh ben Yahweh... I didn't know God got sick. What are you doing with a cold? What are you doing with a lawyer coming in here? You supposed to go down with the ship man."

**LB:** Yeah I don't know.

**JA:** But you see what I'm saying? How it changes?

**LB:** Yeah, yeah.

**JA:** When you're in prison. Now what gumption... you know. That's why I think, to be honest with you, we did well, because we already just local people on the street used to fighting these, you know, pitch tent battles. You're used to the drama of that. So even though I was young it was still like... you know... you just... you're on point.

**LB:** That's it.

**JA:** I could tell you the rest but Lorraine got it turned on.

**Lorraine:** Alright, it's off.

**JA:** Let me take this thing off my chest.

**Lorraine:** It's off.

**JA:** Okay.

**Lorraine:** I was wondering if you were gonna run out with my mic.

**JA:** Yeah, no, no. I just... horror stories... You know I became... Do you see that? I can't see...

**LB:** Yeah there's some little...

END TIME: 01:32:34