
PRISONERS PERSPECTIVES

PAYING THE PRICE

by Dee Farmer

As the country's deficit continues to soar into the trillions of dollars, Congress's repetitious in-house fighting over what federal and state agencies budgets shall be slashed appear futile in the face of the "life and death" issues in the AIDS community. While the legislators and President attempt to appease their conservative constituencies, AIDS activists have themselves in a frenzy trying to get recognition that AIDS is a national health crisis. Even though protests and demonstrations have brought about increasing progress, it been has neither fast nor far enough to prevent people with AIDS from having to pay the price with their lives. It is not the legislators and their confederates that are enduring the pain caused by this country's lack of response to the AIDS epidemic, but the AIDS community who is paying the price in blood!

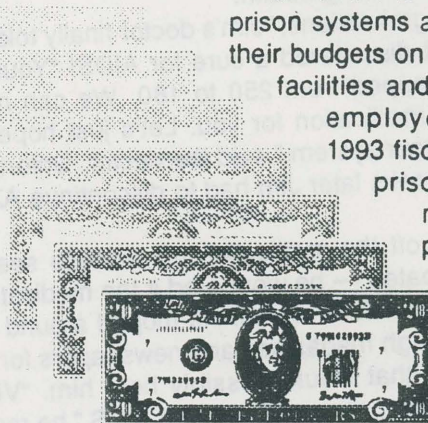
While most agencies have had to reduce spending, cut back programs and lay off employees, the federal and state prison systems have grown into big business. According to the prison systems their "number one problem" has been to construct prisons to accommodate growing prison populations. There are over one million Americans imprisoned in this country. And the majority, if not all, of prison systems are dangerously overcrowded. For example, the average daily federal prison population in 1991 was over 61,000. The average population for 1993 is forecast to be 74,500. This 1991 figure represents a 28 percent increase over 1989 when the federal prison system held only 47,800. At present the federal system is operating at 148 percent over its

designed capacity. Prison systems in New York, Texas, California and the District of Columbia are experiencing overcrowding problems of similar magnitude. And, according to George J. Terwillger III, Acting Deputy Attorney General: "Current overcrowding problems will become even more severe with the expected successes of the recent violent gang initiative."

In an effort to reduce overcrowding, prison systems are spending the bulk of their budgets on the construction of new facilities and increasing the ratio of employees to inmates. The 1993 fiscal budget of the federal prison system seeks \$172 million for the sole purpose of constructing new prisons. (This is part of the \$2.2 billion the federal prison system is seeking for its 1993 budget.) With these vast sums being

spent on housing, other programs such as rehabilitation and medical care have simply had to take a back seat or, more often, be unseated.

Medical and psychological services within prisons have received only a minute, if any, increase in funding despite the enormous increase in prisoners requiring treatment. Thus prison health care structures are grossly understaffed and inadequate. Prison officials have attempted to account for their inadequacies by claiming that they are not able to offer the type of pay which would attract high quality physicians. They have taken to employing what look to be unlicensed and migrating physicians. These physicians are inexperienced in diagnosing and treating complex and new diseases such as AIDS. Additionally, they and their supervisors fail to pursue high cost treatments, unless required by law. The efficacy of the treatments are meaningless compared to the cost.



Against this backdrop, prisoners with AIDS and other life-threatening illnesses are in need of expert and costly medical care that is not available to them. Who pays the price?

Jim, a prisoner diagnosed with AIDS, could have been any one of the federal or state prisoners trying to survive under these brutal conditions. If Jim had suffered from kidney failure instead of AIDS at least he would have been guaranteed a number of years of survival with dialysis treatment. The possibility of a kidney transplant — which could enable him to live a normal life again — would not have been available, of course. Kidney transplant programs, like many other life-saving treatments, are denied prisoners solely on the basis of cost.

The first time Jim asked the prison doctor assigned to his case about AZT, the doctor wanted to know how much it would cost to provide him with this medication. Don't have to worry about that — not federally approved. When the drug did become federally approved Jim's T4 count cell wasn't low enough to qualify. If the harassment and isolation wasn't enough to kill him, the way he worried about getting medications the prison system was determined he would not get worsened his deteriorating health.

"Congratulations," Jim's doctor finally told him, as if he had just discovered a cure for AIDS! "Your T4 cell count has dropped from 250 to 180. We can now prescribe some medication for you. Let's just hope it's not too toxic for your system," said the doctor. Unfortunately, a couple of weeks later Jim had to discontinue AZT therapy.

Once off the medication his disease seemed to progress unabated — he wondered if the medication had not made his condition worse. He moped around his cell searching through magazines and newspapers for any bit of information that would possibly help him. "Vitamins and herbs help improve patients with AIDS," he read.

The doctor's response: "Oh no. We only have a small budget. The COST... This isn't your local pharmacy..." Jim thought: This is my life and all he is con-

cerned about is COST!?! "Can I buy them myself?" Jim asked. "No. I wish you could, but drugs could get smuggled into the institution..." said the doctor. Jim left the office looking as if he was already on his death bed.

When he heard about the new antiviral medications Jim's feet fairly flew as he headed towards the doctor's office. DD, what? said the doctor. "Now, Jim, you know we can't get you any of those new medications. They are not federally approved and the COST..." Jim exited so slowly it was as if magnets were attached to his shoes.

Day by day Jim's condition worsened. His T4 cell count took dives without resurfacing and opportunistic infections invaded his organs. At 2 a.m. on a cloudy and misty morning Jim paid the COST of being subject to a dehumanizing prison health care system.

Because Jim's family was poor and could not afford the COST of a funeral and having his body shipped home, Jim was buried in the prison cemetery where he has only a stick for a tombstone.

Undoubtedly, as this country's inattention to the AIDS epidemic continues, many more imprisoned and "free" people will inevitably pay the price with their lives. Perhaps as bodies begin to end up on the White House lawn, in the Halls of Congress, on the bench of the Supreme Court Justices and on the steps of the Department of Justice, this country's legislators will realize that people with AIDS, their families and friends are paying the price that ought to be paid with some of those tax dollars they can't seem to stop fighting over!

REFERENCES

Correctional Digest, Summer 1992.
News-Leader, December 23, 1991.

Needed:

All sorts of people to write to incarcerated persons with AIDS/HIV.

They really need to hear from you!

Tell them what's going on, keep them informed and in touch, and help them cope with the double burden of HIV and prison.

Please call or write soon...this program needs your help!

PWAC Prison Pen Pals, attn: Nick Glaviano

PWA Coalition, 31 West 26th Street, New York, NY 10010

(212) 532-0290