

tuberculosis and asked for the Superintendent's permission to post it for other women prisoners to read. Alvarez says the warden would not permit her to post the information.

Albion does have a support group called CHOICES for inmates, facilitated by Mr. Minardo, a staff member at the facility. Speaking of this group, Alvarez claims, "...[Minardo] one time told me I was exaggerating my medical status ... he said there are so many inmates here that they [medical] can't possibly classify HIV inmates as medical priorities." There also seems to be a hidden agenda behind CHOICES according to the documentation released by Alvarez. She states, "I can't mention that I'm not taking my AZT...and am against it...in other words, I can't voice my fears."

There are also unsubstantiated charges by the women of Albion that 5 women infected with HIV have died while incarcerated in that facility and that, "It could have been prevented."

In March, Patricia Alvarez will be out on a conditional release, and hopes to begin a new life. Hope seems all that she has left; everything else the New York State Prison System has taken away from her. There is only one thing that keeps her going, best written in her own words. "When you do print this article, Raymond, there is a possibility I might be transferred by the administration, that's ok. I will still fight, I don't want to die in here!"

Raymond is a prison issues writer for Newsline. He is on leave until June, so please hold any correspondence until then.

PERVERTED JUSTICE

by Dee Farmer

When inmates on AIDS row read the May 1992 *Time* cover story of Roger Keith Coleman's impending execution it was easy for them to empathize with him. They believed he could probably also empathize with the emotional and physical pain that wracked their bodies day and night. He, too, probably shed many tears and said countless prayers. But, more importantly, they believed that both themselves and Roger Coleman were *victimized* by systematic injustices. Many of them wept openly while viewing the televised announcements of Roger Coleman's execution. (He was electrocuted to death on May 20, 1992.) They wondered if their end would be like his. Who will be the next prisoner on AIDS row to be hosed down and packed into a body bag marked with a prison number, destined for a grieving family or, even worse, the prison cemetery? It is not uncommon in some prison systems for at least one prisoner with AIDS to die each week. All of them, like Roger Coleman, are dying at the hands of the (in)justice system. For them, only perverted justice has been served.

In prison systems throughout the country, prisoners with AIDS live in isolated units that resemble death row despite having committed none of the hideous and brutal crimes that are ordinarily prerequisites to the death penalty. Because of the AIDS units' similarities with death row, they are frequently referred to as AIDS row.

Like those on death row, inmates on AIDS row live with the constant anxiety of knowing that their chances of leaving prison alive are slim. Studies have declared that AIDS is the leading cause of death among prisoners in virtually all prison systems; especially in New York. And people with AIDS that are imprisoned live only half as long as those in the "free" world. With these facts, a prisoner with AIDS who receives a long-term sentence is virtually on death row. A different kind of death row, but death row nonetheless.

A recent study by the Harvard School of Public Health found that judges discriminate against people with AIDS by imposing harsher criminal sentences. According to Larry Gostin, a Harvard professor and head of the American Society of Law and Prevention, "...in punitive criminal law cases, time and time again courts have given very harsh sentences of imprisonment for spitting and biting, and for someone who didn't have AIDS, it would probably be a minor offense." In one widely publicized case, when the judge sentenced a prisoner with AIDS to 25 years for allegedly biting a prison guard, shouts of "shame, shame" were heard throughout the crowded courtroom. While pronouncing sentence, the judge stated he wanted to send the message that "Conduct of this nature would be met with quick and severe punishment." However, Judy Greenspan, formerly of the ACLU National Prison Project, stated, "He is sending the wrong message." Professor Gostin seemingly confirmed this by stating, "While the public health services long have said the only way to transmit the HIV virus [sic] is through blood, sex, or needles, judges are perpetuating the belief that AIDS can be spread casually..." The message that can be derived from these severe sentences imposed upon people with AIDS is they deserve the death penalty. Ms. Greenspan acknowledged that prisoners who allegedly bite or spit at prison guards are not the only PWAs receiving long-term sentences. She confirmed that "There are thousands of cases throughout the country, in which persons with AIDS have been singled out for excessive (death) sentences." For the majority, if not all, of these prisoners

...a prisoner with AIDS who receives a long-term sentence is virtually on death row. A different kind of death row, but death row nonetheless...

"death in prison" will be their inevitable end.

Of course, prisoners who die in prison as a result of AIDS complications do not meet the same type of death as prisoners on death row. No, they won't have their heads and legs shaved and rubbed with conducting gel and be handcuffed with cuffs designed to clamp down and break their wrist if they resist death, and be led from their cell and strapped in the electric chair. Neither will they have to endure the witnesses, the hooded executioner at the switch, the statement, a metal cap on their head, a mask dropped over their face, the final OK from the governor, and the switch being thrown sending thousands of volts of electricity through their body; none of that. The type of death that prisoners on AIDS row meet may be characterized as less deliberate.

Prisoners on AIDS row spend the majority of their days in small cells, where they contend with their illness and an inevitable fate that awaits them. They have no access to the treatment trials and new medications that have proven to prolong the lives of people with AIDS. Substandard medical care, discrimination and breach of confidentiality resulting in *victimization* is the norm for them. Each drop in their T4 cell count and recurring opportunistic infections bring them closer to death. And, unlike inmates on death row, no court can intervene on their behalf, but they are still forced to spend their last days in prison—away from family and friends, dying without dignity or a chance to regain the life which wanes from their bodies.

Those that do attempt to get released through compassionate or humanitarian release programs generally find the standards too high to meet. Most of the programs mandate that the inmate be on his or her death bed before they will even be considered for release. Ms. Greenspan testified before the National Commission on AIDS, that "...one of the most serious dilemmas facing prisoners with AIDS is the refusal of the majority of state and federal prison systems to grant medical clemency or humanitarian parole." She urged the Commission "...to

change the unwritten policy that prisoners have to be either dead or on their death bed before they are considered for medical clemency."

The recently enacted compassionate release program in New York appears to perpetuate the policy that prisoners must be only minutes or days away from death before they should be released from prison. A program that requires a physician to certify the prisoner's imminent death and that the prisoner be monitored after release to ensure there is not a miraculous recovery is contradictory to the very compassion and humanitarian principles on which the program was supposedly founded. Jackie Walker of the National Prison Project, AIDS Project stated, "Since the program has been in effect there has been many applications by prisoners with AIDS, however only a few of them have been released, and some have died while awaiting determination of their application" (*National Prison Project Journal, AIDS Update, Summer 1992*). Ms. Walker spoke of a case where the prisoner had a zero T4 cell count and recurring opportunistic infections, but had been denied early release. Eventually this prisoner, like many others, will die in prison because of a system practicing perverted justice.

How many more prisoners on AIDS row will have to join Roger Coleman and the many that went before him until the criminal justice system will adhere to recommendations, such as those of the National Commission on Crime and Justice? Prisoners with AIDS should be allowed early release to environments that are more suited to providing proper medical and psychological care and family support systems. How long will perverted justice prevail?

Dee Farmer is a federal prisoner and paralegal. She has been involved in the research and litigation of numerous cases involving prisoners' rights, including HIV seropositive inmates. Farmer is currently incarcerated at the U.S. Medical Center for Federal Prisoners (Work Cadre) in Springfield, MO.

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 c/o PWA Coalition, 31 West 26th Street, New York, NY 10010
(212) 532-0290**