

# DEE FARMER & ASSOCIATES

Post Office Box 4000  
Springfield, Missouri 65808

---

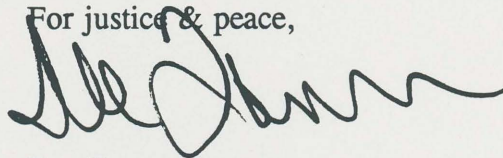
Dear Friend,

Enclosed is our HIV/AIDS Prisoner Support Packet which contains invaluable information about AIDS.

If you have a specific question concerning HIV treatment, transmission, prevention, etc., please write to us. If we cannot answer your question, we can certainly refer you to someone for the answer.

Remember that HIV/AIDS does not mean the end. All prisoners must learn the truths about AIDS. There are at least 100,000 HIV/AIDS prisoners in the U.S. prison systems. You are not alone.

For justice & peace,

A handwritten signature in black ink, appearing to read 'Dee Farmer', with a stylized, flowing script.

Dee Farmer  
Executive Director

Enclosure

---

HIV/AIDS PRISONER SUPPORT PACKET

---

## How loud must we scream?

Dear GCN:

This is in response to the interview of Judy Greenspan, GCN December 1-7, 1991. First, I would like to say that as a prisoner, operating a small organization with a primary focus in litigating the rights of gay and HIV positive prisoners, I found Judy Greenspan to be an invaluable resource. The support she gave me, such as locating witnesses and participating in depositions, etc. are innumerable. The day I received her letter informing me she was leaving the ACLU, National Prison Project was a blue one indeed. The most disappointing thing was that her news came right after Mike Reigle left GCN. Though, feeling lost and without guidance, I could not feel bitter or resentful. They have given us so much of their time, energy and resources over the years, it is impossible not to love them, and wish them nothing but success, joy, love and peace in any endeavor they may pursue during their life.

In her interview, Judy touched on some very good points, that I would like to elaborate on from a prisoner's perspective.

The prisoner rights movement of the '60s was successful because the people were united. Everybody was fighting for desegregation and humane conditions for prisoners. The majority of the prison cases protecting prisoner rights arose during that era. However, in the present day, people are more self-centered. Many laws have changed giving some minorities (gay, black, women, latino) the opportunity to gain a better education and jobs. Many have disregarded the struggle that made it possible for them to be where

they are today. It is not necessarily their fault nobody is somebody in America without money and power otherwise you're still nobody the American way. Though the AIDS crisis and other issues have rejuvenated the prisoner rights movement, those who oppose us built a solid foundation of adverse legal precedents during the slack period.

So, today the issues involving prisoners are many. There are, as Judy pointed out, AIDS education and prevention, medical treatment, compassionate releases, overcrowding and rehabilitation programs. The prison system is literally bulging at the seams. Where prisoners were once being rehabilitated, they are now being warehoused. The federal government has made a business out of incarcerated inmates. Federal Prison Industries (UNICOR) gross over a billion dollars a year at the cost of inmates who slave in factories for slave wages. Because prisoners with AIDS receive inadequate medical treatment, segregation and suffer enormous harassment and discrimination at the hands of both fellow inmates and prison officials, their prison sentences are death sentences. The lack of AIDS education in the prison system, where there are a lot of myths and rumors about infection and transmission easily escalates into violence, and if a prisoner is gay or a known AIDS carrier they become the target. Furthermore, gay prisoners are constantly under sexual pressure, being physically abused and forced to live at the whim of other inmates. Pointedly gay inmates are accepted only as a sex object to be used by other inmates, and are rejected in all other aspects of their life.

With all these problems, despite the valiant persons they are, no Judy Greenspan, Mike Reigle or Rebecca Lavine could succeed in battling all these improprieties. Others have got to help, but they just won't. Why they won't, I don't know. Not to single out any organization, but just as an example of the manner gay and lesbian organizations treat prisoners, I am going to recall an incident. But before I do, let me say that I consider my organization well founded. I have a couple of national organizations willing to attest to the authenticity of my work. I say this because a lot of people are under the misconception organizations are not willing to become involved in prisoner advocacy because of the insincerity of prisoners. However, this is not the case, they are simply not interested.

For example, in an attempt to gain some litigation assistance, I contacted the Lambda Legal Defense and Education Fund, who informed me that they do not do any prison work. Ironically, they referred me to Judy, ACLU National Prison Project, and Mike, Gay Community News. In a subsequent conversation I explained this to Judy, and she seemed genuinely upset that other organizations will not become actively involved in assisting prisoners. It was really a moment that displayed the lack of support. But as I said then, and I'll say now, it has always been that way. It is not uncommon for organizations to overlook pleas from prisoners for support.

I guess standing on a hill just wasn't loud enough. How high must we climb? How loud must we scream? How many prisoners must die, before this community realizes prisoners need their help?

Judy and Mike, thank you for being there—I love you. And Rebecca, welcome to the struggle.

Yours in justice  
Dee Farmer  
23288-037  
PO Box 4000

Springfield, MO 65808

# You Are Not Alone

by Jim Lewis and Michael Slocum

**M**aybe you tested HIV positive very recently, or maybe you've known for some time, but this is the first time you have reached out for information or support. You need to know that **YOU ARE NOT ALONE**. There are an estimated 2 million

people who are HIV positive in the United States.

Testing positive for HIV does not mean you have AIDS, but HIV is probably the greatest threat to your life you have ever faced. This virus may remain inactive in your body for a long time, but it may not. If you are healthy now, you may still go on to develop some sort of health problems related to HIV. You may develop AIDS. There remain many uncertainties surrounding HIV, and though there is currently no "cure" for HIV infection, there are treatments. You need to learn what information is available, and work to make informed choices about your health.

Many HIV positive people now live fulfilling and happy lives. Many are healthy and show no symptoms of disease. Many have chosen to take certain treatments and drugs that show promise to preserve and lengthen their lives. So as serious as this is, **there is hope!** You do not have to look at testing HIV positive as though you've just been given a death sentence.

**It's a good thing you finally found this out!** As upsetting as testing positive may have been for you, you're better off knowing, so you can learn about HIV and decide what you want to do about it. The fact that you cared enough about yourself to get the HIV test and the fact that you are reading this magazine show that you are concerned about your health. So give yourself some credit. You have taken important first steps to take care of yourself and you should be glad.

Years ago, those who tested HIV positive had few places to turn for support. These people felt like they were hanging in limbo. Fortunately, much has changed. We know more about HIV now and many organizations have formed around the world to offer support and information to people living with this virus. Many have already faced the questions inherent in living with HIV, and many will follow. You don't have to face this by yourself. There are many hands reaching out to assist you. Remember, **you are not alone!**

## Your Emotional Health

Finding out that you are infected with HIV is usually overwhelming. Even if you had suspected for some time that you were infected, actually discovering that you *are*

can be very traumatic experience. Testing positive for HIV has led some people to quit their jobs, quickly write out their will, and say good-bye to their friends and family, only to find out that they are not sick and will probably live for years to come. It is common to perceive these test results as an immediate death sentence. This is simply not true.

What you are feeling now is perfectly normal. Anger, fear, confusion, numbness, depression — all are completely natural reactions to the kind of news you've heard. If you've known for even several weeks, you may find yourself having a normal day, then suddenly remember that you are HIV positive. It is very common for this kind of realization to just "hit you in the face" out of nowhere over and over again. You are not going crazy if this happens to you. It has happened to all of us. Your moods may swing from profound sadness one moment to extreme anger the next. **That's normal, too.**

While there are many ways to deal with all these feelings, the first step in getting through this kind of emotional turmoil is to acknowledge what you are feeling. Often one reaction is numbness — when you don't seem to be feeling anything. Don't be surprised if you find yourself going through the day in a state of shock. Allow yourself to feel nothing. All of your other feelings will probably come rushing in soon enough. This is one way that your mind "turns off" to allow you to cope with a problem.

If you are feeling angry, that's fine. You have every right to be angry and a lot to be angry about. This little virus is threatening your very existence: It's okay to express this anger. If you are feeling fearful, acknowledge your fears. You are thinking about things that would make anyone fearful. **You are allowed to feel the way you are feeling!** Don't be hard on yourself or think that you "have to be strong." You don't have to *be* anything.

## Fear of Sickness & Dying

Almost everyone is afraid of getting sick and dying. If you are young, you may have never had to face the death of someone close to you. Often we think of dying as something that happens when we are old. You may have never really considered the possibility of your own death.

Now suddenly you are faced with HIV and your mortality becomes very real. You may be very afraid of pain, or of becoming unattractive to others through an illness. You may be afraid of hospitals.

Your reaction to the idea of getting sick or dying could go one of two ways. You may decide that you are definitely going to live and that there is no way that this virus is ever going to "get you." This is a form of what is called *dental* — refusing to face some of the possibilities of living with HIV. If you find yourself feeling this way, try to keep in mind that having hope to go on with your life is good. However, it can become dangerous if it keeps you from seeking essential medical care or prevents you from taking care of yourself.

The other way you might choose to deal with the subjects of sickness and dying is by deciding that you are absolutely going to die of this and there is nothing you can do about it. If you go this way, you may find yourself fantasizing about your own sickness and death at the hands of HIV or AIDS. You need to keep in mind that there are many people who are HIV positive who are living productive, happy lives, and you can be among them if you choose. It's good to face up to the possible consequences of this infection, but not to the point that living today becomes less important than what you fear may happen in the future. It may help to remind yourself that **everyone** will die someday, but that doesn't prevent them from living today.

### Starting Over

One of the truths of testing HIV positive is that once you know, you can never *not know* again. For bad or for good, your life will always be different in some ways now. You may be experiencing great feelings of loss about this. You may feel that certain areas of your life are now in the hands of doctors, insurance companies, or symptoms. This can make you feel as though you have less control over your own life and may cause you incredible anxiety.

Know this: You do **not** have to give up control of your life. By arming yourself with information and deciding what is right for you, you will soon realize that you are still the same person you were. It is **your** life, **your** body, **your** health, and no matter how well meaning your family, friends, or

even your doctor may be, they have no right to take control of your life. Allow yourself to take time to decide what you want to do, then do it.

You may find that many priorities in your life are changing rapidly. If you are considering making major changes in your life, just make sure you think them through carefully. Many HIV positive people have made huge changes in the way they live. Many have broken bad habits such as drinking too much or smoking. Some have gotten out of bad relationships or quit jobs they really hated. Facing the possibility of getting sick or dying has made many of our lives actually better because it has made us take action in areas we have previously ignored. Mortality can be a great motivator!

Some people blame themselves for being HIV positive. This kind of guilt and self-hate is very destructive. Regardless of how you were infected, whether by sexual contact, drug use, blood transfusion, or some other way, you probably did not intentionally go somewhere to get yourself infected with HIV — so why beat yourself up? You are facing enough right now that you don't need to be punishing yourself for testing HIV positive.

Grief, or extreme sadness, is one of the emotions that most HIV positive people face at some point. You may be grieving for yourself, facing the possibility of your own death. For many of us, this virus is not only affecting our lives, but the lives of those we love. Many have lost friends and loved ones to HIV, or have many people in their lives who are also HIV positive. If you sense this grief within you, you should allow yourself to express it in some way. You might try writing down how you feel, or if you can, allowing yourself to cry. These feelings are valuable, and normal, and ignoring them will not make them go away.

You may also feel that you are now damaged in some way — that no one will want to touch you or love you or that you are less desirable because you are HIV positive. You may feel that you will never be able to love again, that no one would want to be with you if they knew that you were HIV positive.

*You are still a valuable person, capable of giving and receiving love.* You can make your own decisions, relax, and enjoy each

day. This may be a struggle and you may have to find new ways of coping with daily life, but it's worth it.

### Getting Support

Many of us have been raised with the idea of "rugged individualism," that we must face things on our own, that this is what "strength" is all about. Asking for help or reaching out for support are often considered weaknesses. Consequently, a very common response to testing HIV positive is withdrawal. We isolate ourselves, hiding the news of our HIV status. This can be very painful.

Your life does not have to be gloom and doom. It is possible to have a very positive attitude as a person living with HIV — thousands are doing it right now — but it is much more difficult to get on with your life and live happily if you're trying to do it alone.

There is no need for you to handle this all by yourself, and it's a mistake to even try. You are not the only person facing this. Learn who they are, what they offer, and start making decisions about the kind of support you need or want.

Just hearing how someone else has adjusted to testing HIV positive can be enough to help you realize that life is still good, and that you can still have love and laughter. And you just might be surprised to learn how your own sharing can help others. We share so many issues together and each voice can be a source of support.

Support groups, like those at Body Positive, are a powerful means of learning to cope with this new beginning. There are support groups offered by HIV/AIDS organizations across the country. If you don't know of an HIV/AIDS organization in your area, call us at 212/721-1346. If there's no support group in your area, you may be just the person to get one going! You could always talk to your physician or a local AIDS organization to get the ball rolling. Just remember that those thousands of people living successfully with this virus are individuals who've reached out to get the help they needed. Wherever you are you can find support, or the means to help you create it. It just doesn't make sense for so many of us to face the same issues without sharing and supporting each other.

**You are not alone!**

## What is HIV?

A virus is a small microscopic organism that infects our bodies and causes disease. There are many types of viruses. Some cause colds or flu-like syndromes, while others can cause serious illness. Since a virus cannot reproduce itself, it infects a cell and uses that cell's parts to create new copies of itself. This process is called replication.

One type of virus is the Human Immunodeficiency Virus (HIV). HIV infects cells that play an important role in our immune systems. After HIV has used an immune system cell to reproduce itself, it often destroys it, leaving the body without its basic defense system. Researchers believe this is only one of many ways HIV affects the immune system and causes disease.

People become HIV+ by having unprotected sex (sex without a latex condom or a dental dam) with someone who is HIV+, or from sharing needles used to inject vitamins, drugs or other substances. Babies can become HIV+ through their HIV+ mothers. It is also possible to become HIV+ from transfused blood contaminated with HIV, although blood is tested for many different viruses, and is safe.

It is extremely unlikely that someone will become infected by a doctor, dentist or other health care provider.

## Being HIV+ or Having AIDS?

Being HIV-positive (HIV+) means that you have been exposed to the Human Immunodeficiency Virus (HIV), and that your body is making antibodies to the virus. Some people who are HIV+ live for many years without becoming ill; the majority of people with HIV, however, will develop AIDS at some point. AIDS is characterized by the presence of one or more opportunistic infections or cancers, which result from damage to the immune system caused by HIV, and which can cause disease or death. It is important to find a doctor who is knowledgeable about HIV infection, one you feel comfortable working with to address the many challenges of living with the virus.

## Taking the HIV Antibody Test

The easiest way to find out if you are HIV+ is to be tested for antibodies to the virus. Antibodies are proteins produced by one part of your immune system in response to an infection. HIV causes the body to create specific antibodies against HIV. Your health care provider can then test your blood for these antibodies. If your body is making these antibodies, then you have been exposed to HIV.

Many testing centers do not require you to give your name. If you are concerned about someone finding out about your HIV status, it is best to be tested this way. This is called anonymous testing.

## **The Stage of HIV Disease You Are In**

If you discover that you are HIV+, you will undergo several different tests to determine the condition of your immune system. Based on the results of these tests and a physical examination, your doctor will probably classify you as being at one of the stages of HIV disease. These categories, defined by the U.S. Centers for Disease Control (CDC), are meant to help you and your doctor evaluate how far HIV disease has progressed. The stage of HIV disease is a factor in deciding what treatments are appropriate for you and what infections and symptoms you and your doctor should watch out for.

### **HIV+ without symptoms.**

This is often referred to as the "latency" period of HIV disease. The T4 cell count is usually high, although some people with lower T4 counts have no symptoms. It is believed that HIV is slowly multiplying in the body during this period. Some researchers believe that antiviral treatment should begin at this point, before the virus has a chance to reproduce. There is still much debate about the issue.

### **HIV+ with symptoms.**

The symptoms of HIV disease can be minor or severe. Someone who has just begun to develop the first signs of immune system decline may experience minor symptoms that come and go, such as swollen glands, fever, dry or scaly skin, itching, fatigue, depression, or diarrhea.

### **AIDS - related complex (ARC).**

ARC usually means that you are experiencing symptoms and conditions that do not go away quickly. Thrush (a fungal infection that usually appears as white patches in the mouth), chronic pelvic inflammatory disease (PID), unusual weight loss, or frequent diarrhea are typical signs of ARC, as is shingles, a painful rash caused by a type of herpesvirus.

### **Acquired immunodeficiency syndrome (AIDS).**

AIDS is defined by the presence of one or more opportunistic infections or cancers, including *Pneumocystis carinii* pneumonia (PCP), *Mycobacterium avium* complex (MAC), tuberculosis, toxoplasmosis, cryptosporidiosis, severe fungal infections (such as cryptococcal meningitis), Kaposi's sarcoma, and lymphoma. Most AIDS-defining conditions are serious and require immediate and ongoing treatment.

## Finding the Right Care

Health care providers are doctors, nurses, social workers, nutritionists and other professionals provide health care-related services. You may feel most comfortable with a doctor, nurse, or case worker who has experience with HIV+ individuals, although experience is only one element of the quality of care you receive. A health care provider who knows your history and needs is a good choice.

As a patient and a consumer of health-care services, you have a right to expect certain things. You can expect to be treated decently and with dignity, and to be afforded the best options for your personal health. It's important to remember, though, that health care providers are only human. They make mistakes, bleed when cut, get tired without rest and, above all, are less-than-perfect human beings like you and me.

The temptation may be great to turn your life over to the care of someone else, but the ultimate responsibility for your own health care is yours. Care providers will assist you in the process of making informed decisions about health issues, but you've got to take care of yourself.

### Some questions and issues to concern yourself with:

How are your blood cells and markers? Which infections have you been exposed to: TB? Herpes? Toxoplasmosis?

How many T4-cells do you have? If you have less than 500 T4 cells you should discuss whether it would be helpful to start some type of preventative treatment. Your health care provider can explain the benefits and side effects of the treatment you decide on.

Ask your doctor for prophylactic (preventative) treatments to prevent opportunistic infections.

If there are experimental trials available (clinical trials), which one might be a good choice?

Are there support groups and mental health professionals who can help you?

What about a nutritionist?

## The Immune System

The immune system consists of different cells in the blood and organs in the body that work together to look for and eliminate foreign substances. There are many types of threats that the immune system looks out for. These include viruses, bacteria, and fungus to name a few.

There are two main types of immune system responses: humoral immunity and cellular immunity. In humoral immunity, an immune system component called B - cells become factories that produce different shapes that lock onto invaders and mark them for destruction. Some antibodies, referred to as binding antibodies, latch onto HIV and prevent it from infecting any new cells.

Other types of antibodies, which some people with HIV make soon after they become infected, are called neutralizing antibodies. These can directly kill HIV. Unfortunately, something happens during the course of HIV disease and these antibodies disappear.

## T- Cells

When people refer to "T cells" they usually mean immune system cells called "helper" T cells, also known as T4 - cells or CD4 - cells. Most people have over 500 T-4 cells, although some people have much higher numbers. The proportion of these cells among all the cells of your immune system is currently the best available barometer of the overall health of your immune system. The number of T4 - cells declines as HIV disease progresses. Many HIV-related treatment decisions are made based on how many T4 - cells a person has left. Depending on your T4 cell test results, you may benefit from starting antiviral therapy, even though you may not feel sick.

T4 - cells are located throughout the body, where they patrol for invaders. These cells are killed during HIV disease for reasons that are not completely understood. Another type of T4 - cells are called memory cells. When the body successfully responds to an invader, these cells remember how to attack the next time. The second attack is usually quicker. These cells are also destroyed in HIV disease. One of the benefits of measuring T4 - cells is that they can be used to help decide whether or not to begin prophylaxis against a certain disease. (Prophylaxis is a type of prevention against opportunistic infections). Once you have around 200 T4 - cells, for example, you must begin to take prophylaxis against *Pneumocystis carinii* pneumonia (PCP).

T8 - cells work with T4 - cells to alert the body to infection. One type of T8 cell produces a special protein that can kill HIV. Another type of T8 cell, called the suppressor cell, stops the immune system once its done its job. In people who are HIV+, the number of T8 - cells becomes greater than the number of T4 - cells. This is one way a doctor can tell that the body is fighting off an infection.

## Treatment Options

There are approved treatments for HIV infection that can be effective for a limited period of time. Researchers are working to develop new and more effective treatments for HIV. Fortunately, there are also medications that can prevent the opportunistic infections people with HIV develop. Knowing that you are HIV+ is important because it can alert you to the early warning signs of serious illness, and the necessity for early preventive treatment. Discuss the available options with your doctor:

- **Anti-virals or Anti-retrovirals:** Medicines that work against the HIV virus or other viruses. The first government approved one was AZT. Recently, ddI was approved for people for whom AZT was no longer working. ddC, or HIVID, was also recently approved. If you have reactions to AZT ask your health care provider about ddI, or other anti-retrovirals being studied in clinical trials. Acyclovir, or Zovirax, is an antiviral drug commonly used to treat and prevent herpesvirus infections.
- **Immune System Therapy:** Medicines and treatments believed to be able to strengthen the immune system. Some of these treatments are chemical versions of substances which the body produces. Others are alternative or unapproved treatments. Certain nutritional substances may also benefit the immune system, when used in conjunction with standard medications.
- **Prevention, or prophylaxis:** Drugs and treatments that are used to prevent and treat opportunistic infections such as: Bactrim, Dapsone or Aerosolized Pentamidine for PCP.

DFA PACKET

# Monitoring Your Health

by Jim Lewis

After testing HIV-positive, a logical next step is to find out what "stage" of HIV disease you are in. The most common way of monitoring your health, particularly for people who are HIV-positive and without symptoms, is the diagnostic tests that can tell you how your health is in general, and more specifically, how the health of your immune system is. All of the tests commonly used currently to provide this information are blood tests, so when you get ready to monitor your health, expect to have some blood drawn. The following are the basic tests most people living with HIV are given and what they mean.

## Complete Blood Count (CBC)

The first and most common test you should receive is the **CBC**, or **Complete Blood Count**. The CBC simply counts numbers of white and red blood cells and gives you general information about the state of your health. It is not specific to AIDS or the immune system, but is necessary to monitor overall health, and usually includes other numbers which are useful to people living with HIV. Because it is such a common test, this test is not questioned by insurance companies and does not raise a "red flag" regarding your HIV status. You generally need a CBC if you are testing for your T4 count at the same time, since the total number of lymphocytes (a type of white blood cell of which the T4 is one) is needed to calculate numbers like the T4% (discussed later).

Some of the things to look for in a CBC are the *White Blood Count (WBC)*. Almost any AIDS-related medication will make the WBC drop to a lower level, so it becomes your "normal" level. Other things on the CBC include the *hematocrit*, *hemoglobin* and *platelets*, which are usually looked at together to see if a person is anemic (lacking in red blood cells). Another indicator to look for is the *MCV* or *mean corpuscular volume*. This measurement usually goes up when someone is on AZT, so in double-blind trials of AZT vs placebo, a lot of trial participants used to use this result to tell if they were on placebo or not. The other side of that coin is that the doctors sometimes use it to see if you're really taking the

dosage you say you're taking or if you're cheating. On today's often lower doses of AZT, the MCV does not seem to vary as much as it did in higher doses, so it's not as useful in this way. The *sedimentation rate* can possibly indicate if someone is actively fighting an infection (if they are, it tends to go up).

The CBC usually includes tests for levels of certain chemicals in your blood. Some of the chemicals that are automatically tested for are *cholesterol*, *triglycerides*, *sodium*, *potassium*, certain liver enzymes and *glucose*. Some of these chemical tests become useful to people with HIV at certain stages of the disease or, particularly, if they are on certain treatments. Some of the things you may notice in your blood chemicals are things like HIV-positive people seem to have low cholesterol levels and high triglycerides. (A large lab in New York puts the CBC and these chemical tests on a single computerized sheet, and at the end rates your chances of heart attack — I'm always amused when they tell me that I'm "at very low risk of heart attack" — I'm soooo relieved!)

If you are taking certain drugs that can be hard on the kidneys (such as Bactrim or Septra to prevent PCP), then the *sodium*, *potassium*, *BUN* (*Blood Urea Nitrogen*) and *creatinine* levels can tell if your kidneys are working too hard. If you're on ddI, they can include a test for *amylase* (an enzyme produced by your pancreas) to make sure that you don't develop pancreatitis. Certain treatments and conditions can lead to liver damage and the CBC and chemicals can monitor chemicals such as *albumin* and *bilirubin* to see how well your liver is functioning. Some physicians have noted that *LDH* (a hormone) goes up before someone comes down with PCP, so it is sometimes used as a warning signal (although its reliability is disputed) and *SGOT* is a test of cardiac function. So while none of these measurements is specifically and directly related to

HIV (anyone checking into a hospital for any reason would get tested for most of these things), it still is very useful to monitor these chemicals and counts.

### T-Cell Tests

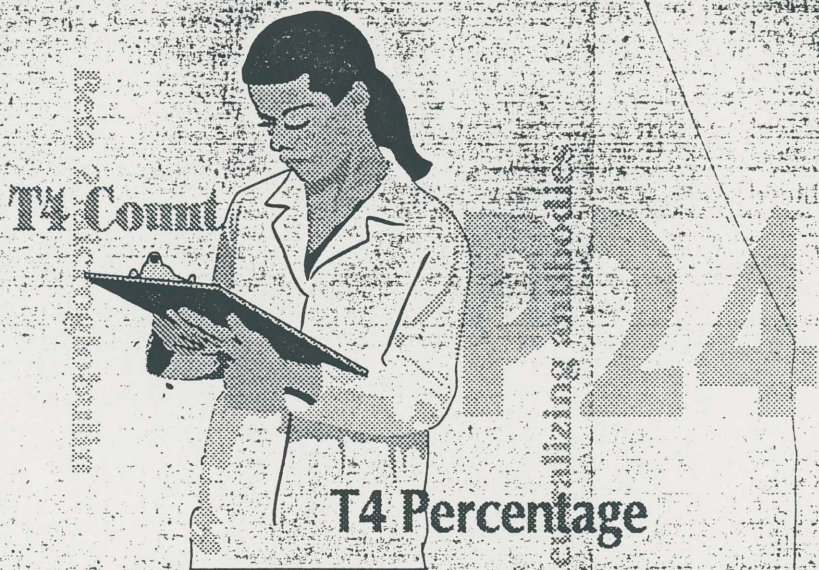
Somehow, everyone who tests HIV-positive seems to know about T-cell counts within a couple hours of testing positive. The T4 cell (also referred to as the T-helper cell or the CD4 cell) seems to be one of the primary targets of HIV and the loss of T4 cells in the body is considered the "hallmark" of AIDS. Therefore, testing for levels of T4 cells has been considered an important part of health care for HIV-positive patients (so much so, that some people have not bothered getting tested for HIV and are just monitoring their T4 counts). At a meeting last year on "surrogate markers" (using test results to see how someone's health is, as opposed to waiting for symptoms) a group of scientists and the FDA concluded that the T4 cell count is still the most significant marker we have today for monitoring the progression of HIV disease. So it's important to understand how to read these tests.

The first number you'll see (and the one that most people concern themselves with) is the **absolute T4 count** (you'll just hear it called someone's "T-cell count.") This number is the number of T4 cells per cc (cubic centimeter) of blood in the sample. By establishing a "normal range" in a large number of people, it was hoped that by monitoring this count, physicians could find appropriate places to intervene in the course of this disease. This "normal range" is actually anything but normal, as everyone seems to be different and T4 cell numbers seem to vary, not only from

person to person, but from time of day to the next. The usual normal range you will see is from 500-1500 (although I have seen normal ranges listed that went as low as 400 and as high as 2100).

The second number of significance is the **T4 percentage of lymphocytes** (often just referred to as your T4%). This is the number of lymphocytes that are T4 cells (T4s are a type of lymphocyte). This number has

with great alarm by many people, however several years of following these results has led to a different perspective. It is now believed that the T8 cells may actually become programmed by the body to attempt to take over the function of the T4 cells if their numbers should decrease, so an inverted ratio may simply mean that your body is fighting well, rather than that something horrible is happening. At any rate, this



been shown to be significant in understanding the T4 absolute count. Normal ranges vary from 32% to around 50%. For example, if your absolute T4 count was 600 and your T4% was 47 and 3 months later your absolute count was 550 and your T4% was 48, this indicates an insignificant change. It's probably just a normal variation.

Another number that will appear on your T-cell tests is the **T4:T8 ratio**. It was established some time ago that the "normal" ratio of T4 cells to T8 cells (also called the T-suppressor cell or CD8 cell) is 2 T4s to every T8. In people who are HIV-infected, this ratio often inverts itself so that there are more T8 cells than T4 cells. This used to be viewed

ratio has not been found to have much value as an indicator that the disease is progressing, and it is not used as a guideline for when to intervene. This test is expressed as a decimal, by dividing T4s by T8s. For example a perfect 2:1 ratio would show up on the test as 2.0, and a person with AIDS might have a much lower ratio like 0.85.

Remember that white blood cells do most of their work in the tissues of your body and simply use your blood to travel in. These tests only measure T4 cells that are free-floating in your bloodstream. So it is important to take the absolute count along with the percentage. A drop of more than 3% is considered significant. In our

example, if the first percentage was 48% and the second number was 42%, it could indicate that some damage was being done to the immune system (but even 42% is still within the normal range). It's sort of like taking a picture of your apartment to show someone what it looks like and you take a picture of the refrigerator, and show this picture of the refrigerator to a friend at work and say "this is what my apartment looks like." That would be silly. But if you took pictures from a wide variety of angles and then pasted them all together, you might get a fairly accurate picture of your apartment. So you should not take any one of these numbers all by itself.

What is important, particularly if you are getting your T4 count for the first time, is that you establish a baseline for yourself. The healthier you are and the earlier you found out your HIV status, the better a chance of establishing a good baseline for yourself. For some people, their baseline T4 count may be 600, while for others it may be 1000. Your baseline for percentage may be 37, while another person's may be 51. You really have to get started monitoring the numbers and keeping track of them in order to establish a trend. One test is not enough. Of course, if that first T4 count is only 100, there is certainly reason to intervene immediately in certain ways, but if your first test is 600 and your second one is 550, there isn't necessarily any reason for alarm.

T4 cells seem to circulate in higher numbers as the day goes on, reaching their peak in the afternoon, and they tend to be lower in the mornings (particularly before eating) so it's important that you have blood drawn at the same time of day each time. Don't go to your

physician in the morning one time and then in the afternoon the next time. And don't think you have to go in the afternoon when they are higher (unless that makes you feel better somehow). Just be consistent about the time of day. Also, numbers vary widely from lab to lab, so hopefully, you are going to one doctor, who uses the same lab each time. Consistency is the rule. Don't go if you are hung over from the night before; put off getting your bloodwork if you had the flu last week (since any illness greatly affects the number of lymphocytes in your body).

Some of the T4 counts which many physicians use as points of intervention are: Under 500, many physicians begin prescribing an antiviral, such as AZT or ddI. It has been observed that most people don't develop PCP (pneumocystis carinii pneumonia, the most common AIDS-related pneumonia) until their T4 cell counts reach about 200. So many physicians begin PCP prophylaxis (taking a medication to prevent PCP) if their patients' T4 counts drop to around 300. When T4 cells drop under 100, there are other common AIDS-related infections that can be prevented in many people, such as cryptococcal meningitis and MAI/MAC.

#### **Beta 2 Microglobulin**

**Beta 2 Microglobulin** is a protein that is in all of your living cells. When a cell dies, it releases some Beta 2 into your bloodstream. Because white blood cells are so huge by comparison to the rest of the cells in your body, it was hoped that if the numbers went very high, it would indicate the death of a significant number of white blood cells. This theory seems to have panned out, and this test seems to be a fairly good indicator of disease progression and

cell death in people with HIV. You should never have a zero on this test (since cells are always dying in your body) and the normal range is anywhere from 2.0 to 2.5. When the numbers approach 3.0, it could indicate death of significant numbers of white cells, and intervention may be appropriate. It also may be interpreted by your physician as an indicator that more diagnostics are needed. Again, don't take this test by itself — it should be looked at in combination with the absolute T4 count, the T4 percentage of lymphocytes and the general results of the CBC.

#### **P24 Antigen**

**P24** is a protein that is at the core of HIV itself. So of all the tests we've talked about, only this one is actually an "HIV test." This test is generally considered a research tool, not a normal diagnostic test, so some labs won't even list it on their list of available tests. What this means, more often than not, is you can't get this test all by itself. They may do it in conjunction with a Beta 2 Microglobulin test. It is based on the idea that the only reason you would have p24 protein floating in your blood is if HIV was actively replicating. However, there are many reasons that this may not hold true and it is not considered a very accurate diagnostic test by many researchers and is not considered reliable by many physicians. However, it is still in fairly wide use as a supplemental test to the other tests listed above, and can be useful if someone's T4 counts have fallen below 50 (at which point the T4 tests aren't as useful as they are at higher numbers). Because of the controversy surrounding this test, your physician may or may not recommend it to you. Those who still use it now use it quantitatively, that is, higher num-

bers indicate more viral replication. Used along with the other tests, it may be useful in determining a plan of intervention. All by itself, it's just a picture of the refrigerator again.

### **Neutralizing Antibodies**

It has been found that certain levels of HIV antibodies called **neutralizing antibodies** can indicate that the body is fighting well and may hold off certain types of infections. This is still a largely experimental diagnostic technique, but has come into wider use in the last couple of years. When you were first tested for HIV status, you were tested for antibodies to HIV, not for HIV itself. This, too, is an HIV-antibody test, but your initial test was to see if any were there, not how much. These newer tests attempt to determine how much antibody you are producing. Specifically, these tests look for the presence of certain neutralizing antibodies, which seem to help people stay healthy longer. Some physicians find them useful in gaining another small part of the overall picture of your health.

### **Interpreting the Results**

Just because you have read this article does not mean that you now suddenly can interpret a lab printout. You still need the help of a qualified health professional, and hopefully your greatest ally in understanding the state of your health is your own physician. You should sit down with your physician when your test results come in and have him/her explain to you what the numbers mean, what the normal ranges are for the particular lab you are using, and what the abbreviations on the printouts mean. Almost all lab results are compiled by com-

puters these days, and they don't write out the full names of the tests. Remember, you paid for these tests (or your insurance did), and they belong to you. So you have a right to ask for copies of the printouts if you wish.

### **Overall Guidelines**

You should generally have this kind of blood work (CBC with chemical levels and the T4 counts, maybe the Beta 2 and the p24) about every 3-4 months. Some physicians used to recommend that if your T4 counts were higher (above 600 or so) that every 6 months was sufficient, but many physicians now say that too much can happen in 6 months. 3 months is pretty standard practice for most HIV-positive people.

Don't forget, when monitoring your health, that symptoms are also an important indicator. You may be having incredible headaches that could be related to an infection, and they may not show up on any of the blood tests we discussed above. Make sure you inform your physician of anything that seems wrong, even if it seems to you like "not a big deal." It may be important.

A few other procedures are worthy of mention. Sometime soon after you test positive for HIV, you should be tested for other sexually transmitted diseases, such as syphilis and gonorrhea. Women should get a pap smear at least every six months, along with a colposcopy, which can detect some things that a pap smear might miss. And, of course, you should have a complete examination by your physician at least every six months, to check your mouth, skin, eyes, etc.

### **Using a Medical Diary**

We have included a brief "Medical Diary" for you to keep track of some of the most important of your test results, if you wish. We have provided some blank lines for things you are monitoring due to medications you are taking. For example, you could use one of the blank lines to monitor your amylase levels if you are taking ddi. On the backside of the form is a record of physician visits with room for four visits. You could make photocopies of this form or use your own. Often people have something they wanted to ask their physician about, and when they get to the doctor's office, they forget. With a diary of forms, you can write down what you want to discuss and have it with you during your appointment. You can also use it to keep track of any medications you are taking and we have provided a space for you to write down what your doctor has told you. This form is a first attempt at keeping track of this kind of information, so we welcome any suggestions you may have regarding its design and usefulness.

It's important that you realize that, as important and useful as these blood tests are, you don't just lose some T4 cells and keel over. Many people are living with very abnormal levels on many of these tests and doing okay. These diagnostic tests are simply a tool to be used to help us make decisions about starting or discontinuing treatments. New diagnostic tests are being designed that will, hopefully become even more useful than the tests we currently have access to.

Twilight shadows stole softly across the floor of my new apartment as I nursed my infant son, absorbed in the fresh wonder of motherhood. Long after I finished nursing, I held him close, hearing his tiny breathing, smelling his baby smell. Our small living room turned from mellow to cool dusk. I snapped on the lamp, bathing the room and us in a glow of happiness.

"This is our home, Wilson, cozy and safe," I whispered, kissing his soft cheek. Recently I'd separated

jumped. A voice, soft and gentle, said, *You will only have Wilson for a short time. Teach him about God.*

My heart was pounding. "Was that You, Lord?" I asked, knowing it was. Shifting a sleeping Wilson to one arm, I went to the window and pulled the cord on the drapes. Would I see an angel? There was only the dark silhouette of the maple tree blowing in the October wind. I hurried to the phone and called my mother.

Her calm, familiar voice reassured me. "Don't worry," she said. "Short

sion of blood protein, he contracted the virus that causes AIDS. The doctor had tears as he told me. I looked this caring man in the eye and said, "My son will be the one in a million to beat this." The doctor didn't an-



"I don't want to leave you yet" were his words, but I knew my son was asking my permission to die.

# The Courage Not to Fight

by Denise Wicks-Harris, Mount Kisco, New York

from my husband and moved from Philadelphia, Pennsylvania, to Mount Kisco, New York.

At last my life was getting settled. I'd found a job as a domestic where I could keep Wilson with me. Our apartment was in a large complex, convenient to shopping and with wonderful neighbors. There was a big grassy lot and a playground. Important things for Wilson and his older sister, Yolaine, as they grew.

I was still holding this sweet burden of mine when he fell asleep. As I leaned back to rest, suddenly I

time could mean a normal life span because the Bible says, "A day with the Lord is as a thousand years." Perhaps God has a special purpose for Wilson and wants you to start teaching him right away."

Of course! I began singing to him and talking to him of Jesus' love.

When Wilson was two he was diagnosed as having hemophilia. It would be hard and often painful for my son, especially since he was so active. But we could live with it.

Then when Wilson was four I got shattering news. Through an infu-

swer, but neither would he dash my hope. We immediately began with the drug AZT, which has prolonged the lives of many AIDS patients.

For five years Wilson continued with his normal routine. Then the virus struck. Still I couldn't believe he would die. I prayed hard.

During the last few months of second grade Wilson began a downslide. He loved school. His teachers were great and wanted him there, despite his physical problems. He was an outgoing child who was popular with all the kids as well.

One day the school nurse called me at my desk where I was a receptionist at Mount Kisco Medical Group. Wilson had had a seizure. He was going down the steps at recess and hit the wall, breaking his glasses. Would I please come right away?

I found him lying on a cot in the nurse's office, his face swollen and bruised. He was dazed but managed a feeble smile and tried to sit up. He was a fighter. I slipped his broken glasses in my purse, knowing they could easily be fixed and wishing all of life was that simple. "Come on, honey," I said, my arm supporting him, "the doctor will adjust your medicine and it will be all right."

And it was. For a little while Wilson was back to his old self, almost. I'd watch him through the bedroom window of our apartment, where kids, just home from school, were gathering. They were skateboarding and after that, chasing one another around the jungle gym. There was a catch in my throat as Wilson drifted to the sidelines and sat lethargically on the grass while Yolaine followed and kept an eye on him. After a while I heard his footsteps, weak and shuffling, on the outside stairs. I opened the door. "Wilson..."

"I'm all right, just tired," he said in his little boy voice that belied man-sized courage. As he reached for a book and slumped on the couch, I wondered if there were any limits to his bravery. There were.

Mid-June came, the last two weeks of school, and Wilson had to drop out. A crushing blow. He was running a high fever that wouldn't break and the doctor had him hospitalized.

Einstein Hospital in New York City's Bronx is an old, plain building fighting its age and looks with fresh paint. Wilson was in the pediatric

unit in a small private room with a bed next to a deep-sill window overlooking the street. It had a chair that folded back for me to sleep in at night. I used my vacation and sick time from work to stay with Wilson.

The next day my son was lying weak in bed, having just returned from a bone marrow scan. The doctors still hadn't found the cause of his fever. Fluid from an IV unit was dripping into Wilson's arm. I reached for my worn Bible and opened it to where Jesus gathered the children on his lap. I read to Wilson, picturing those little ones climbing all over Jesus, His strong carpenter's arms holding them protectively and His eyes burning with love. I thought of those hands that healed all who came to Him when He was on earth, and I sent up another prayer.

Then came an ice-cold shock. Wilson looked up at me and said, "I know I'm dying, but I don't want to leave you yet."

I went numb. With all his medical problems—hepatitis, blood transfusions three and four times a week, limbs locking painfully from internal bleeding, seizures—he had never, ever mentioned dying or giving up. Until now. He was a fighter, and it was important that he keep on fighting if he was going to live.

"Honey, you're not dying," I said. "You're sick, but we're going to fight to make you better. You're going to keep on taking your medicine. You'll get out of the hospital and..."

I stopped. His eyes, glued to mine, were pleading. Suddenly I saw the depth of his terror, the awful weight of dying. Of leaving me, his family, friends, his room that meant so much to him, going out of his body and moving to an alien place called heaven. Unlike the visits to his uncle in

Philadelphia, there would be no phone calls home. Total separation.

I laid the Bible aside and stroked his thin arm. "Jesus loves you, even more than I do," I said. He fell asleep. I sat still in my chair, looking out the window at a lazy summer day. "Jesus," I began, remembering how easily Wilson prayed, about everything small and great, "I can't believe that he's going to die. But if it comes to that, help my son to know that heaven is wonderful like Your Word says. Help him not to be afraid."

Summer passed in a blur of hospital trips, ups and downs, hope and despair. Before I knew it, the nip of fall had arrived and the leaves were flaming... then withering brown, then gone, and it was winter. Wilson was now bedridden at home.

As the winter wind beat against our building, I tried to think of a way to make Christmas special for Wilson. My mother had moved in with us so I could still go to work. "How about his own tree in his room?" she suggested. We got a table-sized one because his room was tiny. The lights winked at him all through the long nights when he couldn't sleep.

Christmas Day came. Family arrived and we celebrated. Wilson was propped up on pillows on the pullout sofa, his hand resting on one of his presents. There was a faraway look in his eyes that couldn't be penetrated, not even by the train set we surprised him with, though he managed a smile and ran the train around the track twice. He fell asleep from the effort.

I sank into a chair next to him. From the kitchen came the clatter of pots and pans, and the smells of ham, fried chicken, mashed potatoes and gravy. Wilson opened his eyes and immediately his face searched

for mine, as if to confirm that he hadn't left me yet. I finally admitted it. My son was dying.

January 12, a gray, wintry day, I carried Wilson from his bed to the living room sofa. There I bundled him up for this last trip to the hospital. He looked around at each piece of furniture, each picture on the wall, the doorway, the kitchen table and the dishes drying in the sink, soaking himself in memories. "Jesus loves you," I said, praying that Wilson would know it. *Really* know it.

At the hospital my own strength was about gone, and as day stretched into night I felt strangely numb and detached, almost in shock. Doctors, nurses, family drifted in and out, urging me to sleep, telling me they'd wake me if anything happened—"anything" being the moment of death. The next morning came. Wilson was thirsty, but he couldn't swallow. The soft drink dribbled out of his mouth. As the day progressed he couldn't talk. I remembered a line from his favorite song and could still hear him at church, handsome in his suit, singing for all he was worth: "When I'm sick and can't get well, Lord, remember me... Do Lord, oh do, Lord, oh do remember me, way beyond the blue."

*Please, Jesus...* It was dark again

at a quarter to five, and suddenly Wilson became alert, opening his eyes and looking right at me.

"I'm going home, Mom."

How could I explain to him that this was impossible? "Wilson, Mommy can get oxygen for you, but you can't go home with the IV."

"No, Mom. I mean I'm going home to be with Jesus."

Home. He was calling heaven *home*. Gone was his dread of leaving me and all else he knew and felt connected to. Wilson's eyes were now focused beyond me. "Jesus is coming to get me. Okay, Mom?"

Jesus Himself coming to take Wilson home. "Yes, Wilson," I said. Fifteen minutes ticked by. My son's eyes closed. His breathing grew more labored. Then stopped. The doctor came in, leaned over and checked his pulse.

"He's gone," the doctor said gently, touching me. Involuntarily I screamed and grabbed my son by the shoulders. Wilson opened his eyes and started breathing again, a pleading look on his face, as if to say, "Let me go... home."

In my mind I could see Jesus waiting. "It's okay, honey. You can go now. Mommy's all right."

He smiled, stopped breathing and walked home with Jesus. ◀

# PRISONERS PERSPECTIVES

## GOD, WHY?

by Dee Farmer

Learning to accept the tragedies that AIDS has brought to Earth has filled many people with questions that seem to go unanswered. Questions recede to the back of our minds, only to resurface at our next dose of AIDS reality. If your life has been touched by this disease, then you know what it is to question your own existence, to despise your own soul. Anyone who has had a direct or indirect encounter with AIDS definitely had to open up that chapter entitled 'death', look it in the face and come to terms with reality. Though some of us have come to accept the effect AIDS has on our lives, friends, community, family and the world, it seems all of us could periodically step back and take a look at how AIDS has robbed us of hope, life and liberty. If not from heartfelt emotions, then out of hopelessness and desperation, the question emerges: *God, why?*

This is probably more so for prisoners than any other group affected by AIDS. Being in prison is isolating in itself. The loneliness of prison life causes a false sense of security to develop, in which ego and physical strength are major factors. There is no place for AIDS, not even in the prison church. This leaves prisoners with AIDS no one but themselves to deal with their medical condition. If the lines of heaven were open for all to hear, the cries of many prisoners living with AIDS would be heard, not only pleading for mercy, but asking: *God, why?*

Kindred to prisoners are children

with AIDS. Many children and young teenagers, fourteen through sixteen years old, are HIV seropositive. Prisoners have no or limited access to spiritual guidance and children are too young to fully understand. It is almost impossible to envision telling a child or adolescent what it means to die when they have not yet learned to live. God, where is the mercy and love you promised? *God, why?* A child with AIDS may cry out to God, begging for his help, and when emotions overwhelm the young soul, the youngster bravely may ask, *God, why?* What response does he receive?

Unfortunately, some people have come to accept the unqualified theory that AIDS is a punishment from God. To accept AIDS as a punishment from God is to stop reaching forward, seizing each opportunity to grow in the understanding and application of faith. Most of all, it is a denial of the gospel message, which grips the mind, stabs the conscience, warms the heart, saves the soul and sanctifies life. Be assured that "the gift of God is eternal life through Jesus Christ, Our Lord," not punishment. But even those who do not seek answers to their questions through the Word of God still ask, *God, why?*

If we are to take our lessons from the Word of God, then the Book of Job contains the answers. Job was a good man who suffered total disaster—he lost all his children and property, and became afflicted with a repulsive disease. When all this happened, Job sat by the garbage dump and took a piece of broken pottery to scrape his sores. However, he continued to have faith in God. When Job finally broke down, he said to

God, "I am tired of living. Listen to my bitter complaint. Don't condemn me. God, tell me!"

God's answer to Job's questions is a very hard one to accept, but it is essential to our salvation. What God basically told Job was, Who are you to question my wisdom? I am the Lord, who works all things together for the good of those who love me. Didn't I give you air to breathe? Didn't I breathe life into your body

*If the lines of heaven were open for all to hear, the cries of many prisoners living with AIDS would be heard, not only pleading for mercy, but asking: God, why?*

and give you eyes to see with, feet to walk with, ears to hear with, and a mind? Of course, Job had no answers for God. Other than to admit God is God, and to believe in him and trust in him, to have faith in him, through good and bad.

Stepping back to look at the phenomenon of AIDS may bring despair and questions, but if you look at all of God's wonders you will be filled with hope, faith and a desire for living. The wonders of God are all around you—the sun, the wind, the grass, even the food you eat and the clothes you wear. To really see these things is to have seen God's glory. So, the next time AIDS gets you down, take a look around you—look up to heaven, and know that God is with you. Let there not be a day when your heart and mind are not trained on the riches of God's kindness and love.

*Dee Farmer is a federal prisoner and paralegal. She has been involved in research and litigation of cases involving prisoners' rights, including HIV+ inmates.*

# PRISONERS PERSPECTIVES

## NOTES FROM THE INSIDE

## SEX IN PRISON

by Dee Farmer

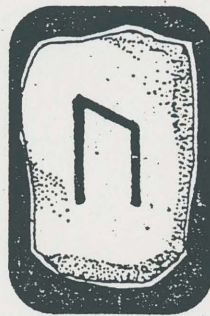
**W**ith the rising numbers of inmates infected with the human immunodeficiency virus (HIV), prison administrators are faced with the complexities of how to prevent the transmission of HIV among prisoners. The options are few: stop sex and intravenous drug use, or issue condoms and hypodermic needles. When one option is impossible and the other highly controversial, what do they do?

Sex in prison is real and alive. Prisoners who are vulnerable and hungry for affection often turn to each other for comfort. The pleasure and sense of caring derived during sexual intercourse can become so essential for some inmates that they become promiscuous. Unfortunately they believe that they are at minimal or no risk of contracting HIV; however, the risk is often great. Studies have consistently shown the existence of sex in prison even among inmates who do not engage in homosexual activity when not incarcerated.

Of course, it is prohibited for inmates to engage in sexual intercourse with one another, but that does not stop them. Prison officials are aware that they could never eliminate sex behind bars. It is a known fact that for years prison officials viewed homosexual activity as a comfort to prisoners and in many instances sanctioned homosexual relationships. Homosexual activity was known to occur in housing areas, bathrooms, showers and other non-monitored areas of the institution. When inmates were caught engaging in sexual acts it was not viewed as a major disciplinary infraction and sanctions were minor, if any.

Now, with the AIDS crisis, prison officials have begun to look for ways to curb the transmission of HIV. But, as one major tabloid recently wrote, "sexual activity is occurring in prison and the chances of stamping it out are slim." Not only slim, but unrealistic—there will always be sex and intravenous drug use in prisons, even more so now with the prison system bulging at its seams. Irrespective of the well-documented fact that prisoners continue to engage in sex and drug use, placing them-

selves at risk for HIV infection, the majority of prison administrators will not allow condoms in their institutions. They claim that distributing condoms would be contrary to their rules. An article in the *Washington Post* quotes Mary Campbell, a health educator for Washington, DC, prisons: "Under the District government law, sodomy is considered illegal. If we were to pass out condoms, then we would be going contrary to our own laws." Sadly, their obligation to abide by rules and laws is greater than their ability to save human lives. While New York City, Philadelphia and a couple of institutions in California issue condoms, the majority of prison systems, including the federal government, seem to be saying, we know our inmates engage in sex—but in doing so they break our rules and run the risk of being infected with HIV—so this is what they deserve and we are not going to do anything to help them.



It is noteworthy that prisoners who are caught engaging in risky behavior may be administratively or criminally charged. The federal prison system places HIV positive inmates whom they believe pose a danger to others in controlled housing. Predictably, this determination by prison officials is arbitrary, causing the policy to be researched and hopefully challenged for constitutional infirmities.

What do we do? As prison officials continue to turn their eyes, hearts and minds in the opposite direction and vulnerable prisoners allow passion to lead them into the world of AIDS—*Unite and lift our voices demanding that prisoners be given protection against HIV transmission.*

*Dee Farmer is a federal prisoner and trained paralegal. She has been involved in the research and litigation of numerous cases involving prisoners' rights, including HIV-seropositive inmates.*

# PRISONERS PERSPECTIVES

## AIDS HAS A FACE OF ITS OWN

by Dee Farmer

In the United States there are three levels of prisons—federal, state and local. The Federal Bureau of Prisons operates a network of 62 correctional institutions ranging from maximum security penitentiaries to minimum prison camps. These institutions house inmates convicted of federal offenses. Each state generally has a Department of Corrections that operates state institutions housing persons convicted of state offenses. Local facilities operated by cities and counties are used for short-term incarceration and pretrial detention. Of every 100,000 people in the U.S., it is estimated that 426 are imprisoned—the highest rate of any country in the world. With these statistics, it should be evident that the faces of prisoners, which comprise “the faces of AIDS,” are as diverse as those in society, in terms of the racial and ethnic mix and the varying levels of social status.

Indeed, taking a walk down Prisoners AIDS Highway reveals that AIDS has been able to penetrate the prison walls and fences, and collect some faces there too, black and white, yellow and orange, and purple and blue. Neither color nor social class has made a difference. Though AIDS has shown a marked predilection for the poor, it has attempted equality by also touching the bourgeoisie and well-to-do socioeconomic classes.

The diversity of “the faces of AIDS” in society and prison is probably the only common factor between prisoners and unconvicted persons living with AIDS. Unlike people living with AIDS in society, prisoners have no say in the type of treatment they will or, more often, will not receive. They live in overcrowded prisons where brutal and inhumane conditions threaten their already deteriorating health. Because AIDS fosters fear, victimization, ostracism and violence in the undereducated, homophobic prison environment, prisoners’ sense of empowerment is virtually non-existent, and denial is rampant. Notwithstanding, AIDS poses a serious problem to the prisons’ health care system, which has neither the facilities nor the staff to provide the intensive nursing care and psychosocial support services prisoners living with AIDS require.

Each prison system has handled the problem differently. A few have developed educational programs and medical services specifically to serve prisoners living with AIDS. Others segregate HIV seropositive prisoners in special housing units, where they are seemingly left to die. Only a handful have condom distribution programs. Even fewer offer compassionate release. Most compassionate release programs require the prisoner to be almost dead and involve so much red tape that the prisoner is usually dead before he can be released.

Since there have been many generalizations about the situation of prisoners with AIDS, in this article I will take a brief look at the federal prison health care system. In future articles, I will attempt to provide a more personal review of prisoners and AIDS. I believe that it is essential that you get not only statistics, but also first-hand stories.

The Bureau of Prisons with all its institutions has only three facilities designated as prison hospitals. The flagship institution for the treatment of ailing prisoners, including those infected with HIV, is the U.S. Medical Center for Federal Prisoners in Missouri. This institution, located on a 257-acre campus in southwest Missouri, carries the brunt of the prison treatment burden. If it were not for the double fences, razor wire, armed towers, guards toting walkie-talkies and handcuffs, and the steel grille and bar-covered windows, this place would probably resemble any other hospital—in appearance, of course.

The substandard and unorthodox practices at this medical center have caused a flurry of publicity and even Congressional and civil rights investigations, which thus far have borne no results.

In a recent case, a federal court awarded a former prisoner and his wife \$400,000 in damages for an operation performed at the medical center which left the ex-prisoner impotent for life. Though the judge ruled that the operation breached “the care required and expected of a medical doctor,” the Bureau of Prisons promoted the doctor who performed the surgery to Chief Surgeon of the Medical Center. Further, a segment of *60 Minutes* revealed that numerous federal prison doctors are without license. Moreover, according to one account, a general practitioner at the medical center stated, “At least a half-dozen AIDS inmates had died within 48 hours of undergoing a bronchoscopy.” For prisoners, the face of AIDS = the face of death!

Prisoners with AIDS sent to the medical center are housed on a ward designed for terminally ill patient/prisoners. This ward houses inmates with cancer, heart dis-

# Bill Aims To Resegregate HIV Prisoners

JEFFERSON CITY MO-A bill now before Missouri lawmakers would order state officials to return to a policy of segregating HIV positive inmates. Since November, state officials have sent more than 80 of the inmates from the HIV ward to general populations of prisons throughout the state.

"Until they can confirm that consensual sex or rape doesn't occur, then they should continue to segregate," said Rep. Michael Reid, R-Florissant and sponsor of the segregation bill. Reid was testifying before the House Correction Committee February 5.

Based on filed incident reports, sexual activity in prison would not seem to be a significant issue. In 1991,

there were 10 reports of rape for 10,000 inmates and 75 reports of consensual sex for every 10,000 inmates, according to state Correction Department figures.

But as inmates are reticent to inform officials about sexual activity, these figures underestimate the actual incidence. There have been unofficial estimates from inmates that as many as half the prison population has engaged in homosexual acts. Peter DeSimone, director of the Missouri Association of Social Welfare, told the committee hearing on Reid's bill that sexual activity "will go on as long as you have young, sexually active persons."

State prison officials say they place a high priority on

their AIDS education program to stem the spread of HIV in the prisons. The program, they say, consists of videos, brochures and seminars. But inmates have said they were unaware of such an awareness program.

DeSimone endorsed making condoms available to inmates, saying the argument that condoms encourage behavior "is an absurd position." But prison officials disagree. The rule is not to allow sexual activity, according to Dale Rile, director of the Corrections Department's Classification and Treatment Division. He added that providing condoms would be "schizoid behavior" that would send a mixed message to inmates.

ease, tuberculosis, and other life-threatening diseases. The log book which records inmates daily movements reads "released to death" on almost every page. How many of these releases were AIDS patient/prisoners?

On this ward with its lights shining so bright, the cries of prisoners in pain seem to pierce your heart, and the real face of AIDS emerges. An ugly, hideous face, pus oozing from its pores. A face with a sly grin that drips its oozing venom on whomever it can, which seeps into their bloodstream and attacks their health until "release to death." That is the face of AIDS—one distinctly its own.

## REFERENCES

1. *Washington Post*, "Prison Hospital May be Hazard to Inmates Health," June 14, 1992.

2. *60 Minutes Transcript*, "That's the Law," March 17, 1991.

*Dee Farmer is a trained paralegal and has been involved in numerous prisoners rights cases, including HIV seropositive inmates.*

Arizona Community Echo

## Captive audience

Atlanta—Prisons have the highest HIV rate of any public facility, and inmates, as a truly captive audience, are prime targets for AIDS education. Yet only a fraction is tested for or taught about the deadly virus, the CDC says.

"The correctional system provides excellent opportunities to reach persons at risk, or if they're already infected, prevent the spread to others," said Gary West, assistant deputy director of the Federal Centers for Disease Control's HIV unit.

"There are some good efforts out there, but it's obvious there's a lot more that needs to be done," he said.

The CDC reported June 4 that 50,000 of the nation's 4.3 million prison inmates were tested for AIDS last year, and fewer received in-depth AIDS education. Four percent of those tested had HIV.

On June 3, Harvard University researchers estimated that at least 13 million people worldwide are infected with AIDS, and that as many as 120 million could be infected by 2000. Those estimates were sharply higher than previous figures from the World Health Organization.

West found 430 prisons in 42 states,

the District of Columbia and Puerto Rico that tested inmates for acquired immune deficiency syndrome. Most inmates who were tested volunteered, although some prisons make testing mandatory.

Another 48 prisons provide more in-depth AIDS education and risk-reduction programs.

The District of Columbia, which has the nation's highest AIDS rates, provides one such program for juvenile inmates. Youths who are released can also enroll in a follow-up program with mentoring, peer support and access to health services.

Palm Beach County, Fla., gives parolees condoms and information on how to clean drug needles.

The Atlanta-based CDC last year warned that prisons have a higher incidence of HIV infection than any other public facilities, even drug treatment centers and public clinics.

In a 1990 survey, 5.8 percent of prison inmates were found to be infected, compared with 5.3 percent for patients at drug treatment centers and 2.9 percent for patients at clinics for sexually transmitted diseases.

# NATIONAL RESOURCE LIST FOR PRISONERS ! (Updated 1/91)

## NOTE TO ALL PRISONERS:

Please help us keep this list up to date by letting us know if any of the addresses you write have changed or are out of business. This will save other prisoners postage and help us out too. AND, if you know of other resources in your state or nationally, let us hear about them. PLEASE NOTE: Some of the places listed here will not respond soon - be patient. To contact us, write: Prison Book/GCN, 92 Green St., Jamaica Plain, MA 02130. THANKS!

## CRIMINAL JUSTICE PUBLICATIONS

### COALITION FOR PRISONERS RIGHTS NEWSLETTER

Box 1911, Santa Fe, NM 87504

Newsletter on politics and prison conditions free to prisoners. Volunteer staff, no penpals. Will try to publish short statements about conditions where you are.

### CRIMINAL PROCEDURE PROJECT

Georgetown Law Journal, 600 New Jersey Ave., NW, Washington DC 20001

Information on criminal procedure, habeas corpus relief, & prisoners rights. \$5.

### FORTRESS ECONOMY

AFSC, 1501 Cherry St., Philadelphia, PA 19102

New booklet on US prison system as source of cheap labor. Free to prisoners.

### FORTUNE NEWS

Inmate Subscriptions, Fortune News, 39 West 19th St., New York, NY 10011

Quarterly magazine for prisoners. Free to prisoners.

### KICK IT OVER

Box 5811, Station A, Toronto, Ontario, CANADA M5W 1P2

An anti-authoritarian magazine with a feminist/ecological perspective. Free to prisoners. Postage to Canada is 30 cents.

### NATIONAL PRISON PROJECT JOURNAL

ACLU, 1875 Connecticut Ave., NW, Washington DC 20009

Prison news and case law. Reduced cost to prisoners: \$2 per year.

### NOLO NEWS

950 Parker St. Berkeley, CA 94710 A legal self-help paper. One free copy.

### OUTLOOK ON JUSTICE

AFSC, Outlook on Justice, 2161 Mass. Ave. Cambridge, MA 02140

A prisoner support newsletter produced by the American Friends Service Committee. \$2 to prisoners. Penpal space.

### PRISON JOURNAL

Institute for the Humanities, Simon Fraser University, Burnaby, BC

CANADA V5A 1S6. Prison literature, printed once a year, free to prisoners.

Postage to Canada is 30 cents.

### PRISON LINKS

Progressive Prisoner Movement, 220 N. 10th St., Newark, OH 43055

Forum for prisoners to talk about wages, health. Free to prisoners.

### PRISON NEWS SERVICE

PO Box 5052, Station A, Toronto, Ontario M5W 1W4 CANADA

News and letters from prisoners - free! 30 cents postage to Canada.

### REALITY NOW

Box 6326, Station A, Toronto, Ontario, CANADA M5W 1P7

Anarchist news journal covering prison, Native American, and other issues. Free to prisoners. Postage to Canada is 30 cents.

## BOOKS, ETC.

### BOOKS FOR PRISONERS

c/o Left Bank Bookstore, 92 Pike St., Seattle, WA 98101

### PRISONER LITERATURE PROJECT

Bound Together Books, 1369 Haight St., San Francisco, CA 94117

### PRISON LIBRARY PROJECT

976 West Foothill Blvd. #128, Claremont, CA 91711

### PRISON BOOK PROGRAM

92 Green St., Jamaica Plain, MA 02130

[Used (donated) books only. Volunteers are 4-6 months behind. No books to: KS, NE, IA, MI, OR, CA.]

These programs send books to state and federal prisoners throughout the country at no charge. You may request reading material on a particular subject. Sometimes they are 4-6 months behind on filling requests, so please be patient. Not a source for penpals.

### ASSOCIATION FOR RESEARCH AND ENLIGHTENMENT

67th St. and Atlantic Ave., PO Box 595, Virginia Beach, VA 23451

Prisoners may receive 2 free books a month on spiritual growth.

### PAGANS, WICCANS, CEREMONIAL MAGICIANS, OCCULT STUDIES

For information: Prometheus, Box 45126, Tacoma, WA 98445

### PRISON ASHRAM PROJECT

Rte. 1 Box 201-N, Durham, NC 27705 Free books on spiritual growth.

### WHOLE GAY CATALOG

Lambda Rising, Dept. 157, 1625 Conn. Ave. NW, Washington DC 20009 \$2

## LEGAL INFORMATION/SELF HELP RESOURCES

### ACLU HANDBOOK: THE RIGHTS OF PRISONERS

ACLU, 132 West 43rd St., New York, NY 10036

A guide to the legal rights of prisoners, parolees, and pre-trial detainees.

Contains citations. Free to prisoners, but not always available.

### ASKOFU NATIONAL COMMITTEE

427 North Broom St., Wilmington, DE 19805

Provides legal information to prisoners on any legal subject, free.

### BLACKSIDE SCHOOL OF LAW

PO Box 790906, Dallas, TX 75379-0906

Low cost paralegal course by mail. Covers principles of civil and criminal law.

### CORRECTIONS AND PRISONERS RIGHTS IN A NUTSHELL

West Publishing Co., 50 West Kellogg Blvd. St. Paul, MN 55102

Provides an overview of the sentencing process, the status of pre-trial detainees

and convicted offenders, prisoners rights and responsibilities, and restoration of rights for released offenders. \$9.95

### CRIMINAL PROCEDURE IN A NUTSHELL

West Publishing Co., 50 West Kellogg Blvd. St. Paul, MN 55102

Concentrates on constitutional criminal procedures and their limitations. The 4th, 6th and 14th Amendments are heavily covered. Includes a table of cases.

### HENRY GEORGE INSTITUTE

121 East 30th St., New York, NY 10016

Home study course in economics. Small charge for materials, no tuition cost.

### LEGAL BULLETINS

Lewisburg Prison Project, Box 128, Lewisburg, PA 17837

Write for catalog of legal information available. Cheap.

### NATIVE AMERICAN RIGHTS FUND

Legal Review, 1506 Broadway, Boulder, CO 80302

### NLADA DIRECTORY

1625 K St., NW - 8th Floor, Washington DC 20006

National listing of free legal aid services.

### PHOTODUPLICATION SERVICE

Library of Congress, Washington, DC 20540

Copies of manuscripts, prints, photographs, maps, etc. are available on request from the Photoduplication Service. (Copyrighted materials cannot be copied without special permission.) Fees vary according to the request. Write to the above address for order forms and price lists.

### PHOTOGRAPH REPRODUCTION

Color Lab, 8 Burnett Ave., Maplewood, NJ 07040

Send for price list - cheap reproduction of photos.

### POST-CONVICTION REMEDIES: A SELF-HELP MANUAL

Oceana Press, 75 Main St., Dobbs Ferry, NY 10522

Outlines the procedures for challenging convictions. \$16.50

### RULES OF CRIMINAL PROCEDURE/FEDERAL RULES

OF EVIDENCE Superintendent of Documents, Government Printing Office, Congressional Sales Office, Washington DC 20402

Write for copies of: Rules of Criminal Procedure for the United States District Courts, 1987 (\$2.25), and Federal Rules of Evidence, 1987 (\$1.50).

NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE  
2000 North Racine, Chicago, IL 60614 NCCHC publishes Correct Care, a free quarterly journal on health care in prisons.

NATIONAL INSTITUTE OF JUSTICE  
1600 Research Blvd., Rockville, MD 20850  
NIJ publishes several free pamphlets: AIDS in Correctional Facilities, and AIDS in Probation and Parole Services.

NUTRITION INFORMATION FOR PEOPLE WITH AIDS AND ARC  
Dept. of Public Health, 101 Grove St., Rm. 118, San Francisco, CA 94102

PRISON AIDS RESOURCE CENTER  
926 J St. #801, Sacramento, CA 95814. Information, support.

PEOPLE WITH AIDS COALITION NEWSLINE  
31 West 26th St., New York, NY 10011  
A monthly newsletter free to people with AIDS who can't afford it, including prisoners. Free penpal listing.

#### NEWS/NEWS ANALYSIS

BREAKTHROUGH  
PO Box 14422, San Francisco, CA 94114  
Journal of the Prairie Fire Organizing Committee. Info on political prisoners and prisoners of war. Free to prisoners.

BURNING SPEAR NEWSPAPER  
794 McArthur St., Oakland, CA 94605

DEATH TO THE KLAN  
PO Box 406, Stuyvesant Station, New York, NY 10009  
Newspaper of the John Brown Anti-Klan Committee. Free to prisoners.

GAY COMMUNITY NEWS  
GCN Prisoner Project, 62 Berkeley St., Boston, MA 02116  
A national gay and lesbian weekly. Welcomes letters, poetry, artwork and whatever else gets out your feelings from prisoners. Free subscriptions and penpal ads to gay or lesbian prisoners and to people with AIDS. GCN offers information packets to gay and lesbian prisoners. For a list of packets, write.

THE GUARDIAN  
33 West 17th St., New York, NY 10011  
International progressive weekly. Free single issue only.

INDUSTRIAL WORKER  
3435 North Sheffield Ave., #202, Chicago, IL 60657

LOVE AND RAGE  
Box 3 Prince St. Station, New York, NY 10012  
Anarchist monthly free to prisoners. Prisoner letters and news.

THE MILITANT  
14 Charles Lane, NY, NY 10014 Socialist newspaper. Free to prisoners.

NAMBLA BULLETIN  
c/o Rock Thatcher, 4730 E. Indian School Rd. #120-263, Phoenix, AZ 85018  
Bulletin of the North American Man/Boy Love Association. Free to persons imprisoned for sex with minors.

NOMO  
112C Kerckhoff Hall, 308 Westwood Plaza, Los Angeles, CA 90024  
African news magazine. Free to prisoners.

OVERTHROW  
PO Box 392, Canal St. Station, New York, NY 10013 Free to prisoners.

THE PEOPLE'S DAILY WORLD  
235 West 23rd St., New York, NY 10011  
Published by the U.S. Communist Party. Free to prisoners.

PROJECT 1313  
PO Box 1313, Lawrence, KS 66044  
Information on anarchist political prisoners. Free to prisoners.

THEOSOPHICAL SOCIETY IN AMERICA  
1926 Main St., PO Box 270, Wheaton, IL 60189-0270  
The Light Within (quarterly newsletter) free to prisoners.

TORCH/LA TORCHA  
GPO 1288, New York, NY 10116

UNITY  
PO Box 29293, Oakland, CA 94604  
Half in English, half in Spanish, good photography, addresses anti-racism in an "upbeat" way. Free to prisoners.

WORKER'S WORLD  
Prisoner Subscriptions, 46 West 21st St., NY, NY 10010

#### NOTES ABOUT NEWS PUBLICATIONS:

LETTERS TO THE EDITOR:  
Prisoners have just as much right as anyone to write letters to the editors of their local newspapers. Take advantage of this right regularly (if you have any postage), even though they may not always publish your letters; sometimes they will and this may help readers understand more about what prison is about.

#### JOURNALS OF STORIES, POEMS, ESSAYS

CAFE SOLO  
c/o Glen Luskia, Artsreach, U. Ext. 437, 10995 Le Conte Ave., Los Angeles, CA 90024. Features poetry and art by prisoners.

FACT SHEET FIVE  
c/o Gunderloy, 6 Arizona Ave., Rensselaer, NY 12144.  
Review of alternative press publications.

PRIMARY CONCERN  
Marc Fisher, Editor, 234 Lloyd Lane, Philadelphia, PA 19151  
A magazine of music photos, fun and social conscience, free to prisoners.

SIDDHA MEDITATION PRISON PROJECT  
SYDA Foundation, Box 600, South Fallsburg, NY 12779  
A correspondence course free to prisoners. No penpals.

SIPAPU  
c/o Noel Peattie, Rte. 1, Box 216, Winters, CA 95694  
Biannual alternative political publication. Free to prisoners.

#### PENPALS

GIZMO STRESS  
PO Box 1153, Russellville, AL 35653. Penpal and book programs.

HARMONY FRIENDSHIPS  
Box 82295-R, Phoenix, AZ 85071

INCARCERATED CITIZENS CONGRESS  
c/d Melvin Miller, 1935 Chestnut St., Harrisburg, PA 17103

LOVING CONTACT PRISON MINISTRIES  
Box 226, Hersher, IL 60941

NEW AGE PRISONER OUTREACH  
342 Western Ave., Brighton, MA 02135

PENDULUM PALS  
Box 18236, River Rouge, MI 48218  
Send S.A.S.E. for more info and newsletter.

PRISON FELLOWSHIP  
Inmate Request Form, PO Box 17500 (PS/G), Washington, DC 20041

PRISON OUTREACH  
495 Albion Ave., Cincinnati, OH 45246  
A quarterly newsletter for any prisoner - funded by a Catholic organization.

RUBBER PUPPY  
2309-D Pruett, Austin, TX 78703-4349  
Free comics and writings for prisoners. Penpals lists too!

SUNSHINE INTERNATIONAL  
PO Box 260 (PS/G), North Hollywood, CA 91603

#### NOTES ABOUT PLACING PENPAL ADS:

PRISONERS WRITING PRISONERS: When you place a penpal ad, it is a good idea to say whether or not you can write to other prisoners. Just because your joint lets you write to other prisoners doesn't mean other joints do, so don't assume that another prisoners isn't interested in writing just because you don't get an answer. He or she may not have even seen the letter. As you know, they change the 'rules' all the time, and break them when they feel like it (when they are worried about how much you are enjoying writing each other) (smile).

#### SELF-HELP LITIGATION MANUAL

Oceana Press, 75 Main St., Dobbs Ferry, NY 10522

This excellent book includes chapters on legal research, how the legal system works, an overview of prisoners rights, how to litigate in federal courts, parole, federal post-conviction remedies, law library requirements, civil rights forms and MORE! Available to prisoners for \$16.

#### SOUTHERN CAREER INSTITUTE

PO Drawer 2158, Boca Raton, FL 33427. Paralegal program. Write for info.

#### PRISONER SUPPORT

##### AMERICAN FRIENDS SERVICE COMMITTEE

AFSC has 6 regional criminal justice offices. Each is a good resource for information pertaining to the community, state and region in which that office is located. AFSC regional offices are:

- AFSC Criminal Justice Program, 405 14th St., Suite 813, Oakland, CA 94612 415-836-2144
- AFSC Criminal Justice Program, 1414 Hill St., Ann Arbor, MI 48104 313-761-8283
- AFSC Criminal Justice Program, 972 Walnut St., 6th Fl., Newark, NJ 07102 201-643-3079
- AFSC Justice Program, 2161 Mass. Ave. Cambridge, MA 02140 617-442-9563
- AFSC Community Relations, 915 Salem Ave., Dayton, OH 45406 513-278-4225
- AFSC Mediation Ctr., Meeting House 137-16 Northern Bl., Flushing, NY 11354 718-939-1300

##### AFSC UNDOCUMENTED REFUGEE PROJECT

1205 Sunset Dr., South Miami, FL 33143 Information for immigration detainees.

##### AFRICAN NATIONAL PRISON ORGANIZATION

5301 W. Girard, Philadelphia, PA 19135

Part of African Peoples Socialist Party's attempt to build a mass prison organization tied to the struggle for Black freedom.

##### AMERICAN INDIAN GAYS AND LESBIANS

Box 10229, Minneapolis, MN 55458

##### ANTIGONE

National Commission on US Corrections, Box 308, Farmington, MI 48332  
New prisoner support publication - legal information and referrals, penpals, visitation. \$2 to prisoners, \$7 to outsiders.

##### AYOU LA ROSE

302 N. "J" St. #3, Tacoma, WA 98403 Native American prisoner support.

##### BEHIND THE WALLS

5 Star Press, PO Box 4167, Halfmoon, NY 12065

Prisoner support publication formed to assist prisoners in the United States and abroad. Penpals, legal news reporting, library services, counseling, exposing abuse, outside contacts, writing projects. \$5 to prisoners (stamps OK)

##### BUSINESS TRAINING INTERNATIONAL SCHOOL

c/o James Steinbauer, 319 Clematis St., West Palm Beach, FL 33401

##### CLEP (College Level Examination Program)

CN 6600, Princeton, NJ 08541-6600

If you feel you have acquired knowledge of a subject without the usual formal education, you may take the college level examination, and with satisfactory test results, can obtain college credit. CLEP makes these examinations available to prisoners. Write to the above address for a catalogue of test subjects offered and for information about making the necessary arrangements.

##### COALITION FOR JEWISH PRISONER SERVICES

c/o Martin Hockberg, 1640 Rhode Island Ave., NW, Washington DC 20036

##### CONTACT REFERRAL CENTER, INC.

PO Box 81826, Lincoln, NE 68501

This national information and referral service for prisoners attempts to link people with resources in the community that can be of help upon release, such as drug or alcohol programs, employment, housing, counseling and other services. Three to four months before your parole hearing or expected release date, write to the above address for a request form. On this form you will identify the state you will be paroled to and the referrals you require. You will be required to pay \$10 when

you send back your form. Ask them for a copy of their booklet Survival Sourcebook about finding a place to live and job hunting.

##### CURE (Citizens United for the Rehabilitation of Errants)

11 15th St., NE, Suite 6, Washington, DC 20002, 202-543-8399

CURE's work focuses on analysis of prison issues and on working with the friends & families of prisoners. Write to see if there is a chapter in your state.

##### FREEDOM NOW

59 East Van Buren #1400, Chicago, IL 60605 Support for political prisoners.

##### FRIENDS OUTSIDE

116 East San Luis St., Salinas, CA 93901 (408) 758-2733 Support for prisoners and families of prisoners. Write and ask if there's a group in your area.

##### INCARCERATED CITIZENS CONGRESS

c/o Melvin Miller, 1935 Chestnut St., Harrisburg, PA 17103

Newsletter, penpal listing - FREE. They also have a booklet on how prisons try to break down the minds of prisoners, called Breaking Men's Minds, for \$3.

##### MOMS (Mothers Opposed to Maltreatment of Service Members)

8525 Black Haw Court, Frederick, MD 21701 (301) 662-7643

Legal services, newsletter, support for military prisoners, veteran benefits.

##### MINORITY PRISON PROJECT

1526 Court St., Memphis, TN 38104

Support to transvestite and transsexual prisoners.

##### NAACP PRISON PROGRAM

4805 Mt. Hope Dr., Baltimore, MD 21215

Education, health care, ex-offender rights, job placement & counseling.

##### NAACP LEGAL DEFENSE FUND

c/o Karima Wicks, 99 Hudson St., Suite 600, New York, NY 10013 Write for a free copy of the book Death Row, USA, and also for info about what's happening nationally on topics concerning capital punishment.

##### NATIONAL COALITION AGAINST THE DEATH PENALTY

1325 G St., NW, Lower level B, Washington, DC 20005. 202-797-7090

##### NATIONAL HOME STUDY COUNCIL

1601 18th St., NW, Washington, DC 20009

Information about academic and job training schools that offer home/prison courses by mail. Write for a directory of schools and courses.

##### NATIONAL LAWYERS GUILD

55 Avenue of the Americas, New York, NY 10013

This organization does not take on prisoners' legal cases, but they need to be reminded that the criminal justice system has serious problems. If you have an extra stamp, drop them a line. Don't expect a reply.

##### NATIONAL LEGAL AID AND DEFENDER ASSOCIATION

1625 K St., 8th Floor, NW, Washington DC 20006

Referrals to legal programs and services in your area. No direct services.

##### THE NATIONAL PRISON PROJECT OF THE ACLU

1875 Connecticut Ave., NW, Washington, DC 20009

The National Prison Project of the American Civil Liberties Union handles litigation on prison and jail conditions. They are NOT a resource for handling individual convictions or problems unless related to conditions of confinement. Your local ACLU affiliate is a good place to begin regarding individual problems. Write for the address of your local chapter.

##### NATIONAL TASK FORCE ON PROSTITUTION

Box 26354, San Francisco, CA 94126 Works to decriminalize prostitution.

##### NGLTF ANTI-VIOLENCE PROJECT

1517 U St., NW, Washington DC 20009

The National Gay and Lesbian Task Force is keeping a file of incidents of violence against lesbians and gay men. Reports they compile may help to change peoples' minds about ignoring prisons and other places of violence against us. NGLTF needs to know details about: verbal harassment or physical assault? with weapons or not? guards/others helpful or not? related to gay/lesbian or to AIDS or both? NGLTF does not provide any legal services.

##### OFFENDER AID AND RESTORATION

1325 G St. #620, SE, Washington DC 20005

Services for offenders, ex-offenders and their families.

PEN AMERICAN CENTER  
568 Broadway, New York, NY 10012

Prison writers send for your free bulletin to find out about publications that want to receive writing from prisoners (poetry, fiction, non-fiction or drama), writing contests for prisoners, tips on how to get your writing into print.

PEOPLE ORGANIZED TO STOP RAPE OF PRISONERS  
Box 632, Ft. Bragg, CA 95437. Newsletter, support for rape survivors.

THE POETRY WALL  
Cathedral of St. John the Divine, 1047 Amsterdam Ave., New York, NY 10025  
Accepts poetry of all kinds to display to the public in the cathedral and invites anyone to correspond with inmates whose poetry is displayed.

PRISONERS' RIGHTS ADVOCACY CENTERS OF AMERICA  
204 Elmo Ave., San Antonio, TX 78225 Offers assistance with legal work.

PRISONERS UNION  
1909 6th St., Sacramento, CA 95814 California prisoner support newsletter and referral service. They also distribute "Inside/Out Press Manuals" which are legal self-help manuals. Write for free catalog.

PRISONER VISITATION AND SUPPORT  
1501 Cherry St., Philadelphia, PA 19102 215-241-7117  
PVS visits only federal or military prisoners wanting visits. PVS offers friendship, regular visits, study materials, helps with family communications and legal referrals, and writes letters of recommendation to parole boards.

REHABILITATION CLEARINGHOUSE  
Zooprison Civilization Committee, PO Box 81691, Bakersfield, CA 95380  
Information on politics of prisons and criminal justice system.

RENAISSANCE EDUCATION ASSOCIATION, INC.  
PO Box 552, King of Prussia, PA 19406 TV/TS support.

THUNDERBIRD PRISON ALLIANCE  
PO Box 193, High Bridge, NJ 08829  
International coalition of prisoners' cultural groups/political activists.

SOUTH-40 CORPORATION  
275 Seventh Ave., New York, NY 10001 Contact James Bergland  
Sponsors writing programs in prisons and offers counseling and education programs to ex-offenders.

SOUTHERN PRISONERS DEFENSE COMMITTEE  
185 Walton St., NW, Atlanta, GA 30303. Death penalty work.

TOWER PRESS  
410 Penn St., Holidaysburg, PA 16648 Publishes writing by prisoners.

UNIVERSAL SUFFRAGE  
Box 35, Alto, GA 30510

#### SAFER SEX AND DRUG USE GUIDELINES

We offer these guidelines for all of us who are making decisions about sex and drug use in the midst of the AIDS epidemic. This information is available in Spanish. Please write us for a copy.

HIV is a virus widely thought to be a cause of AIDS. The highest concentrations of HIV are found in blood and sperm/cum. So it's important to avoid any way HIV-infected blood or sperm/cum can get from one person's body into another person's bloodstream.

Fucking (up the ass or cunt) without a condom (rubber, safe) and sharing needles account for almost all the documented cases of HIV passing from one person's body into another's. Oral sex (licking/sucking your partner's cunt/cock) without a condom or plastic/rubber protection accounts for a very few documented cases of HIV transmission. Other ways of transmitting HIV that have not been documented but which could be risky include: fisting or finger fucking (putting fingers or hands into a cunt or asshole), rimming (licking/sucking assholes), deep kissing, sharing unclean dildos.

The idea here is that any way HIV-infected blood or sperm/cum gets from one person into another involves risk. For example, HIV could be transmitted if a person with a cut on their hand fistfucked his or her partner and caused bleeding in their partner's ass or cunt.

#### How to Play Safer

Only you can decide what risks you are willing to take. Some people use safer sex practices with all their partners. Other people make decisions about the risks they are willing to take based on their own and their partners' sexual and drug use

history and/or HIV status (whether or not either of you has tested positive for HIV). People also make decisions based on how comfortable they feel talking about safe sex in a particular situation. If you and your partner have not talked about past practices and/or HIV status, don't make assumptions.

Use a condom (rubber, safe) when fucking. On the condoms, use water-based lubricants like KY. Oil-based lubricants like Crisco, Vaseline, and bay oil may make the condoms break. Use a condom (rubber, safe) when sucking dick. If you don't use a condom, don't let your partner cum in your mouth and don't cum in your partner's mouth. If HIV-infected cum or pre-cum gets in your mouth, it may get in your bloodstream through cuts in your gums or sores in your mouth. Use plastic/rubber protection (like saran wrap or dental dams) when licking/sucking a woman's cunt, especially if she is having her period. Menstrual blood and secretions from vaginal infections have more HIV than healthy vaginal secretions and piss. Plastic/rubber protection may also be used for rimming (licking/sucking assnoles). Use plastic/rubber gloves for fisting or finger-fucking, especially if you have any sores or cuts on your hands. Keep sperm/cum and blood (including menstrual blood and blood drawn from tattooing, piercing, cutting or shaving) out of your cunt, asshole, mouth, or breaks in your skin. If you share dildos, vibrators or other sex toys, use a new condom each time or clean toys with hydrogen peroxide or, if you don't have any, soap and water.

Massage, hugging, dirty talk, butch/femme role-playing, masturbation (by yourself, with a partner, in a group) and other activities that don't let blood or sperm/cum into your bloodstream are safe. Alcohol, poppers or other drugs may lower your ability to think clearly. Many people have reported that they have been unable to have safe sex after getting high. Good nutrition, lots of rest, exercise and not abusing alcohol and other drugs may help you fight all illness, including AIDS.

#### IV Drug Use

Don't share works (needles, syringes, droppers, spoons, cottons or cookers)!

If you must share or re-use works, clean them before and after each injection as follows: dip needle and works into bleach, draw up and release three times, dip needle and works into fresh water, draw up and release three times. In an emergency, rubbing alcohol or vodka can be used instead of bleach. Or you can boil works that aren't plastic in water for at least 15 minutes. (Use a fresh solution each time you clean your works.)

#### For more information:

AIDS AND DRUG USE INFORMATION  
Fortune Society, D. Dawood, 39 West 19th St., NY, NY 10011

AIDS AND PRISONERS PAMPHLET  
ACLU National Prison Project, 1616 P St. NW, Washington DC 20036 Free!

AIDS INFORMATION LINE  
Call 1-800-342-7514 for talk and facts. Call 1-800-221-7044 for info pamphlets. These calls are free! Spread these numbers around!

AIDS LEGAL REFERRAL PANEL  
Box 1983, San Francisco, CA 94101 415-864-8186  
If you are a person with AIDS or ARC, this organization can provide you with legal help - either at a reduced cost or for free.

ALIANZA  
PO Box 53396, Washington, DC 20009 Informacion sobre SIDA. Un proyecto del comunidad latino-americano.

GAY AMERICAN INDIANS AIDS PROJECT  
333 Valencia St. #207, San Francisco, CA 94103  
AIDS awareness and prevention program. Provides services for Native Americans with AIDS/ARC/HIV+.

AIDS/HIV IN CORRECTIONAL SETTINGS  
U.S. Conference of Mayors, 1620 Eye St. NW, Washington DC 20006  
AIDS information exchange is a very useful account of the ground-breaking policies in the Philadelphia jail system. Free to prisoners.

THE BODY POSITIVE  
208 West 13th St., NY, NY 10011. Information for HIV-positive people.

CRIMINALIZATION OF THE AIDS EPIDEMIC  
National Lawyers Guild AIDS Network, 558 Capp St., San Francisco, CA 94110  
Article that talks about mandatory testing and AIDS. \$2.25