
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-

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.

CORRECTIONAL VISION

by Raymond Joseph Smith

COMPASSIONATE RELEASE LAW PASSED

On April 17, 1992, the New York State Senate introduced a "compassionate release" bill #4831 by Senators Paterson, Galiber, Leichter, Smith, Stavisky and Waldon. However, this bill which was endorsed by Governor Mario Cuomo leaves much to be desired as many consider the passage of bill #4831 a token move.

The bill, now enacted in law, allows for terminally ill prisoners to be released on "medical parole" before they have served their minimum sentence of incarceration. The catch, however, is that inmates may not be considered for this compassionate release unless they are literally on their death-bed, knocking on heaven's door.

My interpretation of this bill calls for the release of only prisoners whose condition leaves them bedridden beyond recuperation. The bill further states that if a released "compassionate release" prisoner's condition stabilizes, and that individual becomes well again, the released parolee shall be returned to prison to complete his sentence despite his positive adjustment to society. For example, if a prisoner is bedridden in a correctional facility, and his diagnosis is terminal, he could apply for this special medical parole. However, six months later, should the parolee become well enough to leave a hospital and obtain employment, his parole status would be revoked and he would again be incarcerated until he either dies in prison or becomes bed-ridden again without hope of rehabilitation.

ACT UP/New York has called for this bill's passage for some time, yet now that such is passed, we see this move as a farce and injustice to those who are fighting for survival within prison walls. The New York State Department of Correctional Services, along with Mr. Cuomo, have alienated human decency, concerned only with saving money on expensive hospitalization for advanced AIDS care. This bill is ludicrous, according to 28 prisoners polled by *Ryan's Vision Quarterly*, a newsletter for prisoners with AIDS.

Needed:

All sorts of people to write to incarcerated persons with AIDS/HIV. They really need to hear from you! Tell them what's going on, keep them informed and in touch, and help them cope with the double burden of HIV and prison. Please call or write soon...this program needs your help!

PWAC Prison Pen Pals, attn: Nick Glaviano

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