No Time to Lose

HIV/AIDS and HEPATITIS C
in NEW YORK STATE'S PRISONS

by the Prison Committee of ACT UP/New York

INTRODUCTION

Between 1995 and 1999 the HIV infection rate in Federal and State prisons rose from 1,500 to 25,757 according to the U.S. Department of Justice. And as of 2001 New York State has the largest known infection rate of 7,000 inmates.

"The Correction Association of New York" in a February, 2000 report in its Executive Summary concludes, "Significant improvements have been made in recent years in some cases producing dramatic results; however, systemic problems continue to compromise the delivery of prison health care."

Governor Pataki's own AIDS Advisory Council in a report "HIV/AIDS Services in N.Y. State's Correctional Facilities" in its Executive Summary finds that, "...there were serious deficiencies in prison health services, particularly for inmates with HIV, and substantial improvements should be undertaken immediately."

It is estimated that there are 10,000 New York State inmates infected with Hepatitis C (an HIV co-infection.) according to a "N.Y. Times" article dated August 8th 2001. In that article, Edward McKenna an inmate at Woodbourne Prison is dying with HCV and is suing N.Y. State accusing prison doctors of denying him treatment.

In January and February of 2001 "No Time to Lose" interviewed 30 ex-offenders infected with HIV/AIDS/HCV just released from New York State's
prisons. The questions posed to the respondents had to do with their treatment and the attendant issue of prevention. Their answers were recorded on audio tape, tabulated and presented in graph form (see below).

Throughout the remainder of this info-letter we will cease referring to those infected as inmates but rather patients. The info-letter is organized into 4 parts, introduction, patient's quotes, graph, conclusion and recommendations.

PATIENT'S QUOTES

* Ulster Prison, Naponach, NY. "My Doctor threatened to throw me in the box when I questioned his treatment."

* "Comstock", Great Meadow Correctional Facility, Comstock NY. "A Correction Officer said. You're worth nothing, why don't you kill yourself. You're going to die anyway."

* Auburn, Auburn NY. "They would not treat HCV because of my HIV+ status. Took me a year to get a liver biopsy."

* Fishkill, Beacon NY. "Sat down with Doctor with exam room door open with Correctional Officer sitting outside. C.O.'s belong to one big white family--nurses are related to guards--guards related to doctors and it is not long before your status is known to the correctional staff and you notice a change in attitude towards you."

* Albion, Albion NY. "Latex barriers were never offered--sex did happen. C.O.'s extorted, sex from female patients. One C.O. infected a female inmate with AIDS."

* Groveland, Sonyea, NY "Missed 15 days of meds, in the box."

* Midstate, Marcy NY. "Asking nurse for medications to treat my AIDS medication side effects, nurse replied, 'don't bring a list'."

* Comstock, Comstock NY. "Destroying government property is a charge brought against sexually active inmates caught with condoms. They throw you in the box for condom possession."
* Elmira, Elmira NY. "Doctor told me, 'because you are an inmate, you get minimum care'."

* Auburn, Auburn NY "You had red dots on your medical charts to identify your HIV status."

In January and February of 2001, ACT UP interviewed 30 ex-offenders infected with HIV/AIDS/HCV just released from New York State's prisons. The questions posed to the respondents had to do with their treatment and the attendant issue of prevention. Their answers were recorded on audio tape, tabulated and presented below. 

listed by Prison locations

We ask that you continue to monitor and report abuses and sub-standard care and treatment within NY State Prisons  www.actupny.org/reports/prisons

ALBION
Correctional Officers infect inmates with HIV.
No special diets for HIV/AIDS/HCV patients.
HIV/AIDS discrimination by staff.

ARTHUR KILL
Doctors not listening to patients with HIV/AIDS/HCV.
HIV/AIDS discrimination among inmates.
Inexperienced HIV Care Doctors are shifted around in the penal system.

ATTICA
Patients not allowed to "grieve" poor HIV/AIDS/HCV care.

AUBURN
Charts identified with HIV status.
No diagnoses and treatment of HCV.

BEDFORD
Ghettoization of patients with HIV/AIDS.
Charts identified with HIV status.
Staff breaches HIV/AIDS confidentiality.
HIV tests not done or results not explained.
Occurrence of unsafe sex and no latex barriers.
Purpose for HIV medications and their side effects not explained.

CAMP GABRIEL
Doctors not listening to patients with HIV/AIDS/HCV.
CAPE VINCENT
Doctors not listening to patients with HIV/AIDS/HCV.

CLINTON
Ghettoization of patients with HIV/AIDS.
Doctors not listening to patients with HIV/AIDS/HCV.
Staff breaches HIV/AIDS confidentiality.
No bi-lingual medical staff.
HIV/AIDS discrimination by staff.

COMSTOCK
Ghettoization of patients with HIV/AIDS.
Inmates punished when found with latex barriers.
No bi-lingual medical staff.
Patients deprived of HIV medications.
HIV/AIDS discrimination by staff.

ELMIRA
HIV/AIDS care denied because of prisoner status.

FISHKILL
Charts identified with HIV status.
Medical charts are lost when patients are transferred from prison to prison.
Staff breaches HIV/AIDS confidentiality.
No bi-lingual medical staff.
Patients deprived of HIV medications.

FULTON
Patients deprived of HIV medications.

GOWANDA
Doctors not listening to patients with HIV/AIDS/HCV.
Inexperienced HIV Care Doctors are shifted around in the penal system.

GROVELAND
Too long between clinic appointments.
HIV/AIDS medications are lost when patients transfer from prison to prison.
Doctors not listening to patients with HIV/AIDS/HCV.
Nurses stonewall treatment of HIV/AIDS because of cost of medication.
HIV tests not done or results not explained.
Patients deprived of HIV medications.

MARCY
HIV/AIDS medications are lost when patients transfer from prison to prison.
Clinics and infirmaries are not near the main prison.
Unsafe tattooing.
MARCY (continued)
Patients not allowed to "grieve" poor HIV/AIDS/HCV care.
No special diets for HIV/AIDS/HCV patients.
No HIV/AIDS/HCV education, support and counselling.
Staff breaches HIV/AIDS confidentiality.
No bi-lingual medical staff.
Occurrence of unsafe sex and no latex barriers.
Patients deprived of HIV medications.
HIV/AIDS discrimination by staff.
No diagnoses and treatment of HCV.

MID ORANGE
Ghettoization of patients with HIV/AIDS.
Charts identified with HIV status.
Inmates punished when found with latex barriers.
Medical charts are lost when patients are transferred from prison to prison.
Staff not trained in universal precautions.
Staff breaches HIV/AIDS confidentiality.
No bi-lingual medical staff.
Occurrence of unsafe sex and no latex barriers.
Patients deprived of HIV medications.
HIV/AIDS discrimination by staff.

MID STATE
Doctors not listening to patients with HIV/AIDS/HCV.
Unclean cells, clinics and toilets.
Patients not allowed to "grieve" poor HIV/AIDS/HCV care.
HIV/AIDS discrimination among inmates.
Suicides secondary to HIV/AIDS infection.
HIV/AIDS medications changed with no reason given.
No complete physical--only vital sign done.
Corrections Officers dispensing HIV/AIDS medications.
Staff not trained in universal precautions.
Inexperienced HIV Care Doctors are shifted around in the penal system.
No special diets for HIV/AIDS/HCV patients.
Nurses stonewall treatment of HIV/AIDS because of cost of medication.
No HIV/AIDS/HCV education, support and counselling.
Staff breaches HIV/AIDS confidentiality.
No bi-lingual medical staff.
HIV tests not done or results not explained.
Occurrence of unsafe sex and no latex barriers.
Patients deprived of HIV medications.
HIV/AIDS discrimination by staff.
No diagnoses and treatment of HCV.
MOHAWK
Charts identified with HIV status.
Doctors not treating side effects of HIV/AIDS medication.
No safer sex counselling provided upon discharge.
HIV/AIDS discrimination among inmates.
Suicides secondary to HIV/AIDS infection.
Inexperienced HIV Care Doctors are shifted around in the penal system.
No special diets for HIV/AIDS/HCV patients.
No HIV/AIDS/HCV education, support and counselling.
No bi-lingual medical staff.
Occurrence of unsafe sex and no latex barriers.
Patients deprived of HIV medications.
No diagnoses and treatment of HCV.

OBERLAND
HIV/AIDS discrimination by staff.

ONEIDA
Staff breaches HIV/AIDS confidentiality.
HIV/AIDS discrimination by staff.

RIKERS (NYC)
No special diets for HIV/AIDS/HCV patients.
Nurses stonewall treatment of HIV/AIDS because of cost of medication.
No HIV/AIDS/HCV education, support and counselling.
Staff breaches HIV/AIDS confidentiality.
No bi-lingual medical staff.
HIV tests not done or results not explained.
Occurrence of unsafe sex and no latex barriers.
Patients deprived of HIV medications.
HIV/AIDS discrimination by staff.
Patients are rushed by medical staff.
No diagnoses and treatment of HCV.
"Keep On Person" medications are not allowed.
Medical records are not released when patient is discharged.
Clinics are crowded and limit the number of patients.
No HIV/AIDS/HCV medications provided upon discharge.
New inmates are placed within general population without medical screening.

RIVERVIEW
Charts identified with HIV status.
HIV/AIDS discrimination by staff.
SING SING
Unclean cells, clinics and toilets.

ULSTER
No HIV/AIDS/HCV education, support and counselling.
No bi-lingual medical staff.
"Keep On Person" medications are not allowed.
Clinics are crowded and limit the number of patients.

WOODBOURNE
HIV/AIDS discrimination among inmates.
Patients deprived of HIV medications.
HIV/AIDS discrimination by staff.

CONCLUSIONS
The current state of the NYS prison system is dangerous for inmates, as well as for society in general. Inmates are at increased risk of contracting HIV and HCV while in prison, and are then sent back into society knowing little about their disease and how it is spread and treated. In this manner, the prison has become a breeding ground for disease both inside and outside the prison system.

Ignoring the problem will simply cause it to worsen exponentially. Steps must be taken now to prevent further loss of life. Prisoners and staff must be given badly needed education on HIV/AIDS/HCV. A real prevention strategy, including the distribution of condoms is long overdue. And we must provide medical care to those already infected, using the same standards required outside the prison system.

Prisoners are not less than human, and they deserve to be treated as we ourselves would be treated. The issue can no longer be ignored. And the responsibility sits squarely on Governor Pataki's shoulders.

THERE IS NO TIME TO LOSE
RECOMMENDATIONS

The following recommendations are directed to Governor Pataki and the New York State Department of Corrections:

All New York State Prisons should follow the lead of the Albion and Bedford institutions and establish an in depth, mandatory, 2-week orientation for all inmates on HIV, AIDS and Hepatitis C.

Latex barriers must be distributed freely to the incarcerated population.

Patients should receive the same standard of care that could be expected outside of the prison system.

Under no circumstances should there be a break in a patient's medication regime. All prisons should establish a medication protocol that allows patients to keep their medications on their persons (KOP). The "medication window" should be eliminated.

Doctors and nurses that are experienced in dealing with infectious diseases should fully treat HIV/AIDS/HCV patients.

Measures must be taken to control the spread of Hepatitis C within the system. These measures should include but not be limited to diagnosis and treatment.

Confidentiality is paramount in protecting the inmate's safety within the system. Immediately discontinue the color-coding of medical charts.

Corrections personnel the medical staff and inmates should practice universal precautions.

That the New York State Health Department have oversight in the care of the incarcerated population of New York State.

Segregation and ghettoization of patients with HIV/AIDS/HCV doesn't work -- education does.

Patients should not be intimidated into accepting anything less than the state of the art therapy for their HIV/AIDS/HCV. Medicines should not be withheld because of their cost.
Discharge medications as well as safer sex counseling should be provided.

Clinics and infirmaries should provide adequate time with the patient to discuss his/her treatment. The patient should not be rushed.

Medical staff should provide a translator experienced in medical terminology in cases where the patients do not speak English.

Cease censoring HIV/AIDS/HCV specific media and peer education covering prevention, treatment and research, including magazines, videos and audio tapes.

YOU CAN TAKE ACTION:

  Report substandard health care or denial of care in New York State prisons

  send your report to Health Commissioner Novello
  www.actupny.org/reports/prisons
New York has the most known inmates with HIV and AIDS

TAKE ACTION
FIGHT HIV AND HEP C IN PRISONS!

"We're calling this issue, 'Our House is on Fire,'" said Tony Spencer of the National Black Leadership Council on AIDS. "HIV/AIDS is so prevalent among prison population. And in most of the prisons in New York State they aren't even treating HIV. Condoms are not distributed."

WHY SHOULD THIS MATTER TO ME?

We feel that everyone with HIV, whether they are inmates or not, is entitled to good medical care and protection of their confidentiality. Many people don't feel the same way. Whether we like it or not, inmates come home, and the HIV treatment they get in jail has an impact on the public health of our communities.

New York State Assemblyman Jeff Aubry has allowed HIV/AIDS and Hepatitis C to flourish in NYS prisons, even though he is the chairman of the NYS Corrections Committee. Ex-offenders are discharged into the community without a clue about these diseases, how they are spread and how they are treated. Often they come home sicker than when they were in jail—or they don’t come home at all.

NO EDUCATION ABOUT INFECTIOUS DISEASES

NYS prisons provide no ongoing education, counseling or support groups for people with HIV or Hepatitis C.

SUBSTANDARD TREATMENT and MEDICAL CARE

Medical care for prisoners with HIV and Hep C varies widely, and is usually substandard. There is no standard of care when it comes to treatment for these two deadly diseases. Serious interruptions in medication mean the drugs stop working, and increase the chance of developing HIV that is harder to treat, and can increase the risk of sickness or death.

NO PREVENTION

Governor Pataki refuses to allow the distribution of condoms in NYS prisons despite recommendations to the contrary from his own AIDS Advisory Council and the National Institute of Medicine. The State Health Commissioner, Dr. Novello, refuses to recognize that NYS prisons are a public health hazard, thereby aiding and abetting the spread of HIV and Hep C within their walls and out into the community.

NO ACCOUNTABILITY

The Department of Corections is run like a fiefdom, answering to no one. Medical care for prisoners should be overseen by the NYS Department of Health.

CALL ASSEMBLYMAN AUBRY AND GOVERNOR PATAKI
TELL THEM TO TAKE ACTION TO FIGHT HIV AND HEP C!

Say you want real action now:

* Condoms distributed to inmates
* Treatment and improvements of medical care
* Education and counseling on how to care for, and prevent transmission of HIV and Hep C

Jeffrion L. Aubry, State Corrections Commitee
Phone: 718–457–3615  aubryj@assembly.state.ny.us

Governor George Pataki
Phone: 518–474–8390
gov.pataki@chamber.state.ny.us < he canceled his email!