Bad Medicine

For women in prison, health care is either defunct or dangerous

By Kari Lydersen

Gloria Johnson knew she had multiple sclerosis when she entered the maximum-security Central California Women's Facility in Chowchilla to serve a 35-month sentence for embezzlement in 1995. She had been diagnosed with the degenerative disease in 1979, and she knew what medications and care she needed to keep her condition in check.

But in prison, not only was Johnson denied the medicine she needed, but guards and administrators were dismissive of her requests and questioned whether she even had MS. Lacking the necessary treatments and suffering the same poor nutrition and hygiene conditions that affect almost all women in prison, her condition drastically worsened. Johnson became a quadriplegic, unable to move her arms or legs, and she needed constant care. For the last 18 months of her sentence, she sat in her cell wearing a diaper 24 hours a day; she was brought to the toilet only once a day. She bathed "when they felt like it" and brushed her teeth "when they had time."

JANET BLACKMON MORGAN

"They won't give you the medicine or the tests you need," says Johnson, 46, who now lives in San Diego and collects disability payments. "They have the attitude that you're a prisoner so you don't deserve anything. They had me on so many meds I was nodding off all the time, but they wouldn't give me betaseron."

After her release, Johnson resumed her treatment. "Within nine months I was getting better," she says. "I could move my arms again. It was the prison that caused me to become a quadriplegic."

Cynthia Martin had a similar experience at Central California Women's Facility. She was convicted of arson after being caught in a fire in a house her boyfriend was rehabbing. Martin entered prison with second- and third-degree burns covering 54 percent of her body. Prison medics and guards denied Martin lotion for her burns. Her body was covered with pressure garments she needed to wear 23 hours a day, and she wasn't given new ones during the three years she was in prison.

"Imagine the worst sunburn you could think of, multiply that by 10, and think of not being able to put lotion on," says Martin, 52. "When I finally would get some lotion, it would run out in a few days, and I'd have to fight for months to get more. I even had my family sending me lotion and oils, and they would return the packages without letting me get them."

As bad as her care was, Martin says she witnessed even worse. "I saw guards kicking people having seizures, or standing by and letting them writhe on the ground, breaking their teeth," she says. "When other inmates tried to help, they would push them away. I saw a girl go to the doctor with heart problems, and he told her to take Motrin and go to bed. By morning she had died of a heart attack."

The abysmal care received by Johnson and Martin is typical. While many doctors and health advocates say the health care prisoners receive is substandard, incarcerated women face far worse situations than men. "Historically women in the United States have been treated as second-class citizens to men, and prison is no different," says Barbara Echols, executive director of

the Chicago-based Prison Action Committee, which recently released a three-year study detailing the failings of health care in Illinois prisons. "Research has indicated that imprisoned males receive woefully inadequate and substandard medical care. The health care received by female prisoners is even worse, despite the fact that women have more numerous and more unique health care needs."

Women face a range of reproductive and psychological health issues not faced by men, issues male guards and prison doctors are not likely to understand. In many states, women giving birth in prison are shackled to their beds during labor, and most imprisoned pregnant women go through their pregnancies with little or no contact with a gynecologist. "Women with high-risk pregnancies aren't seen regularly," says Cassie Pierson, an attorney with Legal Services for Prisoners with Children.

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Reports compiled by various advocacy groups tell stories of women who find lumps in their breasts but aren't allowed to see a specialist for months. In most prisons, professional pap smears and mammograms are not regularly offered, increasing the chance that undiagnosed breast, cervical or uterine cancers will progress to untreatable levels. Martin, for example, says she was never able to get a pap smear or mammogram while in prison, even though she is supposed to have yearly mammograms for fibrocystic breasts.

Menstruating women are usually given tiny allotments of sanitary products, with the commissary charging grossly inflated prices for them to buy more. Women in California, for example, get two tampons and one pad a day during their periods.

When women do receive care, it is typically neither professional nor effective. Reports of misdiagnosis and medication errors, sometimes with disastrous results, are common. The Prison Action Committee report cites an instance in which a woman was given medicine for a vaginal infection, which caused burning sensations and bleeding. She later discovered that the medication was actually clotrimazole, a treatment for athlete's foot.

The incidence and spread of HIV/AIDS, hepatitis C, tuberculosis and other serious communicable diseases is reaching epidemic proportions in many prisons, yet little meaningful effort is put into prevention and education. According to Cynthia Chandler, a lawyer and the founder of Women's Positive Legal Action Network in Oakland, 60 percent of imprisoned women in California test positive for hepatitis C. A 1993 Justice Department study showed that 4.2 percent of female prisoners were HIV positive, compared to 2.5 percent of males. Actual infection rates are probably much higher and have likely increased since 1993. A more recent study of New York state prisons showed that 19 percent of women there were HIV positive.

"Women are using drugs, having sex and tattooing in prison," Chandler says, "but the prisons don't want to admit it so there are no condoms or clean needles available, no information about AIDS prevention or STDs. Our puritanical, tough-on-crime morals are breeding a health crisis in prisons. They're setting up a situation where we'll have thousands of women dying of HIV and hepatitis in prison in the near future."

Female prisoners already have high rates of HIV infection, STDs and psychological trauma due to past drug use, sex work, domestic violence or sexual abuse, and these problems are exponentially compounded once they enter the prison system. A 1998 Justice Department study reported that 48 percent of women in U.S. prisons and jails reported being sexually abused prior to their detention, and 27 percent reported being raped. (General under-reporting of sex crimes means these numbers are likely even higher.)

And rape isn't always a thing of the past for these inmates. Within prison walls, women are also subject to rampant rape, coerced sex and sexual abuse, causing psychological trauma and putting them at risk of unwanted pregnancies, and HIV and other sexually transmitted diseases. "There is sexual abuse and rape going on in prisons by guards and health care providers," Chandler says. "And wherever you have women put in incredibly desperate situations, you have prostitution."

While women of color make up only 21 percent of the general female population, they comprise more than 60 percent of the state prison population. And the vast majority of women are imprisoned for nonviolent offenses, often drug crimes linked to their male partners: 92 percent of women in federal prisons and 68 percent in state prisons are in for nonviolent and drug offenses. "The care women get in prison reflects our general attitudes toward poor women and women of color," Chandler says. "These women have very limited access to health care on the outside, and that's mirrored on the inside. We have clients dying of cervical cancer, which is a highly treatable, highly preventable disease. That is not an illness women should be dying of these days."

Lawyers and advocacy groups have fought successfully for improvements in health care at prisons across the country. But even so, change is slow in coming. In 1998 prisoners at Central California Women's Facility and the California Institute for Women, in Frontier, won a class action lawsuit alleging poor medical care by the state. But three years later, according to Chandler, few of the promised reforms have been implemented. The California Department of Corrections was even forced to return a $750,000 federal grant for the survey and treatment of hepatitis C because they failed to use the money.

Possible solutions include alternative sentencing for nonviolent crimes, compassionate release or alternative sentencing for women with terminal illnesses and programs that allow women to maintain contact with their children. For example, the California Department of Corrections has instituted "mother-infant programs," allowing women to spend several-day intervals with their babies in apartments. Considering that about 80 percent of women prisoners nationwide are

mothers, this has a major effect on women's psychological and physical health. California also has a small community-based sentencing project for HIV-infected women, offering them alternatives to incarceration that include connections to social and treatment services.

While these programs have proven effective for the women involved, they are generally offered on an experimental basis and available to only a small percentage of prisoners. With the current trend of prisons slashing rehabilitative and educational programs in favor of increased security and new construction, it is doubtful alternative programs like this will ever be a top funding priority.

While there is organizing going on within women's prisons, the already desperate situation of inmates and the strict control they are under means it falls largely upon outside activists, lawyers and nonprofit groups to monitor prison conditions and fight for their rights. Chicago's Prison Action Committee is one example of effective organizing, hiring former prisoners to work with incarcerated women and men to urge reform.

Middle-class feminists who have tended to focus their efforts on abortion, the glass ceiling and other issues that personally affect them, they need to realize that the abuses suffered by poor women in prison, and the socio-economic conditions that lead to their imprisonment in the first place, are a travesty for all women. As increasing numbers of women continue to lose their safety net as a result of welfare reform, even more women are likely to turn to selling drugs, check forgery and other crimes to put food on the table. They are also more likely to fall into street life or domestic violence situations, or depending on men who sell drugs or otherwise commit crimes. Considering the dearth of living-wage jobs available to women with little education, not to mention the lack of affordable childcare, "a life of crime" may be the only way to survive.

Anyone concerned about social justice should be outraged that women who commit nonviolent crimes out of emotional and economic desperation are actually sentenced to endure rape, neglect, exposure to disease and mental and physical abuse. "Most women are in for nonviolent offenses," Chandler says. "But considering the way the prisons are run, they may end up with what are effectively death sentences."

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Is ACE the Answer?

In 1985, a small group of inmates at Bedford Hills, a maximum-security prison in upstate New York, met to discuss how other inmates were ostracizing two women. No one would sit with them in the TV room or use the showers when they were done. They were suspected, on the grounds that they went to the nurse too often, of having AIDS.

The handful of women wrote a letter to the prison superintendent, asking for more education about the disease. They didn't think the women should be shunned—but they weren't sure.

The inmates expected their letter to linger in the system, but it struck a chord with the prison superintendent. She brought in a series of speakers to discuss AIDS and HIV, but the lectures were so large and impersonal that the same women met again in frustration. They had a better idea: In 1988 they founded AIDS Counseling and Education (ACE), a peer counseling group that would help inmates understand the disease and take it more seriously. Now, after 12 years, ACE has weathered countless challenges from prison administrators to emerge as one of the oldest inmate-run prison health collectives—and the first of its kind in a women's prison.

It was through a haze of half-information and deep social biases that the women of ACE set about building a curriculum to educate themselves and their fellow inmates about AIDS and HIV. Their workshops cover everything from a basic overview of what a virus is and how it replicates within your system to making treatment decisions and living with AIDS. ACE peer counselors offer support to women who are waiting for HIV test results and to those women with AIDS who are trying to care for themselves. In a grossly inadequate health care environment, ACE counselors sit down with women before a visit to the doctor to help identify questions that they need answers to, and brace them for the often daunting challenge of extracting those answers from overworked and short tempered medical staff.

At the urging of the AIDS Institute, ACE turned their lesson plans into a book called *Breaking the Walls of Silence: AIDS and Women in a New York Maximum-Security Prison.* The book, first published in 1998, is both a health manual and the story of how ACE has kept alive: from building trust among the collective, to earning and keeping the respect of the prison administration. The book has been distributed to prisons across the country.

As just under 20 percent of women entering the New York State prison system are HIV positive, ACE remains a vital resource for inmates. Some members have left Bedford Hills to find work in AIDS advocacy groups, teaching similar workshops to women in New York City who are at risk for AIDS. And the ACE Home Project, which also started inside the prison, allows women who have been released from the prison to keep counseling one another.

For the women at Bedford, many of whom are addicted to drugs, and few of whom are used to discussing their health—let alone a sexually transmitted disease—ACE may well save their lives. For the counselors, most of them coming from the same situations as their clients, the process of leading workshops and helping the women around them care for themselves and their bodies is profoundly empowering, as those women leave prison and return to their old homes with a sense of pride and responsibility they never expected to find in prison.

AMANDA B. HICKMAN

BRIDGING THE GAP

WHY WOMEN STILL DON'T GET EQUAL PAY

By David Moberg

When the Equal Pay Act was passed in 1963, feminists were wearing buttons emblazoned "59¢," reflecting how much women earned on average for every dollar earned by men. Today the buttons would read "72¢," a marker of progress and frustration on the road to gender equality on the job.

There is both statistical and anecdotal evidence that women, who now comprise nearly 47 percent of the labor force, have made significant gains since the '60s, especially in earning advanced degrees and moving into professional fields. Despite continuing evidence of corporate glass ceilings, women have assumed more high-profile positions in management, politics, nonprofit administration and operation of their own businesses.

KEN FIRESTONE

But a closer look shows that the gains have not been uniformly shared—and in most cases, the closing of the gender pay gap has been a hollow victory. The main reason why women on average earn a higher percentage of the average man's income today is simple: Over the past quarter century, men's wages have been falling sharply in real, inflation-adjusted terms, while women's wages have increased modestly.

According to *The State of Working America*, an annual report prepared by the Economic Policy Institute, "falling real wages among men can explain 64.9 percent of the closing of the gender gap between 1979 and 1989; correspondingly, only 35.1 percent ... was due to women's rising real wages." In any case, even that spurious progress has slowed in the '90s. If men's real wages had not fallen since 1979, as a joint study by the AFL-CIO and the Institute for Women's Policy Research reported last year, "women's earnings today would be only about 66 percent of men's, representing a remarkably small overall decline in the gender wage gap."

In addition, as economic inequality for the work force as a whole has grown since 1973, there has been growing inequality among women workers: Women in the top fifth of the work force have made significant gains, but women in the bottom half remain—in real terms—only slightly above where they stood a quarter century ago.

Conservatives, led by Diana Furchtgott-Roth of the American Enterprise Institute, claim that the wage gap either has disappeared—or simply reflects women's choices and differences in experience and other "human capital." Among people ages 27 to 33 who have never had a child, they argue, citing the National Longitudinal Study of Youth, women earn nearly 98 percent of what men do. Such a small slice of the work force, however, is not proof that gender inequities are vanishing, but simply a reminder that they often show up in complex ways.

In 1998, the President's Council of Economic Advisers analyzed the differences between men's and women's earnings, adjusting the data for a wide range of variables, including training, experience, occupation, industry and business size. After all such adjustments, there was still an unexplained difference of 12 percentage points between the incomes of men and women. "You could say that the whole 12 points is because of