

POSITIVELY WOMEN

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HIV v HMP

prison special

what's on at PW

Cate's column

your say

HIV v HMP

The following letter, received by Positively Women, inspired us to focus on prisons in this special issue of the newsletter

I was diagnosed HIV positive in 1992, and sentenced to two years and eight months in prison in May 2001. I didn't expect it to be fun. But I also didn't expect it to make me ill.

I had been seeing a regular specialist since 1995. I had to change because the prison made me miss so many appointments.

Whenever I run out of my pills, I go two to five days without because that is how long it takes the prison to get me a new supply.

At times, I have been without medication for up to 20 days at a time. The doctors at the hospital had no idea that the prison had such a cavalier attitude towards my condition. The prison had no idea how upset my doctor became with the situation. Lack of communication was terrible and my health was suffering as a consequence.

One morning two of the women in my dormitory asked me to open the window because there were 'too many germs in the room'. I thought the smoke from my cigarettes was irritating them. Later, I found out that they had been through my belongings and found the letter of my diagnosis. They were appalled that they had to share a room with me.

Back in 1992 I was raped. I was infected with the HIV virus and syphilis. As it was a drug-related rape the police were of little or no help to me. I coped alone.

When these women discovered my secret, I felt raped again. I went to my senior officer and explained my dilemma. He held my hand and

promised me that I would not lose my job or my bed, as I had rights too. He described my right to equal opportunities. That afternoon he went off duty and two other officers told me to pack my things because my presence in the dormitory was 'disruptive'.

I lost my place on the dormitory. The two bullying women spat at me as I left the landing, while all the others chanted that I should stay. I complained, took 200 pills and refused to eat for ten days. My solicitor agreed that my human rights had been violated. But it was too late, the damage had been done.

Now I have a single room with a TV, the benefits of being a well-behaved inmate. If I was such a disruptive influence on my old landing, then how come I ended up with these privileges? My crime was my HIV status. It was easier for the prison to remove one inmate than two.

When the judge sentenced me I wasn't happy. But I wasn't frightened, I'd been in prison before and in court 173 times. But even with my heroin and crack addictions, I'd never once missed an appointment – the court, a doctor, or my specialist. The prison made me miss five.

In prison I've met baby bashers, murderers and violent people. I was only a fraudster. But never has anyone's behaviour disgusted me as much as HMP. The equal opportunities scheme stands for jack shit in here, every day black women are racially abused, lesbians called 'dirty dykes'. At the end of this saga, an officer told me: "Well love, you reap what you sow".

So it really is me, versus HIV, versus HMP. 

conduct?

health strategy, it also fails to encourage a Prison Instruction about the provision of condoms and cleansing tablets (for all their frailty). And the very idea of making real the notion of drug-related harm reduction in prison seems to be a 'no-no'. In other words, people are expected to 'just say no'. Not a very realistic strategy in an environment when some say that the introduction of Mandatory Drug Testing shifted people's use from cannabis to opiates – with all that entails.

And it is in the midst of all this that women have to cope and survive. At the Geneva Conference some years ago some research undertaken by Andrew Weild identified that women in prison in England and Wales were 12% more likely to be living with HIV than women living in the community. While there is now an understanding that women face different issues to men, and we have a government that gives us Ministers for Women along with a Women and Equality Unit, we are still incarcerating more women than ever into a system which is male in its orientation and has little sympathy for the complex issues for women who are imprisoned – never mind for those women prisoners living with HIV.

We know of no proper research which has been undertaken since the Weild research to explore the particular needs of women in prison who are living

with or vulnerable to HIV. This despite the fact that the Health Needs Assessments which have taken place in prisons throughout the country highlighted the needs of women living with HIV in prison. There are other priorities, other pressures.

However, there is an understanding by individuals within the system that the 'one size fits all' approach doesn't work. These same people attempt to grapple with complex human and political issues. But, from our experience anyway, attempts are stymied by ambivalence (at best) about what prisons are for, and how people should be treated as individuals. These issue should be taken up by the prison system as a whole, not just the few who are prepared to 'raise their heads above the parapet' and expose themselves to stigma and discrimination from their own colleagues.

Just a final point. Stephen Kelly has been imprisoned in Scotland for culpable and reckless conduct. I wonder why the Prison Service has not been put on a similar charge. For if the Prison Service can't (or won't) take the responsibility to address these issues head on, then who can? In prison, where there is no real access to what is 'normal' in the community in terms prevention or treatment, it is very hard to take personal control of your whole self – at the moment the Prison Service does little, or nothing, to help. **PW**

