

Critical Condition: Taking Care of Business...and nothing more.

Earlier this month an interesting article from *The New York Times Magazine*, August 13, 2006, crossed my path about medical experimentation on prisoners. The article discusses a proposal put forward in July by the Institute of Medicine to relax restrictions on prisoners' participation in drug trials. This isn't exactly what we're talking about when we are demanding access to quality care. Prisoners have been abused in drug experimentation in the past, and it can easily happen again. Knowing the history of experimentation on prisoners will help protect you from being hurt in the future—participating in the trials is not worth the money they'll offer you.

Until the early 1970s, about 90 percent of all drugs were tested on prisoners. At one jail, Holmesburg, a county jail in Philadelphia, drug tests on prisoners from the early 1950s to 1974 had disastrous short- and long-term effects. Prisoners participated in the trials to make money, which made sense. They were paid hundreds of dollars to participate—significantly more than the few cents an hour they could make working in the kitchen or making shoes. Participants did not know what was being tested on them, but were told the chemicals were harmless. Prisoners suffered burns, scars, rashes, cuts, nausea, skin discoloration, fevers, lost fingernails, infections, and liver damage from experimental lotions, powders, and medications. The US Army tested chemical warfare agents like Agent Orange, the cancer causing chemical used in the Vietnam War, and high doses of hallucinogens that gave inmates frightening visions.

Experiments at Holmesburg ended in 1974. Many prisoners could not sue because they had signed waivers, but others had not. In 1986 one inmate who has lifelong rashes from the lotions tested on him, reached a \$40,000 settlement with the City of Philadelphia. There is an ongoing class action lawsuit on behalf of about 300 prisoner test subjects for physical harm caused by the experiments. One of the men filing this suit has had swollen hands since the experiments he endured at Holmesburg.

Although this is the legacy of federally funded medical experimentation on prisoners, which was banned in 1978, a committee at the Institute of Medicine thinks it is a great idea to include prisoners in future drug trials. Their proposal acknowledges the extension of the prison industrial complex into our communities by defining 'prisoner' as including people on parole and probation. This allows them to increase the number of people they can test that have been imprisoned.

The authors of the proposal claim that they want to include prisoners in trials due to the high incidence of infectious diseases among people who are currently imprisoned (4 to 10 times greater than people not imprisoned). The authors also claim that the regulations they would set up would prevent prisoners from being taken advantage of or hurt. However, regulations also existed when the abuses at Holmesburg happened. They were ignored in favor of research funding and prisoners were paid as an incentive to participate and keep quiet. How tempting will the financial compensation be for prisoners this time around? The people tested at Holmesburg had their human rights completely violated. There is nothing that would lead me to believe that in these trials prisoners would suddenly be treated as human beings. It is already difficult for prisoners to get basic care when they need it without having to worry about how they are affected by a drug trial.

Money for testing but not for care

While the Institute of Medicine pools money to increase their access to prisoners for drug testing, what about access to basic healthcare? As we already know, there is no healthcare in prison (sick call does not count as healthcare) and prisoners are ignored by guards and often misdiagnosed or neglected by unskilled/disrespectful health professionals employed by the state or private health contractors.

Sadly, care outside of prisons is also lacking. Trying to get healthcare both in and outside of prison is frustrating. If you are getting out, received care in prison, and will need care after you are released, there are a few important things you should try to do:

1- *Try to get your prison medical records!* If you received care, they documented it. At least they should have. Your doctor on the outside will need that information so they know the details of your medical history. People are able to get these when they are released, but not always. It can be a difficult and slow process to get state and federal prison medical records after release, so ask for your records.

2- *Try to get a supply of medication.* If you are on regular medication, ask for a supply of meds to tide you over until you can see a regular doctor. This is critical. You don't know how soon you will be able to find a place to get care while you're trying to juggle everything else. A 30 day supply should be sufficient. Some facilities will give you 30 days worth, others will only give you enough for two weeks or a couple of days—it depends on the facility and the medication.

3- *Get into care!* This one is not easy anywhere, but depending on where you live you may have some options. If you are getting paroled to somewhere in the Bay Area, especially San Francisco, there is a network of public health centers where you can get care. At Southeast Health Center in the Bayview, there is a program called Transitions Clinic, which is specifically designed to give care for people just paroled. (Southeast Health Center and Transitions Clinic is located at: 2401 Keith St; SF, CA 94124; (415) 671-7000)

There are clinics across the country where you can get care, but unfortunately you often have to wait. Public health centers and other sliding scale clinics will be able to provide you primary care, basic services and refer you to another doctor if needed. They can also help you network and refer you to agencies in the area that specialize in the other things you may need: housing, employment, substance abuse programs, counseling, or educational opportunities. Public Health clinics are a great resource to use to get support in getting on your feet and your needs met after being released.

If you don't have a medical condition, it's a good idea to see a doctor anyway—you just got out of prison. Aside from being at greater risk for infectious diseases, prison is hard on your mind, body, heart, and soul—medical neglect is a central contributing factor to this. So if you can, go see a doctor on the outside that will give you the respect and care you deserve. Next issue will focus on how people have educated one another, and advocated for their own health while in prison.

Until next time...be well.

In solidarity,
Liz