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the constant fear that she will be deported. She also does not know how she will survive financially, since she doesn't have the right to work legally in this country. She would happily go back to Africa, except that she has an American-born child and she does not want to give him up. She knows that if she asks a judge for custody of the child and requests permission to take him to Africa, the court will not side with a woman with AIDS from Africa. And I think she is probably right.

Comments by Crystal Mason:†

HIV-Positive Women in Prison

I am going to start by explaining why I work with women prisoners with AIDS. When I moved here to San Francisco, I got involved with ACT-UP! San Francisco. But even before I joined ACT-UP, I believed that people, especially women, have the right to information and the right to health care. We all deserve the opportunity to live a good life, but this is something that many women are denied, particularly women with HIV and AIDS. I also believe that women should have the opportunity to create institutions that work for them. But this, too, is denied to women with HIV and AIDS because they often come from low-income, politically-disempowered communities. People like Rebecca2 are starting to create these needed institutions which address HIV in women, but overall, such efforts are virtually unheard of. For women in prison, such institutional support is a dream that has not been realized, and may never be realized unless we do something about it.

Right now, I work primarily with a prison in Chowchilla, which is a women's facility in central California. The prison holds over 3700 women. It is the largest women's prison in the world. The women prisoners I work with reflect the demographics of the women on the outside who are HIV-positive. They are mostly African American and other women of color. The majority are poor, and many of them come from backgrounds of sexual, emotional, and physical abuse. Many of them come from families that people would call dysfunctional, but dysfunctional because they are poor and because they have not had access to help. A large number of incarcerated women are also clinically depressed, and have been clinically depressed for some time. This depression is one of the reasons why these women self-medicate by taking drugs, or smoking crack, or shooting up. But getting help for these problems is difficult. Mental health facilities in

† Crystal Mason is a caseworker at the San Francisco AIDS Foundation. She works with women and children, specializing in issues affecting incarcerated women.

1 ACT-UP stands for AIDS Coalition to Unleash Power.

2 See Comments by Rebecca Denison, Living with HIV, supra.
San Francisco are closing down due to a lack of funding, so these women do not have access to good mental health facilities in their communities, not even basic counseling or support group programs. For women in prison, the situation is further exacerbated due to the lack of psychological support or mental health facilities.

In Chowchilla, the California Department of Corrections acknowledges that fifty women are HIV-positive or have AIDS. I think that the number of infected women is probably double that amount or more. These women want to have peer support groups, they want to be peer counselors. They are fighting for their lives and for the lives of their fellow inmates. But the prison system gives these women almost no institutional support. Chowchilla has no formal HIV/AIDS education program. As a caseworker at the San Francisco AIDS Foundation, I have sent information about women and HIV/AIDS to the prison, and that information has been sent back to me unopened. I have offered to conduct extensive HIV/AIDS workshops for both prisoners and guards, free of charge, and I have been ignored by prison officials. The inmates, as well as the guards, need and deserve information and education about this disease. Although education and peer support could be a crucial step in empowering and improving the lives of HIV-positive women, these women are being denied this opportunity. If women prisoners do try to organize around HIV/AIDS issues, or try to meet to support each other, they can be punished for inciting a riot. The prison system operates around secrecy and intimidation, and prisoners' attempts to organize themselves are seen as a threat to prison security and control.

Incarcerated women are also not getting adequate medical attention. It is hard enough for women on the outside to get medical care, but for women in prison, it is nearly impossible. In all the women's prisons in the state, not one has a licensed infirmary. There are no infectious disease specialists in the women's prisons. Although the wait to see a doctor in prison is often several months, these women cannot leave the prison to see another doctor. When women in prison are getting AZT, they are not allowed to control their own medication, so medication may be interrupted for months at a time. The prison system does not provide women with the early intervention or consistent care necessary to maintain their health. This lack of preventive care means that women are going into prison with HIV and are coming out with full-blown AIDS. These women are basically receiving death sentences for writing bad checks, violating parole, or possessing drugs.

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3 Other advocates agree that the California Department of Corrections' figure is grossly underestimated. E.g., Noelle Hanrahan, To Die in Chowchilla, S. F. BAY GUARDIAN, Jan. 26, 1994, at 9.
5 Id.
Women prisoners with HIV are further discriminated against because they are "medically restricted," which means they are not allowed to work. For each day you work in prison, you get a day removed from your sentence. So HIV-positive women are serving longer sentences due to their HIV status. There is also no confidentiality in prison. A California state law which says that state prison personnel who may come into contact with an HIV-positive inmate have the right to know the HIV status of that inmate. There was an incident at Chowchilla where one of the administrators left a list of HIV-positive prisoners on her desk, and an inmate obtained the list and circulated it throughout the prison. And that is bad news, because being HIV-positive is viewed as a weakness in prison. To survive prison life, you cannot walk around with that sort of glaring weakness, because both the prisoners and guards will use it against you.

Prisoners with HIV are also denied visits with their family and children solely because of their HIV status. Many of these women have children, and often, if you are a single woman, your children are taken away and put in the custody of Child Protective Services (CPS) as soon as you go to prison. For women who are HIV-positive, that is even more likely and immediate. Chowchilla has a program in which volunteer women in the community will care for the child of a prisoner who gave birth in prison and bring the child to visit the mother in prison. But I know of a case where a woman gave birth in prison, and when prison officials found out this woman was HIV-positive, they dismissed her volunteer from the program. They have pressured both the volunteer and the prisoner to give the child up to CPS. The prisoner's HIV status is the only reason why she has been subject to this intimidation.

Another problem I see with HIV-positive women in prison is that they are released without any social, economic, or medical resources. They get about two hundred dollars in "gate money" when they leave prison, and that is it. For example, the other day, a former client of mine who had just been released from prison was in the lobby of our office. She had not even been given her gate money upon release. She was released with only the clothes on her back. She had not been given any referrals for housing, food, or information on how to get government benefits. What choices would she have had if she had not been a former client of ours, if she did not know to come to the San Francisco AIDS Foundation? Her choices would have been limited, and she probably would have gone back to prison for committing crimes necessary for her to survive on the streets. Most of these women are released into the community where they committed the crime for which they were incarcerated. And most of the time they have no family or friends in the community, and have no idea how to get public benefits, or even where to apply for them. I have offered my assistance to prison

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7 Cal. Penal Code § 7501 (West 1982).
officials in order to provide referrals and create resources for recently released prisoners, and again, I have been ignored.

The situation for HIV-positive women in prison is really dismal, and it will remain dismal as long as we allow the secrecy and fear of dealing with HIV and AIDS in prison to prevail. But there are things we can do about it. We can write to the California Department of Corrections in Sacramento, and we can write to our legislators, and tell them that we know about this situation and we would like them to do something about it. We can talk to each other and talk to our friends about what we learned here and what we hope to learn in the future. And we can demonstrate at the prisons for improved education, support, and medical care. The prisons’ number one weapon is secrecy, so as long as we allow AIDS in prison to remain a secret, these women are going to die. HIV-positive women are being denied basic human rights that we all deserve, and I think that these women deserve those rights as well.

Comments by Jennifer Burroughs:†

The Politics of Statistics

I will start by talking a little bit about my own experience. I have been a nurse practitioner for seven years. I started out working with homeless people in Boston and New York, and that is where I first saw HIV–infected men and women. Then I took a job in an AIDS clinic. When I first started working there in 1989, about one in ten of our new patients was female. When I left in 1991, one in three of our new patients was female. I suggested to the male doctors that we should pay more attention to women’s health needs such as gynecological care, but there was no response and I found myself very frustrated. I was happy to move out here to the Bay Area because of the attention and resources given to HIV and AIDS issues, though we could always use more attention.

The statistics from the Centers for Disease Control (CDC) reflect the themes of this symposium. Back in 1986, about two percent of the people diagnosed with AIDS in the United States were women. By 1992, it was between twelve and thirteen percent.¹ AIDS as a cause of death among women aged twenty-five to forty-four is on the rise. It is the forth leading cause of death among all women,² and is the leading cause of death among

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