Prisoners In Desire

Man-on-man rape and IV drug use are helping HIV rip through the prison system. Meanwhile, corrections officials keep their heads in the sand

February 1, 1997 By Michael Brennan

Sitting on the crapper in Dorm 5, Jimmy Stooks barely glanced up when I parted the bedsheets that hid the john from the view of inmates and guards.

“Yo, d’ja bring the bleach?” he asked.

“Yeah, I got it,” I replied nervously as I watched him cook up a bindle of China White in a bottle cap. It was the day after Christmas, 1988, and Jimmy and I were just two of the 400 or so inmates whiling away the holidays in the overcrowded confines of Montville Correctional Center in Montville, Connecticut. Despite the fact that MCC was a maximum-security county jail -- it housed murderers and rapists, as well as small-time drug offenders like Jimmy and me -- all the bars in the world could not stop the stream of narcotics that flowed into this or any joint.

I was more than a little suspicious of Jimmy’s offer to share his bounty with me. Certainly he didn’t need me to score bleach for him -- any fresh “fish” could have managed that simple task. Still, you should never underestimate the desperation of a junkie. When Jimmy asked me to join him for a little holiday blast, I couldn’t resist. After he’d rinsed the ancient insulin syringe with bleach, he fixed his shot, and then I repeated the ritual. A few minutes later, Marcus Holland, the owner of the rig, joined us for his share. And then, for the next 24 hours, all animosity and distrust was obviated by the superbly obliterating effect of the opiates. We nodded through the day with the sanguine, conspiratorial glee of cons who’d scored a small victory over the system.

Three days later Jimmy had gone through his stash -- I never did get another taste -- and he was feeling the inevitable depression that sets in after the abrupt end of a good run. When we sat down to lunch that day, he suddenly demanded ex post facto payment (a carton of Kools) for my illicit “taste.”

“And I’ll fuck you up, and fuck you up the ass if you don’t pay off,” he added for good measure.

Jimmy looked a little bit like Mike Spinks, only bigger, and he gave new meaning to the jailhouse term “swinging dick”: He used to hang his monstrous appendage through the dorm bars whenever the lone female CO came by, and swing it around like a little kid. Sitting there at the lunchroom table, all I had was my balls. “You’re out of your fucking mind, pod’ner,” I retorted, instinctively

grabbing my fork. “I don’t owe you shit.”

Even as I said this my balls were, in fact, crawling up into my scrotum. Jimmy sensed it immediately. I liked to think of myself as a stand-up guy -- I’d never backed down from a jailhouse confrontation before -- but in fact I’d never had my mettle truly tested by this kind of lose-lose situation. The fact was Jimmy was big enough that, in the dark of the night, he could do whatever he wanted with me -- and there was dammed little, short of killing him or entering protective custody, that I could do about it.

Protective custody -- otherwise known as PC, or Punk City -- is the ultimate, ignoble end of those who can’t cut the predatory environment of jails and prisons. It means 23-hour lockdown, exclusion from the general population -- and unrelenting ostracism afterward from both guards and other inmates.

So I don’t know what I would have done if I hadn’t been making bail the next day. Perhaps I would have stood my ground and suffered the consequences -- which certainly would have included a fight and perhaps a rape. But I figured with only 24 hours to go before my release, I could swallow my pride, so later that night I stopped a CO as he was passing by our dorm on his hourly rounds.

“I got a problem,” I said quietly, looking down at the ground to avoid his eyes. “I wanna go to PC.”

To his credit, the guy didn’t say another word as he unlocked the cage and escorted me to one of the padded cells they kept for punks like me. On my way to PC, I heard the shaming, emasculating confirmation of my status: Some of my erstwhile colleagues doing the chicken squawk, their cruelly gleeful cries echoing down the cavernous halls of the jail.

Thus ended my own relatively mild exposure to the threat of HIV transmission through IV drug use and sexual predation in jail. Though the experience was humiliating, I survived it.

For others, however, the reality is infinitely more unrelenting, nightmarish and even fatal. Thousands of prisoners in this country -- the exact number is unknown because of the shameful dearth of studies -- are infected with HIV while in the “care and custody” of the state, either through IV drug-use or through rape or unsafe consensual sex. This increasingly includes women. With the exception of prison rapes, the primary routes of transmission are the same as they are on the streets: Unsafe consensual sex and needle sharing. The failure of officials to take simple steps that could significantly slow this deadly hemorrhage of infection amounts to a gross and cynical abrogation of their ethical and legal obligations, not unlike the myopia that first informed society’s response to the so-called gay epidemic. In the case of the prison oligarchy and its state and federal overseers, this abdication extends not just to its wards but to the general public, which suffers as HIV is carried from the joint to the street.

The situation is that much more reprehensible because the same government and community-based measures that have so reduced the rate of infection on the “outside” -- the distribution of condoms, dental dams, and bleach kits or clean syringes -- could easily be started within the controlled environments of our prisons. Indeed, where these programs have been instituted in

other countries, they have met with overwhelming support from prisoners, staff, prison officials, politicians and the public. Yet, of the 7,400 correctional institutions that currently operate in America, none make bleach or sterile syringes available to inmates. Only six facilities distribute condoms.

Part of this pattern of neglect is due to the fact that prisoners are viewed as deserving whatever they get. A larger part of the problem, however, stems from the refusal of prison officials to publicly acknowledge they cannot control sex and drugs inside the walls any more than the government can on the outside. And until officials take that critical first step, they remain like addicts in denial.

“It’s a classic case of three-monkey syndrome: Hear no evil, see no evil, speak no evil,” says Rep. Cal Skinner, a conservative Republican critic of the Department of Corrections in his home state of Illinois. “DOC officials have their jobs and reputations to protect, after all.”

Felix Stevens, who spent 22 years as a corrections officer in the Ohio and Florida prison systems, agrees. “Unfortunately, prison administrations typically want to wish it all away by sticking their heads in the sand.”

None of this is news to “M.B.” He was raped and turned into a virtual sex slave (a “punk” or “catcher” in the prison parlance) by two gang members just after beginning his 10-year sentence for theft at Illinois’ Menard Correctional Center. On June 10, 1993, he was tested for HIV after he told a nurse that the sexual assaults were ongoing and unrelenting. At that time -- six months after his incarceration -- the results of the test were negative.

Then, on March 29, 1994, after having been anally raped on an almost daily basis during the previous 15 months, a second test revealed that he had seroconverted. Throughout his interminable ordeal, Blucker complained repeatedly to prison authorities; as a result, he was branded a troublemaker, and with the complicity of guards, he was deliberately placed in proximity to his assailants.

“I hate to say it, but yes, that kind of activity goes on among guards,” says Felix Stevens. “It’s a way to control perceived troublemakers, or in some cases, it’s simply a way for guards to act out their power.”

M.B.’s case came to light when, despairing of any in-prison solution (even the oxymoronic “protective custody” outlet failed him when he was raped by his PC cell mate), he sued the Illinois DOC. Soon after, he found an unlikely ally in Representative Skinner.

“[MB] is a thief who was given an unadjudicated death sentence,” Skinner says. “He deserved to be punished, but the court did not mandate that he be repeatedly raped and consequently infected with HIV while in the custody of the state. Nor does anybody, no matter what their crime, deserve that fate.”

Skinner made no bones about where a large part of the blame lies, as he described an earlier

incident that occurred after two inmates/lovers at Menard were simultaneously bushwhacked and gang-raped, side by side.

“When guards can later walk by these inmates, huddled together in a pool of blood and piss, deny them immediate medical treatment, and then laugh as they say, ’I hope you fags had fun,’” he says heatedly, “then there is something horribly, horribly wrong with the overseers of our correctional system.”

Skinner worked to force the Centers for Disease Control and Prevention (CDC) to release a 1994 study conducted in Illinois prisons that detailed the rate of HIV transmission within the system. The report, which the CDC still has not officially released, reveals that one-third of 1 percent of Illinois prisoners seroconvert while in custody. While this may sound like a small percentage, it is an extraordinarily high transmission rate when compared with the general population. And it accounts for more than 100 seroconversions per year among Illinois’ incarcerated.

“If that’s the rate [of transmission] here in Illinois,” says Skinner, “imagine how much higher it is in New York, Florida, California. And imagine the vicious cycle of infection that results when prisoners, infected inside, are released to the street.” Another study, reported in the Annals of Internal Medicine, reported a national seroconversion rate of 21 percent among prisoners.

Indeed, with 23 million people passing in and out of some form of custody each year, we have, in effect, created an ideal breeding ground for HIV. The per capita percentage of already-infected inmates in our correctional facilities is estimated by experts as seven to 14 times higher than in the general population. It is this fact that can turn the already nightmarish scenario of a prison gang rape into an eventually fatal assault.

Like incest, man-on-man rape is a subject that has long been avoided by polite society, even though studies indicate that more than one-fifth of American prisoners -- 360,000 individuals -- are raped each year inside our various juvenile, county, state and federal correctional facilities. And because most of these inmates are repeat victims, a conservative extrapolation of the known data suggests that 60,000 sexual assaults occur every day.

The person most responsible for bringing this subject to light is Stephen Donaldson, a Quaker who spent three brief but shattering days in a Washington, D.C. jail as a result of his antiwar protests. During his hellish stay, Donaldson was raped and forced to perform oral sex at least 60 times. Before his death from AIDS in 1995, Donaldson founded Stop Prisoner Rape (SPR), and served as a tireless advocate for the largely invisible victims of this devastating crime. Reports on prison sexual dynamics are as scarce as studies of in-prison HIV transmission. The ones that exist have generally resulted in what Donaldson called “atrocities such as using the term ’homosexual rape’ for an offense that virtually no incarcerated homosexuals commit.” In fact, open gays are even more likely to become targets of sexual predation than those who fit the usual profile of a prison-rape victim -- the slightly built, nonviolent first-time offender.

On the issue of preventing HIV infection, those not familiar with the upside-down world of prison might wonder how likely a rapist would be to use a condom if it were available. The answer lies in

the predator's own interest in self-preservation -- in not being infected himself. In addition, a "punk" will often "hook up" with a "daddy" in order to avoid being victimized by an ever-changing crew of predators. Despite the coercive nature of such a relationship, it at least offers protection and monogamy and allows for some measure of compromise in which condom use can be negotiated.

Regarding consensual sex, which occurs among both gays and straights in prison, the availability of condoms would afford sex partners the options for safety enjoyed by their free-world counterparts. But as it stands now, inmates are forced to make do with surreal contraptions such as rubber gloves, plastic bags, Saran wrap -- or nothing at all.

Of course, in the case of sexual assaults, a more comprehensive solution would be the education of frontline correctional officers, who deal with inmate rape complaints, and an effective program for separating likely targets of sexual attack from known predators. Rep. Cal Skinner recently sponsored a bill that effectively addresses these issues, but most such efforts have typically amounted to little more than lip service.

As a training officer at the Glades Correctional Facility in Florida, for example, Felix Stevens codeveloped a four-hour lesson plan designed to educate COs about the issues of AIDS and rape in prison. Seeking to strengthen the plan, Stevens then developed a powerful video that was shown to guards.

"The room went silent," says Stevens of the reaction of guards to the initial viewing. "And then we were overwhelmed with questions. You have to understand, guards are normally a jaded bunch. For them to ask a lot of questions indicates they were encountering information that shocked them."

Stevens is no bleeding heart: With 22 years in the system, he remains a "do the crime/do the time" kind of guy. Yet the overwhelming volume of horror stories he encountered in his work, coupled with the fact that inmates were being infected with a deadly disease as a result of rapes and unprotected sex, led him to do a courageous about-face. His superiors, however, did not follow suit, and they quickly prohibited the video from being shown in the Glades Correctional Facility.

Jack Cowley, the former warden of Oklahoma State Reformatory, a medium-security prison in Tulsa, is another veteran corrections officer who's spoken out against various prison abuses. Cowley, who retired last year, had 22 years in corrections, about half of them as warden of various Oklahoma facilities. Cowley says his religious beliefs preclude him from endorsing condom distribution; instead, he favors conjugal visits as a way of lessening sexual tensions. Those same beliefs, however, inform his outlook with a deeply compassionate streak.

"I think the mean-spirited rhetoric that's going on in our country regarding prisoners allows administrators to move away from issues that have to be dealt with," he says. "As a society, we've allowed ourselves to become inured to horror, and this is reflected in how we run our prisons."

Citing the current trend toward prison privatization, for example, he decries "the bottom line

[mentality] that allows prison officials to treat human beings like cattle, to count them as so many head to be managed and harvested -- under the current system, an AIDS prisoner is going to be 'worth' more because he requires more billable services."

Nancy Mahon is an attorney and the former director of the AIDS in Prison Project. Through her work in New York prisons and jails, she has become one of the few academic experts on the issue of preventing the spread of HIV in prison. In a study published in the September '96 American Journal of Public Health, Mahon concluded, in the understated language of academia, that "the absence of harm-reduction devices behind bars may create a greater risk of HIV transmission there than in the community. Officials should consider distributing risk-reduction devices to prisoners through anonymous methods." ("Risk-reduction devices" is a polite term for condoms and dental dams.)

"There remains an underlying assumption that prisoners are not sexual creatures," she said in a recent conversation. "This attitude, stemming from the puritanical notion that sex is somehow bad, is self-defeating."

Currently, there are only six programs in the country that distribute condoms and dental dams to inmates. The more successful method of distribution is the "educational model," in which HIV counselors (as opposed to jailhouse staff) distribute the materials. An example of this model is the program being run by the community-based Forensic AIDS Project (FAP) in the San Francisco county and city jails since 1987. Under the auspices of the Department of Public Health, and with the critical support of Sheriff Michael Hennessey, FAP counselors began distributing condoms to inmates who requested them either verbally or through medical-care forms. (In Canadian prisons, condoms are left discreetly in buckets in the showers.)

Condoms are distributed in conjunction with AIDS education and counseling. At the same time, FAP staff are required to warn recipients that consensual sex in prison remains, like rape, a felony.

While these few programs have broken new ground in efforts to stem HIV transmission in our correctional system, they remain woefully inadequate when we realize they address the safety of only a few thousand of the 1.75 million prisoners in this country. Ten years after Reagan-era CDC officials came out in favor of condom distribution to prisoners, the agency told Mahon it was preparing to "study" the issue.

Meanwhile, the band plays on in another arena, as the most efficacious prophylaxes against the spread of HIV through IV drug use -- needle and/or bleach distribution -- remain as far removed from official prison policy as they once were on the street.

"Our policy is that drug use is prohibited behavior in the federal prison system. Therefore we will not distribute syringes or bleach, which might enable that behavior," says Todd Craig of the U.S. Bureau of Prisons.

This is in sharp contrast to Germany and Switzerland, where sterile syringes are available to inmates, and to Canada, which recently made bleach kits accessible.

Ralf Jurgens heads the Canadian HIV/AIDS Legal Network, a community-based research and advocacy group that receives support from both the Ministry of Health and Canada's Federal Corrections System. Jurgens cites this official support (80 percent of prison staff favor the three-year-old condom-distribution program, for example) as a critical factor that allowed bleach-distribution programs to begin in Canadian prisons and jails this year.

"They view this program as a pragmatic response to a public health issue that affects not just inmates, but also the general public," Jurgens says. "They don't see it as condoning drugs, but simply as a way to protect human lives."

Bleach is dispensed in a discreet fashion so inmates are not identified overtly as drug users by prison staff. At the same time, prison administration still retains control because inmates face sanctions if found in possession of drugs.

Canadian officials are also giving serious consideration to making clean needles available to prisoners, and Jurgens recently traveled to Switzerland to study the model used there.

"The Swiss program began when a jailhouse physician acted on what he felt was his ethical obligation to save lives," Jurgens says. The physician, Dr. Frank Probst, had become aware that some of his HIV negative patients at the Oberschoongrun prison were sharing needles with HIV positive inmates, and he acted against official policy by providing them with sterile syringes. Eventually, prison officials saw the sense of this courageous (and then-illegal) act, and they began a pilot needle-distribution program in the prison.

Back in the United States, meanwhile, IV drug use -- and the concurrent spread of AIDS -- remains a firm fixture of American prison life. Ironically, however, though drugs are routinely smuggled in by staff, visitors and other routes, syringes remain a scarce item. The creativity and desperation of prisoners in response to this shortage is extraordinary: Makeshift syringes are fashioned from light-bulb filaments and basketball pumps; diabetic inmates will break off needles in their flesh to later extract the point for attachment to a pen or other tubular device; the few intact syringes in circulation (often culled from medical waste bins) are used hundreds of times by a dizzying array of inmates. And prisoners are so fearful of damaging their fragile works that they often refuse to use bleach even when it's available.

Meanwhile, prison administrators pay lip service to the notion that in-house drug treatment programs are sufficient to address the intertwined issues of addiction and AIDS. As former warden Jack Cowley and other critics point out, these dubious responses typically involve efforts that "are programs in name only. And when budgets are tight, treatment programs are the first to go."

Indeed, as a result of budgetary constraints and political considerations, treatment services have been declining both in quality and quantity, and those that exist often have two- and three-year waiting periods. The inevitable result is that newly infected inmates are eventually released into the community with habits every bit as tenacious as those they brought into the joint.

In researching this article, I found it ironic that of those I spoke to, I was most impressed by

corrections insiders like Jack Cowley. After all, Cowley is an HIV negative veteran jailer and a born-again Christian, and I'm an HIV positive ex-junkie, thief and prisoner with a predilection for Buddhism.

Yet as I listened to this laconic Okie offer his observations, I realized that despite our differences, he has the characteristics most needed by both prison officials and the general public as, together, we confront the intertwined issues of AIDS, addiction and incarceration: An ability to view prisoners as human beings and to respond to their plight with compassion and outrage.

When these sentiments are backed by the guts to buck the status quo, the result is something that old-line cons would call "being stand-up."

The alternative -- remaining silent in the face of the horrors occurring within America's prisons -- ensures that we are well on our way to becoming like the "good Germans" of yore. If this language sounds overly melodramatic, then we only have to remember the United States is engaged in what is described as a "War on Drugs," and that it is impossible to separate the AIDS epidemic from this larger pathology.

Indeed, with past and current revelations about the CIA's involvement in the heroin and crack-cocaine epidemics, the drug war rhetoric emanating from Washington has become almost absurdly schizophrenic. To ignore such official hypocrisy only demonstrates that we are capable of the same kind of denial and cynicism articulated by our ostensible leaders. It further ensures that we will continue to pay a heavy price as AIDS continues to spread from America's prisons into the surrounding communities.

"We have met the enemy, and the enemy is us" has always been the deadly flipside to the we-the-people ethos that first allowed us to wrench our collective fate from the hands of distant and totalitarian powers. As we now work to halt the spread of AIDS in an increasingly fragmented and authoritarian society, we must recognize that the real enemy is the ignorance, fear and denial that allows us to treat an entire class of people -- prisoners -- as less than human.

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