

# Health Issues at Marion

by Tim Blunk

Few experiences behind the walls will underscore a prisoner's powerlessness more than a personal struggle to obtain decent health care. This is particularly true at USP Marion where driving home this message is an essential part of its *raison d'être* within the federal prison system. The delivery or withholding of needed health care is first premised upon this mission. Confronted with grave illness or injury, Marion prisoners must fight through a health care delivery system that is structured around the view of the patient-as-enemy. At its best, medical care is a form of short-term crisis management conditioned by the dictates of institutional security. At its sadistic worst, Marion, like other federal prisons, has demonstrated both the ability and willingness to manipulate a prisoner's illness or disability as a weapon against him.

For most, it is a profoundly personal and often lonely struggle to maintain one's own physical integrity through a health crisis that must be mediated through such a system. Prisoners fear becoming sick and often will ignore symptoms because of the vulnerability that it entails. The tendency is to repress and live with potentially dangerous conditions rather than concede such an advantage to the prison authorities. When care is sought out, one feels at every point that his very humanity is in contention. And without winning this concession, there is no struggle for the human right to health care. It is no coincidence, therefore, that this demand has been central to virtually every major prison uprising in the U.S. since Attica. I would like to raise two health-related issues that are significant concerns in their own right but also give us some insight into the nature of the Marion project as a whole: 1) the PCB and heavy metal contamination of Marion's water supply, and 2) the treatment of prisoners testing positive for HIV (AIDS virus) antibodies.

## The Water Supply

It is ironic, but because of all the attention that the lockdown and its human rights violations have received, another significant threat to the health and well-being of Marion prisoners has gone relatively unnoticed. The contamination of Marion prison's water supply, in the end may prove to be the most damaging (and even deadly)



of the conditions of incarceration here. Essentially, Marion draws its water supply from a toxic waste dump.

Since the prison opened in 1963, USP Marion has had its own separate water source, drawing from Crab Orchard Lake which is part of the Crab Orchard National Wildlife Refuge. This wildlife refuge is unique in the country as industries have been allowed to operate within its boundaries. This has been justified by the severe conditions of unemployment in Southern Illinois caused by the collapse of both the coal mining industry and farming. Special incentives have been offered to attract large employers — incentives which seem to have included a see-no-evil posture on the part of the local authorities regarding the disposal of toxic industrial wastes. Since the 1930's, explosives manufacturers (such as Olin which still operates here) and electronics companies have buried tons of nitrates, toxic heavy metals such as lead, and PCB's (polychlorinated biphenyls) into numerous dumpsites within the Crab Orchard refuge. These wastes have been steadily seeping into the aquifer and draining into Crab Orchard Lake. In July 1987, the Crab Orchard National Wildlife Refuge was distinguished as the first wildlife refuge in the country to be cited as a toxic waste hazard and added to the Environmental Protection Agency's (EPA) Superfund priority list for emergency clean-up.

EPA tests conducted since the 1970's have shown PCB, lead, arsenic and other toxic materials throughout the Crab Orchard refuge. PCB in particular has been found in toxic concentrations in sediment in Crab Orchard Lake. PCB is a known, powerful carcinogenic agent. The harmful effects of long-term exposure to lead are also well documented.

The City of Marion has access to Crab Orchard Lake as an emergency water supply. It used it once in 1981 for a brief period. However, when drought conditions in 1987 forced city engineers to find back-up sources of water, a furor by local residents forced the city to buy water from the nearby city of Herrin because of fears of PCB contamination. Health risks that are clearly unacceptable to populations on the outside are fine when it comes to prisoners. With the monotonous Bureau of Prisons chant about Marion confining the "worst of the worst", there has been no protest demonstrated by local citizens concerning the slow poisoning of prisoners. Marion prisoners have achieved rough political parity with Crab Apple Lake catfish — although there's probably more local concern over the fate of the latter.

Quite naturally the prison administration at Marion sees no reason for alarm. Of course prison staff does not wash, bath or cook with contaminated water. Many guards will not drink the water and bring bottled beverages or thermoses from home.

No known studies have been done by Health Services at the prison or by contracted outside groups to look for the range of possible symptoms with PCB or toxic heavy metal exposure among Marion prisoners or staff. The unique conditions of isolation/separation at Marion make the collection of such information by prisoners themselves nearly impossible. However, through the limited contacts available (the prison grapevine) and through studying various prisoner lawsuits there does seem to be a definable set of symptoms that are unique and specific to a significant proportion of the population that can be co-related with a prisoner's arrival at Marion. (In a few known cases, some of these disappear when the prisoner has been transferred to another prison.) These symptoms include: chronic dermatitis that appears similar to eczema with small blotches of scaling and itching skin on arms and legs, multiple lipomas (small, benign tumors that form in subcutaneous adipose tissue), frequent headaches, nausea, deterioration of vision and, in several instances, cancer. One of the prisoners who has filed a lawsuit over the water contamination has lost a kidney because of cancer that developed during his incarceration here.

While official policy maintains that the water contamination is a non-issue, the administration's own actions repeatedly belie an effort to hide the truth from prisoners and the public. The administration has made it clear on numerous occasions that no prisoner will receive a transfer out of Marion unless he drops all



litigation against the prison. This stipulation penalizes a prisoner for exercising his Constitutional rights in the courts and reduces his health and physical integrity to bargaining chips. Choosing to litigate against poisonous conditions means being subjected to them even longer — virtually indefinitely given the pace of civil litigation of this kind. The pressure to transfer out is enormous for this and all the other reasons. It has meant that lawsuits are continually filed and then dropped, without enough continuity or progress to force the prison to act. A few men persevere with their litigation despite the numerous obstacles and penalties.

The Health Services staff — physicians and physicians assistants (PAs) manifest a studied ignorance when prisoners inquire about the origins of their symptoms and the possible relationship to PCB or heavy metal exposure. The skin rashes and incidence of lipomas both seem

to be very common — certainly appearing with enough frequency to raise serious questions for concerned health professionals. I have personally developed both of these symptoms since coming to Marion. When I inquired about the lipomous growths on my back, the physician replied that he "might have read something about them in medical school." The refusal to undertake any serious investigation is coupled with an attitude that prisoners are just habitual complainers and eager to bet back at the prison and staff on any level.

The EPA published a report about toxic contamination in the Crab Orchard National Wildlife Refuge, including the PCB contamination of Crab Orchard Lake. The prison has actively tried to prevent copies of this report from coming inside to prisoners with pending lawsuits with the justification that the information contained within it might give rise to "possible threat to the security and good order of the institution" — i.e., protest on the part of prisoners against being systematically poisoned.

The occurrence of symptoms such as the dermatitis and lipomous growths would be sufficient cause for immediate investigation and action by responsible health professionals. However, the cancers that are known to result from exposure to PCB usually take many years to develop, often up to twenty. Toxins such as PCB accumulate in the body, usually in high concentrations in adipose tissue (where lipomas are now being discovered in Marion prisoners.) The real toll in cancers and death due to this kind of toxic exposure may not be known for a long time. But any possibility of such severe consequences deserves immediate and complex investigation. This clearly won't be generated by the Bureau of Prisons except as a shuck to perceived public pressure.

### AIDS At Marion

In August of this year (1987), Warden Gary Henman told the local press that there were no prisoners diagnosed with AIDS in Marion. While technically true, this is somewhat misleading, for there is a small number of prisoners who have tested positively for HIV (AIDS virus) antibodies. Thus far these men have not shown any symptoms of AIDS or ARC. Marion's position, according to Warden Henman is that HIV positive prisoners will remain in population until they develop symptoms, at which time they would be transferred to the federal prison hospital facility at Springfield, Missouri. No special provisions whatsoever are made for these prisoners and they seem to receive nothing more than the usual malign neglect afforded to the entire population. Publically this policy would likely be defended on the basis of security (as always) and perhaps even out of concern for prisoners' rights — that is, not wanting to needlessly isolate HIV-positive prisoners. However the reality demonstrates an extraordinary lack of concern for these men and for the population in general. In some instances the attitudes of Health Services staff and administrators have indicated rare forms of sadism.

Much of the prison's negligence centers around the withholding of information from those individuals having tested positive for HIV antibodies. In line with Bureau of Prisons' policy, only incoming prisoners are being "routinely" tested although there are others who have been at Marion for months or years who had been tested without their knowledge while undergoing treatment for unrelated problems at Springfield. Two prisoners in this category learned of these positive test results only after Marion guards began handcuffing them and performing body pats while wearing plastic gloves. They were clearly singled out for this treatment. However neither has received any other information or counseling other than affirmation from administrators of their positive test results. If any follow-up tests were performed at the time of the original HIV antibody test these men have not been informed. These tests are notorious for having a high rate of "false positive" readings and second tests are mandatory for any meaningful diagnosis. Additionally, the HIV antibody test alone does not suffice in diagnosing AIDS or ARC. Other forms of clinical co-relation are necessary such as red blood cell, white blood cell, lymphocyte and platelet counts, skin testing with recall antigens or serum protein electrophoresis. It is unknown whether any of these tests have been performed. Without counselling with medical staff, few, if any prisoners would even know that these are required.

Those prisoners who are HIV-positive and are trying to withstand and gain some control over their condition are stonewalled. Requests for interviews with the Health Services physicians are routinely ignored. The administration refuses to release copies of prisoners' own medical files to them so that they can determine what is happening. They are being forced to file Freedom of Information (FOIA) requests in order to obtain their own test results.

Ignorance about AIDS is the rule in the Marion population. The only information furnished by Health Services is a short brochure issued to all prisoners when they arrive at Marion. Usually these are left on the floor of Receiving and Discharge. While needle-sharing is rare to non-existent here, so called "high-risk" sexual practices do take place within a small segment of the population. Yet not even those individuals testing positive have received any additional counseling or

warning about the possible consequences of high-risk sexual contact. There is no question of making condoms available as has been done in some state prison systems. Admirably (and not surprisingly) there are some prisoners who have taken it upon themselves to fight through the AIDS stigma and rampant prison homophobia to obtain and circulate information about AIDS from outside groups such as Gay Men's Health Crisis. Under any set of circumstances we will struggle to take care of ourselves and our brothers but we also hold the BOP and prison administration responsible for providing the health care that is our right as human beings.

It remains unclear just whom among those with positive HIV antibody tests will go on to develop full-blown AIDS or ARC. It is suspected that a number of "cofactors" in addition to HIV virus exposure help to determine who gets AIDS and who doesn't. These cofactors may include genetic predisposition or possible exposure to a number of environmental toxins or infectious agents. (The PCB contamination of the water supply immediately comes to mind.) In general, the immune system has been shown to be strengthened through nutrition, exercise and having sources of psychological support from family and friends. What is obvious is that Marion would have to be one of the worst places one could possibly be with any potential for developing AIDS. Yet prisoners in this position are not being considered for early transfer to other institutions. The fear is that HIV-positive prisoners will in fact end up being stuck here permanently because of the ease of isolating and monitoring them within the population. This would certainly be consistent with court rulings upholding the ability of parole boards to refuse parole on the basis of positive HIV test results. It is also consistent with a prison administration that views AIDS as just another potential glitch in institutional security.

The standards to which the Marion prison administration holds itself regarding these issues of health care are at the lowest tolerable level — tolerable and sufficient to stand up to the affectionately myopic scrutiny of Congressional investigators. It is grotesque. It is tolerated only because prisoners in the U.S., particularly Marion prisoners are seen as the "half-dead" in Father Berrigan's words. Our fight for our health and humanity is one and the same. ∞