

My name is Mardge Cohen. I have been a physician at Cook County Hospital for the past twenty years, and since 1988 I have directed the Women and Children HIV Program. I feel privileged to be asked to give testimony today as my work with families affected by HIV infection and with poor people's health care needs is a continuous reminder to how our society has misdirected its resources and its heart.

We must place our comments today in the context of the current mass incarceration of men and women over the past decades. With 1.5 million people in prisons and jails last year being three times the number recorded 15 years ago, we are all aware that something horrible is going on that has nothing to do with crime or public safety. Control units are the end of the spectrum and clearly the strategy for the future: they are cheaper and more punitive--cruel and vicious dungeons. They provide constant isolation and constant observation.

And as we look at these terrifying trends, we see that the rate of women who are incarcerated is also rising especially fast. Why is this rate changing? I think it reflects the societal belief that victims of abuse and poverty and racism are really to blame for their difficulties. And the semblance of niceties once reserved for women, most often for richer women, are no longer required. It's as if the viciousness and vengefulness of our society, probably always present, has bubbled up above the surface and is everpresent, punishing women for the miserable ways they have been treated.

And what are the conditions that women and men experience in the

prisons and jails, in terms of their health care? There are currently, in almost every state in this country legal suits documenting the overwhelming health problems found in the jails and prisons. These suits are not being brought because of malpractice for inappropriate antibiotics or not intervening soon enough in treatment of a particular disease. The scrutiny is occurring because of "deliberate indifference to the health care needs of the prisoners" and because the "care provided is shocking to the conscience."

What are the specific issues of health care for women prisoners? They are similar to the basic health care needs for all women, but it is a question of access to these services. They need access to care for sexually transmitted diseases: screening for these diseases and performing pap smears which are needed to treat occult infections and abnormalities. In Philadelphia last year, a refusal form was given to women so the physician did not have to preform the pap smears and cultures.

Pregnant women need adequate prenatal care and decent delivery conditions. Women should not have to deliver their babies in prison environments. This is avoidable and does not have to occur, although it has multiple times. And women must have the right to terminate their pregnancy if they choose. Women should be able to have their newborns with them and care for their children while in prison.

Women in prison and everywhere, should not be subject to rape, which was recently brought to our attention in Georgia. Rape is a control issue

An area that I have the most experience in is HIV care. It is, I think, an unappreciated fact that HIV infection rates in women is higher in most jails than HIV infection rates in men in that same jail. So that in Rikers Island Prison, the rate of HIV infection in women is 20%. Clearly, poverty, drug use, working in the sex industry, exchanging drugs and money for sex, contribute to this high rate. The lack of resources that society has expended on these women prior to being incarcerated and the negative experience of the jails and prison make for interrupted and insufficient care of HIV infection.

What do women, and men, in prison need in terms of HIV? They need the right to confidentiality about the disease. They need the right to appropriate medical care, so they feel better and live longer. They need doctors who are experienced in HIV care so they get the best outcomes, as recently documented in the medical literature. And women, like men, who are sick, don't belong in prison. They need access to care, medications, skilled doctors, psychologists case managers to deal with this devastating illness. And certainly they need compassionate early releases so they don't die in prison.

And finally, when we think of current profits being made by presidents of health insurance companies and HMOs and see the hoops we all have to go through to get our own health care we shouldn't be surprised at the plan to initiate prisoner copayment for access to sick call or any health services. We remember once again that only the US and South Africa do not have national health insurance. What is planned for prisoners in this era of decreasing health care but increasing profits? Putting up a

financial barrier of what's called a "token" of \$5 or \$10 when most prisoners have less than \$5 of their own in prison will make the current rotten access intolerable. Copayments have been shown to cause people with little money and serious illnesses to not seek care.

We must remember that prisoners, as a group, are sicker, with high rates of epilepsy, asthma, early cardiac disease, HIV infection, and higher suicide rates. If someone cannot afford \$5 to get to sick call when they have a cold, that maybe alright, but when someone with HIV has a cold, even if chronic diseases are cared for, a cold is just a cold, and that person with HIV and some beginning respiratory infection might be seriously harmed. Medically, considering how densely populated the jails are, people denied sick call for colds and coughs could have infectious diseases like tuberculosis, and serious public health problems could occur.

We must understand that health care is a human right, not a commodity to be allocated by the marketplace to the rich, and denied to the poor (and increasing numbers of working people). While the right-wing fuels vengeful fears to incarcerate more and more people, public opinion clearly supports us in our just demands--that people have a right to be treated, to be cared for, as human beings, not discarded as commodities or encaged as animals. Taking steps towards destigmatizing and caring for a generation of disadvantaged and oppressed people an important first step towards ensuring that all our of human rights are not violated.