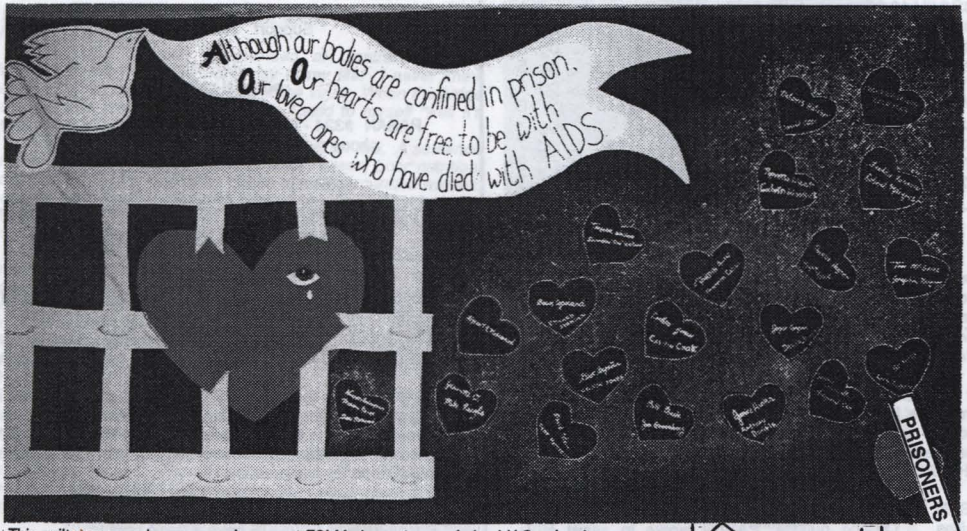


This quilt was sewn by women prisoners at FCI Marianna (a max federal U.S. prison) to commemorate those women who have died of HIV/AIDS in prisons.

CELL COUNT

with HIV/AIDS

SUPPORT

ACTION

NETWORK

PREMIER ISSUE
JANUARY '95
VOL. 1 NO. 1

If you don't like the news, make some of your own.

IN THIS ISSUE ...

CELL COUNT
VOLUME 1 NO. 1
newsletter of Prisoners with HIV/AIDS
Support Action Network

PASAN
editorial collective

PASAN #324 - 517 College St. Toronto, ON M6G 4A2
phone # 416-920-9567, fax # 416-928-2185
toll free 1-800-263-9534
we accept collect calls from prisoners

WHO IS PASAN?

Prisoners with HIV/AIDS Support Action Network (PASAN) is a community-based network of prisoners, ex-prisoners, organizations, activists and individuals working together to provide advocacy, education and support to prisoners on HIV/AIDS and related issues.

Our goal is to provide prisoners with the information to protect themselves from getting HIV and to offer support services to prisoners and ex-prisoners living with HIV/AIDS. In addition to referral services and counselling, PASAN provides education on HIV/AIDS and peer support counselling.

PASAN is also working to help HIV+ ex-prisoners and their families. On the outside, PASAN works to assist HIV+ people coming out of prison to find supportive housing as well as access to social services. PASAN also has peer support groups and other peer counselling programs so that ex-prisoners living with HIV/AIDS can get together and talk among themselves.

WHAT WE CAN DO.

While you're inside, PASAN can help you by
- Getting you someone to talk with.
- Getting you information on HIV and AIDS.
- Assisting with pre-release planning.
- Referrals.
- Giving you information about community services.

When you get out, PASAN can help you with
- Finding support housing.
- Peer support groups and individual counselling.
- Finding financial assistance.
- Referrals for medical and other support.

PASAN STATEMENT OF INTENT

Prisoners with HIV/AIDS Support Action Network (PASAN) is a community based coalition formed to advocate for the implementation of a full comprehensive strategy both provincially and federally within the prison systems of Canada.

PASAN believes that the AIDS crisis in the prison system is a product of government inaction. HIV transmission could be prevented and the health of prisoners with HIV/AIDS could be improved by the implementation of a comprehensive HIV/AIDS policy and practice.

Our five guiding principles are:
* Prisoners with HIV/AIDS have a basic right to maintain their health.
* Prisoners have the right to protect themselves against HIV infection.
* Prisoners have the right to keep their health status private, and prisoners with HIV/AIDS should be able to keep their HIV/AIDS status confidential.
* Prisoners have the right to informed consent with respect to HIV antibody testing and HIV/AIDS treatment.
* HIV/AIDS support, education and treatment programs should be run by community-based organisations who are allowed into prisons and through prisoner peer support models.

Last, PASAN maintains that differences based on race, culture, gender, sexual orientation, mental and physical ability must be taken into consideration and appropriately addressed. As well as making programs and materials available in various languages and at varying literacy levels.

Welcome to the first issue of Cell Count. It took some doing, but here it is. This is a newsletter by and for prisoners, ex-prisoners and others concerned with crisis of HIV/AIDS in the prisons. We plan to publish an issue every three months, so we ask that anyone wishing to send articles, stories, information or art-work, kindly don't put things off to the last minute.

Being the first issue, there is nothing much more to say than a lot of thanks. To Monica, who was able to withstand the madness of our PASAN office as it is during stressful times, and who did an excellent job on lay-out, key-punching and inspiration. To the (ex)prisoners who came out about their disease, and wrote their stories, which will hopefully encourage others to write something for the next issue. Thanks is also due to the PASAN staff, Board of Directors and members who relentlessly give of their time and efforts towards the struggle to break down the walls that keep people in but not safe from discrimination, human rights violations, criminal neglect nor HIV/AIDS.

Next issue, there will be more legal stuff, hopefully some letters from readers, treatment issues for prisoners with HIV/AIDS, as well as the usual profiles, HIV/AIDS education and more. If you want to see something in the next issue, write it, draw it or give us a suggestion, and we'll do our best. I must emphasize that whatever you contribute, we will not publish material that is racist, sexist, homophobic or is detremental to anyone's person, dignity, self-determination and human and civil rights. If you wish to continue receiving Cell Count, drop us a line, and make a donation for costs if you can. Otherwise, it will remain free to prisoners and people living with HIV/AIDS. As Amber continually reminds me, *"Here's something to think about. If you're not infected , you're affected. AIDS does not discriminate."* **ZOLTAN LUGOSI: EDITOR**

A WOMAN'S VIEW: The Worst Day of My Life!

by Joann Walker

I thought the worst day of my life was when, I was told I had the HIV virus. I was wrong!

When I became incarcerated at Central California Women's Facility, was the worst day of my life! I never knew people were so narrow minded about the virus. When the judge gave me four years and four months, I said to myself "well it's over." I was wrong again!

There was another sentence waiting for me, A sentence of persecution, depression, discrimination, stress, poor nutrition, poor medical care and stupidity of the other incarcerated women, because there was no education here on the virus, That included the staff because they weren't educated either and frankly, most don't give a damn.

A person incarcerated with HIV is just another added problem for the California penal system. I can't see why correctional officers make the large sums of money they made for walking around with a bunch of keys. Maybe an officer will walk down a hallway once or twice a week. If a prisoner makes them mad then the staff will get back at the prisoner by tearing up their room. The title "correctional officer" should be changed to Overpaid Baby Sitter.

Central California Women's Facility is said to be the largest human warehouse for women in the world. It is also the worst run warehouse in the world. When one runs a conglomerate as large as CCWF you must be equipped to give fairness to the officers and the incarcerated. There is none here. I will not even write of the treatment that HIV/AIDS prisoners get. I would have to publish my own paper.

True horror stories of the HIV/AIDS incarcerated women are many and painful. There are very few like myself who will write and speak out and act up: I will not die at the hands of the system. If I do, the world will know who the murderer is - The California Penal System!

I realize the public can't imprison the whole penal system. But because of the power the public bestows on officers, most think they are above the law. So please give them hell in memory of me.

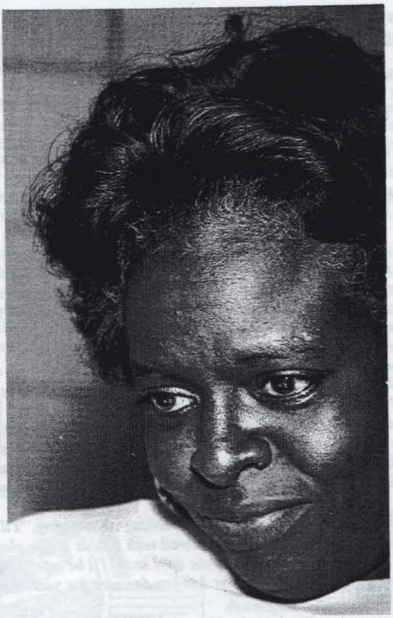


photo credit *JUDY PARKS*

Joann Walker died on Wednesday July 13, 1994, two months after winning compassionate release from the Central California Women's Facility at Chowchilla. We will continue her fight for justice for prisoners. For more information contact the Coalition to Support Women Prisoners at Chowchilla, (510)530-6214 or (415) 641-4156, or Box 144844, San Francisco, CA 94114.

WHAT IS HIV/AIDS?

H = Human
I = Immune Deficiency
V = Virus

HIV is a virus you can't see. The virus lives only in humans (this means you can't get it from animals or insects). HIV disease breaks down the body's defense against diseases (the immune system). HIV is the virus which generally leads to AIDS. Being HIV+ does not mean you have AIDS. Not everyone who has HIV feels sick, but you don't have to be sick to spread it. Some people have the virus and don't know it. You can't tell if someone has HIV by looking at them. When their immune system is weakened to a certain level, a person living with HIV is diagnosed as having AIDS.

A = Acquired
I = Immune (system)
D = Deficiency (weakens)
S = Syndrome (a group of diseases)

A person living with HIV is diagnosed with AIDS when their immune system gets very weak, and they are highly prone to getting certain diseases. Many of the diseases which affect people living with HIV/AIDS are not dangerous to someone with a healthy immune system. Because their immune system is weakened, these diseases can be life-threatening to people with HIV/AIDS.

If your cell partner has HIV and you don't, the only way you can get HIV from them is from fucking without a condom or by sharing needles with them for drugs, tattoos or piercing. If your cell partner has HIV and you don't, they are in more danger of getting sick from you than you are of getting sick from them. Because things like colds or the flu are bugs which travel through the air (not like HIV), you can pass them onto your cell partner by normal day to day contact. If your cell partner is living with HIV/AIDS, these common illnesses could be life threatening to them.

Anyone can get HIV, the virus which can lead to AIDS. Getting HIV has to do with unsafe behaviours, not who you are. You become infected with HIV when the virus gets into your bloodstream. The HIV virus lives in blood. The virus can live only for a few minutes outside the body (unless it's in blood inside a syringe, where it can live longer). You can't get HIV from being spit on or bitten.
The main ways HIV is spread are:

1) Unsafe sex. All fucking without a condom is unsafe.

2) Sharing needles for drugs, steroids, tattooing or body piercing.

AIDS DOES NOT come from casual contact like shaking hands, kissing, hugging, touching, coughing, toilets, showers, telephones, sharing cigarettes, sharing dishes and cutlery or mosquito bites.

AIDS // TAKE IT OR LEAVE IT

By Sidney Marts #117594 Camp J--Angola State Prison
from The Angolite, publication of Angola Prison, Louisianna, USA

I believe that Angola's traditional practice of homosexuality, along with pride and arrogance, will be the leading cause of up and coming tragedies, all because of the "I don't care" attitude.

The AIDS virus and its rapid spread apparently means nothing to a vast group of inmates here at Angola. Careful observation reveals that many inmates are gambling with their lives without care for themselves, and other people's lives as well.

Male sex in this prison is on the up rise - sex that usually involves numerous partners. Too many inmates are misinformed over how one can contract the HIV virus. Perhaps more often than not they just don't care. Whatever, the result is the same: AIDS infection. And this fault does not rest with Administration.

Many of the inmates who involve themselves in homosexual activity only ask the other party involved: "Man, are you sure you don't have the `gangster'?" And the party usually replies, "No I don't have that." This is in absence of any medical testing. How insane! And many inmates don't even realize that a man's rectum cannot withstand the same pressure as a woman's vagina. Puncture wounds can easily occur in a man's rectum, thus making way for the deadly, incurable disease.

I refer to a portion of those inmates I'm speaking of as saying, "I'll see to it that the person I want to get involved with bleeds at the plasma unit. With the testing the plasma people do, I know I'll be safe." Never once do they consider that the virus can lay dormant for years before being detected.

Another portion of the inmates believe that the AIDS virus cannot be transmitted through oral sex. They do not consider sores on the mouth (cavities or gums) or penis.

Then of course there are the ones who think that they can wrap pieces of bread bags around their penis and avoid the disease. They do not consider modern medical science that warns even latex condoms are not 100% safe

Brothers of all lifestyles, its time to wake up. This is a matter of life and death. And it's your life - take it or leave it.

Sidney Marts reflections on prisoners' attitudes toward sex in prisons needs some clarification. Some explanation will also help, as we all need to be concerned with HIV/AIDS. Choice of sexuality is a right and therefore should not be proscribed in prison. What we must take issue with is that sex is practised safe and consensual. We must therefore, continue to make demands for condoms in those prisons where there are none. People must stop judging others because of their sexual preference.

Comprehensive education is the only way to change the " *I don't care"* and *"it won't happen to me"* attitudes. AIDS is a fatal disease, and all precautions must be taken during anal, vaginal and oral sex. Asking a sex partner whether they have HIV/AIDS is just not good enough. Anyone engaging in high risk activities must be encouraged to get a HIV test.

Yes, the virus can lay dormant for a long time. It can take three to six months to show in a blood test once it has been passed, and has been known to not show itself in the blood for up to eighteen months. Assume that your sex partners have HIV/AIDS and take precautions by using condoms with plenty of lubricant. Or try other safe sex methods, such as petting, fondling, mutual masturbation and phone sex. HIV/AIDS does not discriminate.

MANDATORY TESTING AND IMMIGRATION

Historically, immigrants and refugees have been blamed for bringing crime into the country, causing unemployment, overloading the welfare system and introducing diseases such as HIV/AIDS. The Canadian Government has used immigrants and refugees as scapegoats creating stricter, more selective and more discriminatory immigration policies. Immigration Minister Sergio Marchi's proposal of HIV testing for all potential refugees and immigrants perpetuates such discrimination and scapegoating.

Tightening immigration policies will not prevent the spread of HIV nor contribute to the treatment of people living with HIV/AIDS. HIV and AIDS are both already present in Canada. The government needs to focus on education about practicing safer sex and safer drug injection techniques and increase the resources allotted to research and the provision of medical support for people living with HIV/AIDS.

* We are against mandatory testing of refugees and immigrants for HIV because it is a violation of fundamental human rights.

* We are against any use of HIV testing (voluntary or mandatory) . It is blatant discrimination. It is hypocritical of the Canadian Government to make it illegal to discriminate against people living with HIV/AIDS in Canada and then use HIV status as a means of preventing people from entering Canada. The Canadian Government is using HIV testing as a means of promoting its anti-immigration policy.

* We oppose the argument that HIV positive refugees and immigrants will make excessive demands on the Canadian health care system. People living with HIV/AIDS are living longer and healthier lives. We know that some people have been infected with HIV for at least 12 years and still do not show any signs of illness. We do not know whether everyone with HIV will go on to develop AIDS. How can we refuse to allow a person to immigrate on the grounds that she or he might become ill?

By stating that HIV positive refugees and immigrants will be burden on the health care system, the Canadian Government not only demonstrates limited knowledge of HIV and AIDS, it also sends a message to those people who are HIV+ or living with AIDS who are already in Canada, that they are viewed as a burden. (*ed. Position and policy statement from a coalition of PASAN, AIDS Action Now, Toronto Coalition Against Racism, Gay Asians AIDS Project, Black Coalition for AIDS Prevention and Africans in Partnership Against AIDS.*)

NEW SUPPORT GROUP AT PASAN

A new Ex-Prisoner PHA Support Group, facilitated by an HIV+ ex-prisoner, will be starting in Toronto in January. For info, call Amber at PASAN 416-920-9567

CALL FOR PEN PALS FOR HIV+ PRISONERS

Interested in corresponding with an imprisoned PHA? Contact Rick at PASAN (see address on page 2)

PRISONERS' RIGHTS & LEGAL NEWS

Just because people are sent to prison, it does not mean that they do not have any rights. And health care is a right. This article will touch on a few things that prisoners in Canada should know, especially those with HIV/AIDS (PHA's). And it will close with a summary of a few cases that may assist other prisoners in their own legal struggles.

The law is that whatever medical treatments and health care is available to persons in the community, should also be available to persons in prison. Because prison budgets are already taxed because of overcrowding and high numbers of staff, medical care and treatments often end up on the bottom of the list of priorities. This does not mean that prisoners should simply give up and think to themsleves that they will get help when they get back out. Many prisoners will remain inside for a long time, and it is necessary to make demands for health care when you feel that it is not as good as you need.

Unfortunately, some prison health care workers and doctors are unaware of many of the issues related to HIV/AIDS. As a result, there is a high degree of neglect when it comes to preventive medicines for PHA's. One of the things that prisoners can do is request to see a *primary care physician* in the community. This is a right! And whatever treatments/medicines that a primary care physician perscribes must be supplied by the prison health care centre.

There may be times when a prisoner must stand up for his or her rights. As a result, it is a good idea to keep in touch with a lawyer who will take legal aid and a lawyer that you trust. Also, know that there are agencies you can call to help you get what you need. Look for phone numbers and addresses in the resource list in this newsletter.

Prisoners face a lot of things that may seem petty or whining. When it comes to your health, there is no compromise. In other words, it is something that can not be put off or ignored. If you are having problems with an issue that you feel is a legal matter, perhaps you could drop a line to PASAN, and we will try to help you with whatever we can. **We also take all collect calls from prisoners.** No matter what happens, do not just give up on something that could save your life.

Many of the early complaints to the Ontario Human Rights Commission (OHRC) filed on the subject of HIV/AIDS have alleged unequal treatment of inmates with HIV infection or AIDS in Ontario correctional facilities. The general allegation is that, as a result of testing positive for antibodies to HIV, individuals have been removed from the general prison population and denied equal opportunity to eat, socialize and recreate with fellow inmates. The complaints have also alleged that inmates with HIV infection or AIDS have been subjected to humiliating treatment and demands, including being approached by guards wearing gloves, and have been forced to scrub showers and phones after using them. In addition, many inmates have complained of being denied essential medical and dietary requirements.

Following the adoption of a new policy on communicable diseases by the Ontario Ministry of Correctional Services in 1989, the OHRC expressed its hope that such discriminatory treatment of inmates with HIV infection or AIDS in Ontario would be eliminated and that "through the spirit of this policy better trained staff and inmates will be less likely to respond to infected inmates with fear and anger...". Even with policy and guidelines, problems remain.

A few cases that have gone before the courts that apply to PHA's may be helpful to others.

* In 1989 the Ontario District Court, in the case of *R.* v. *Downey*, stated that the detention centres in Toronto were generally "failing to come to grips with this problem [the detention of people with HIV infection or AIDS], from two aspects: (a)providing facilities where such detainees may obtain adequate treatment; and (b) of educating staff and, in particular, guards as to not only the nature and extent of this disease...but [also] what dangers, if any, it poses to the rest of the population of the detention centre and of the staff of the detention centre."

The Court had to decide whether to grant bail to an accused who had previously be denied it on the grounds that he had a long record of serious offenses and was likely to commit further offenses. One of the reasons advanced to support an order after he was detained, he tested positive for antibodies to HIV. Additional tests indicated that he had developed diseases associated with HIV infection. The Court found that the accused was not receiving adequate treatment for his disease. In particular, he was locked up virtually twenty-four hours a day, was the target of threats, and was not provided with an appropriate diet. The Court held that the accused had been subjected to cruel and unusual treatment, in violation of s. 12 of the *Canadian Charter of Rights and Freedoms*, which provides that everyone has the right not to be subjected to any cruel and unusual treatment or punishment. The Court ruled that the detention order be set aside and that the applicant be released on his own recognizance.

* In the case of *R v. McAllister*, the matter for decision was whether the British Columbian Court of Appeal was entitled to reduce a sentence due to the circumstance that the trial judge had not known that the accused had AIDS. The Court of Appeal held that it was not possible on ordinary sentencing principles to say that the original sentence was unfit. It continued, however, by saying that the trial judge might have imposed a different sentence had he been made aware of the fact that the accused "was suffering from the disease [AIDS] which...is almost invariably fatal." The Court of Appeal concluded that it was justified in reducing the sentence from five to three years.

* In the case of *R. v Johnston,* the fact that the accused had AIDS was taken into account in mitigation [deciding] of the sentence.

* In the case of *R. v. Marjerrison*, the accused, who was HIV-positive, was convicted of fraud. The Court chose not to follow R. v. Newby. In that case, the Alberta Court of Appeal dismissed an appeal by the Crown against a suspended sentence for fraud committed by a person suffering from chronic fatigue syndrome. In sentencing, the Alberta Court of Appeal took into account that the accused could only be treated in the United States and would, if incarcerated, possibly commit suicide. The Court in Marjerrison sentenced the accused to four months imprisonment, citing UK decisions in which the accused's HIV status had not been considered a mitigating factor in sentencing.

More legal news to come! Contact us if you know of any cases which may assist others.

REFLECTIONS

Sometimes when I walk into the PASAN office, I feel her energy. The same spunky, yet sensitive energy I felt when we first met.

We were both guests at the Juvenile Detention Centre at 311 Jarvis St. in Toronto. Criminals at the age of 13. Charged with vagrancy, we'd run from sexually abusive homes. Occasionally we ended up in the same foster home. Since neither of us wanted to be there, we'd often run away, hitting the streets of Toronto, sleeping in parks, cuddled up together for warmth and safety.

Eventually, we found each other in a residential school in Windsor, Ontario. We kept running away, landing ourselves in "the infirmary", which was really, seg. To pass the time, we often sang. We wrote songs together, always songs of freedom.

While living in a residential treatment centre together at the age of 16, I became pregnant with twins. One day, while sitting in Scarborough Bluffs, Patrice put her hand on my stomach, and very seriously looked me in the eyes and said, "Let's promise never to do drugs, okay? They're bad for babies, you know."

Our paths rarely crossed after the births of my twins. She attended their funeral a year after their birth. I remember her looking at their little bodies in their caskets and saying, "it's not fair. Be strong. I need you." I saw Patrice one other time. Shortly after I married, she came to Windsor to visit me. The day she left, she attended a party in Toronto. I got a phone call a few days later to say she had overdosed at that party.

I thought of her often throughout the years.

In 1991 I tested positive for HIV. A year later I was diagnosed with AIDS. In February, while searching for my younger sister who was adopted in 1960, Patrice's name came up. It was then that I learned that she'd died of AIDS-related illness while at Prison For Women. Within days I heard about PASAN. I'm now a Board member and a Peer at PASAN.

As a First Nations Grandmother living with AIDS, I also do AIDS Education in the First Nations Communities throughout Ontario. I'm public about being a PHA, and have done a number of tv, radio and newspaper interviews.

Some of my work at PASAN includes providing counselling, advocacy and education to prisoners and ex-prisoners with HIV/AIDS. Some days it's depressing knowing there is still so much to be done (and, it seems, never enough time), still too many people incarcerated, and still too many facilities (and not enough money to buy a bulldozer). On other days, like today, the day began with a drive to a facility to escort a woman with HIV to her new home. It was so good to see her on the outside.

I often find myself sitting at the AIDS Memorial in Toronto. I walk to the panel where her name is listed, take out my sacred drum and sing the "Strong Woman Song". As I sing, I remember her beautiful face, her amazing eyes, her smile and her tears. I remember my friend, my sister, Patrice O'Donnell, and know why I do what I do today. Then, I walk into the PASAN office and feel her energy. Why am I not surprised?

December 10/94 Amber O'Hara @ PASAN

HIV/AIDS PREVENTION

SURVIVAL TIP...*Tattooing In The Joint*

You can get HIV from tattooing if you share guns, needles, guitar strings, staples, threads or inks.

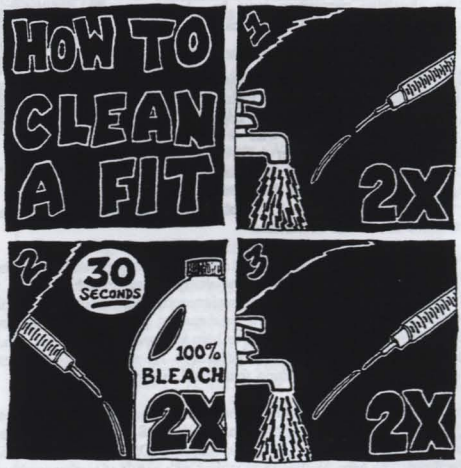
If you tattoo inside an institution, make sure you use needles that are **not shared** (or clean them with bleach and water first). The gun must be cleaned completely with bleach and rinsed with water (barrel, tip, etc.). To protect yourself and your tattooing friends, you need to kill the HIV virus with bleach before you share.

Never use inks that someone else has used. Do not put the used ink back in the bottle from the cap. It will contain blood and other diseases such as HIV or Hep B & C can be passed on. Always wear latex gloves when giving someone a tattoo. (*from Kingston AIDS Project*)

SURVIVAL TIP...*Shooting Up*

Sharing works is the easiest way for HIV to spread from one person to another. When you shoot up, small amounts of blood are left in the syringe which get injected into the next person using the rig. If the blood has the HIV virus in it, then the virus gets passed on too. If you use needles for drugs or steroids, the best way to protect yourself from getting HIV is **never share your works** (syringe, cooker or filter). If you have to share, the best way to protect yourself is to clean your works with bleach and water before each use.

1) Rinse fit with water. Do not use this water again. 2) Fill with full-strength bleach, shake it and let it soak for 30 seconds. Do this twice. 3) Rinse syringe with clean water twice. *Make sure you rinse all the bleach out of the rig because if you shoot any bleach into your vein, it can make you sick.*



Always use clean spoons, cookers and new cottons. If you can't get bleach, you may use rubbing alcohol instead and rinse with water just like in the picture to help reduce your risk. **Only bleach or rubbing alcohol will do -- booze, vinegar or aftershave will not work.**

If you don't have rubbing alcohol or bleach, you can take the fit apart and let it soak in warm soapy water, or rinse it with soap and water 5 or 6 times and then take apart and let it dry out in the air. This is not as good as using bleach or rubbing alcohol, but it can help reduce the risk of transmitting HIV or Hepatitis.

PRISONERS WRITE

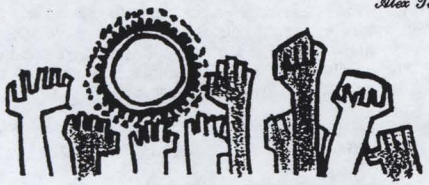
Oct. 15, 1994

Hi, My name is Alex Tota. I am a 34 year old Canadian born in Toronto. When I was a year old, my family moved back to Italy, where I completed my education. By the time I was 15, I had on my shoulders the responsibility of raising my three younger sisters and looking after my Mother after her marriage went down the drain a year earlier. I became a sailor like my father and older brother. That job gave me the opportunity to escape the boring everyday life routine and expand the knowledge that most people limit to their own back yard. To the contrary of what many people would perceive of my lifestyle, it was a struggle for me, trying to send money home and make ends meet financially. I travelled all over for 8 long years and after my brother's death of a drug overdosed in 1983, I came back to Canada with the hope of a fresh, new start. Things didn't go quite as planned. After getting married to an Italian woman and opening a ceramic and marble installation business, I started to slide down into the pit. I'd had a nervous breakdown and feelings of being a prisoner in the small kingdom I had built, regretting my childhood, and longing for the freedom I had never felt I had.

I start using drugs, injecting cocaine on a daily basis, sometimes sharing, needles ignorant of the HIV factor. To make a long story short, I tested positive for HIV and all my world came tumbling down. Since then there has been an in-and-out-of-jail existence, using drugs to deal with the HIV and mostly the reaction and treatment that I have to be submitted to from people in and out of institutions. In 1993, I acknowledged the existence of a group, PASAN, who support and counsel prisoners with HIV\AIDS, helping them to overcome stressful situations easily encountered in the jail setting due to a lack of knowledge on the HIV issues. I am not going to prolong this on the functions of PASAN but there is a point I want to stress and that is that this group is trying to better the conditions of HIV\AIDS infected people in prisons. I know that change is a slow, seemingly endless process, but with time, things will get better.

One of my major concerns as a PASAN member is the lack of beds in the institutions' health units in general. I consider myself lucky to be serving my sentence in Guelph Correctional Centre Health Care Unit where medical staff and the centre's officers try to meet the general needs of individuals on a personal basis. Still, there is a sadness in my heart because many people aren't as lucky as myself to be in a place like this. If I may give some suggestions, I feel the government should funnel some money toward the creation of more places like this throughout the correctional system. Right now, because of the very few beds available in health units, there is a need for a better screening process, allowing the right prisoners to take advantage of the services instead of people apt to play the "sick game". I know a lot of them spending some more money on research will give us a feeling of being cared for and taken into consideration. Let's work side by side without tearing at each other's throats. Then we will see changes taking place and who knows, maybe we will have a longer future. God permitting.

Alex Tota



Coalition for Prisoners Rights Newsletter

October 16, 1994 *I'm a 35 year old male whose being physically and psychologically fucked over by the state, for which the right hand knows not what the left hand does. I've been infected with HIV for approximately 12 years. The first stages of the infection was bad. I was in total denial and angry. Which still comes out at the lack of compassion at the hands of the justice system, including the court security and prison guards. They all need education to get rid of their ignorance and get to the bottom line; that with government inaction there will always be an influx of both federal and provincial prisoners, who are human, needing proper care and treatment for HIV\AIDS,*

Without understanding and safe-guards, more will be infected, creating more dehumanization and demoralization in the name of corrections. The public at large have to realize that most of those locked down will return to society.

My personal experiences are close to the kind of atrocities committed in wars. This is 1994, not 1943, and since this HIV\AIDS in the early `80's came out, not a whole lot has changed except by those committed to making change where possible without interference of political pressure.

Reading old and new articles, I read that one man froze his blood in 1975, six years later the man needed a transfusion, he wanted his own blood, they tested the 1975 blood - it was tainted.

How long, really, has HIV been around - I feel only governments know or that it is a military experiment that went haywire. Why was the public not informed before it became an epidemic? Now its just getting worse. Medications studied and given have caused many terrible side-effects, meds now given resemble those given Vietnam vets who come back from war addicted to heroin or morphine - where does this madness stop - after a 1/4 of the world's population has died because of inaction? Or are we going to fight until our voices are heard? The Ontario AIDS Network (OAN) has a voice, but with the infighting, our voices will never be heard. We have to fight together - straights, gays, lesbians, trans-sexuals and bleeders, both young and old, both infected and affected.

Yes, I am serving time. I'm human, and yes, I make mistakes - but unlike the government, I take responsibility for my mistakes. Unlike the government, I do not push things under the carpet.

Anyone wishing to contact me can write to PASAN, and they will forward any letters to where I am. I will be released in February of 1995, regardless. PASAN accepts all collect calls from prisoners, sometimes the only contact a prisoner might have.

We would like, and I would like to see a support group for prisoners, no matter what race, religion or sexual orientation. John Q. Public will never know what goes on behind the walls where the dark winds blow on the injustices that take place. We the prisoners know, and we must stick together to enlighten John Q. Public and get the action and support for one another. Over the years, I've seen prisoners falter. I don't know why, but we must have a voice as we are part of society as well.

Again, peace and love be with all the infected and affected, and to those locked down, hang "T". Think positive, as it is the only way to fight. Fight this and let's get together to unite all inmates and lets help one another to unite all prisoners and let's help one another instead of judging each other.

Killing time is killing people!!

Sincerely, Robert Plume

SUCKING vs. FUCKING

We talk a lot about the importance of wearing a latex condom when fucking or getting fucked. We know that vaginal or ass fucking without a condom is a high risk activity for spreading HIV. But what about oral sex?

Oral sex, whether a blow job on a guy or going down on a woman, is low risk for spreading HIV. That means that it's possible for HIV to be spread this way, but in reality it's rare. There have been very few cases of people getting HIV from giving head to either a man or a woman. In Canada, there have been no reported cases of any men or women getting HIV from receiving head.

While oral sex is low risk, some people might want to use extra protection. This is a good idea if there are cuts or sores in the mouth, on the dick or vagina, or if the woman is having her period. Wearing a condom for oral sex is the best way of reducing your risk. When going down on a woman, you can reduce risk by using a barrier (called a dental dam) over her vagina. If you don't have a dental dam, you can make a good barrier by splitting a condom up one side and opening it into a single latex sheet. If you can't get either, plastic sandwich wrap may help reduce your risk.

But the bottom line is that oral sex is low risk, even without a condom. If you want to fuck but don't have a condom, think about sucking instead. It's fun, feels good and reduces your risk of HIV.

RESOURCES

Kingston AIDS Project (KAP)
Box 120, Kingston, ON K7L 4V6 (613-545-3698)

Peterborough AIDS Resiource Network (PARN)
Box 1582 Peterborough, ON K9J 7H7 (705-749-9110)

2-Spirited People of the 1st Nations
1006-2 Carlton St. Toronto, ON M5B 1J3 (416-944-8381)

Hamilton AIDS Network for Dialogue and Support
900-143 James St S Hamilton ON L8P 3A1 (905-528-0854)

Nova Scotia PWA Coalition
#300-5675 Spring Garden Rd., Halifax NS (902-429-7922)

AIDS Moncton
368 Cameron St. Moncton, NB E1C 5Z6 (506-859-9616)

Aboriginal AIDS Prevention Society
#201-11456 Jasper Ave. Edmonton, AB T5K 0M1 (403-488-5773)

Anishnawbe Health AIDS Program
255 Queen St.E Toronto, ON M5A 1S4 (416-360-0486)

Anishnawbe Kwe Healing Circle Newsletter
#324 - 517 College St. Toronto ON M6G 4A2

MAGGIE'S-Prostitutes' Safe Sex Project
Box 1143 Stn F Toronto, ON M4Y 2T8 (416-964-0150)

Black Coalition for AIDS Prevention
#103-597 Parliament St Toronto ON M4X 1W3 (416-926-0122)

Pacific AIDS Resource Centre
1107 Seymour St. Vancouver, BC V6B 5S8 (604-893-2250)

AIDS Vancouver Island
#304-733 Jonhson St Victoria, BC V8W 3C7 (604-384-4554)

PWA-RAG (prisoners with HIV/AIDS newsletter)
Box A Dorchester, NB E0A 1M0

Prison News Service (news on prison struggles)
Box 5052 Stn. A Toronto, ON M5W 1W4

Hay House *(pen-pals for HIV+ prisoners)*
#602 - 501 Santa Monica Blvd. Santa Monica, CA 90401

COMPASSIONATE RELEASE CAMPAIGN

Medical care in most provincial and federal prisons is killing prisoners with HIV/AIDS! Some prisoners are serving their sentences isolated in segregation cells and quarantine facilities because of their medical status, while laws profess to guarantee equal rights and access to health care for all. It has been determined that prisoners with HIV/AIDS live only half as long as persons with the disease in the community.

A prison term should not mean a death sentence. At this moment, there are two critically ill prisoners with HIV/AIDS (PHA's) at Port-Cartier federal prison that need active support for compassionate release or parole by exception. Another has just been transferred to Millbrook provincial prison. At both of these facilities, health care staff are yet to understand the disease and guards reportedly do pass by the cells of PHA's asking the prisoner whether "they are not dead yet"! These are only three examples that we know about which compound problems that amount to human rights violations and cruel and unusual punishment.

PHA's do not have the time to access the courts to fight for their rights. They simply haven't that much time left to live. All the while, the Correctional Services Canada and the Ministry of Corrections lags in complying with their very policy to meet minimum standards of health care and compassionate release for terminally ill prisoners. They are simply not willing to deal with it.

Compassionate release is the only hope for critically ill prisoners trapped within a prison system of criminal medical neglect. There have been some successes in having prisoners released in this manner, but only through active public support and pressure. Community pressure can make a difference and your help is needed to save the lives of prisoners with HIV/AIDS, to help them receive the care and support they rightly deserve and to pressure penal officials to uphold the laws and policies that govern them.

We are currently beginning an on-going campaign for compassionate release for prisoners in or prior to the terminal stages of HIV/AIDS. We will include in this info package samples of letters that concerned groups and individuals might use as guidelines to write to the various prison administrators and politicians that need to be lobbied. As we are receiving names of these prisoners on a weekly basis at PASAN, we will then provide the necessary information to interested and committed people and organizations to assist in active support. Please let us know if you know of any such prisoners that need support. And whether you or others you are in contact with that may wish to commit some time to this effort.

Contact: PASAN #324 - 517 College St. Toronto, ON M6G 4A2
Phone (416) 920-9567 or 1-800-263-9534 / Fax (416)928-2185