

Monday, July 26, 2010

Hello every one, my name is Douglas Foremen.

I am a 53-year-old gay inmate, serving a life sentence in a federal prison in the Montreal area. I have been in the federal system for over 35 years.

I am also one of the first prisoners to contract HIV in prison. I contracted HIV in June of 1984 through unprotected sex and I have been living with Hepatitis-C since the summer of 1995.

I hope you are enjoying today's event.

I wish to send to the event organisers my heart felt appreciation, for granting me time to share with all of you, some of the realities and difficulties we face, when it comes to the lack of quality health care for the HIV and Hep-C infected inmates, in the CSC. (*Correctional Service of Canada*)

Some of you already know me. Some of you may know of me through my never-ending reminders to CSC to live up to their obligations and offer quality health care to the HIV and Hep-C positive populations, who they have the responsibility to care for. I have been for many years and proudly still am, a constant and willing annoyance to them.

It has been my experience that CSC is in a perpetual state of reaction, when it comes to health care for the HIV and Hep-C positive inmates.

One would assume that given the CSC's mission statement and it's obligations to the community, that they would have been more proactive in the treatment of it's inmate's medical care. We know now that that has not been the case

One might ask; "*What was CSC waiting for?*"

Instead of creating programs and policy to address the ever-increasing HIV and Hep-C infection rates in federal prisons, including a needle exchange program, CSC waited to be told that these programs are needed and that they would be beneficial.

Instead of implementing the Harm Reduction Model in the prisons, CSC waited to be told that the harm reduction model is needed and that it would be beneficial.

Instead of implementing the distribution of condoms in the prisons, CSC waited to be told that condoms are needed and that they would be beneficial.

Instead of implementing the distribution of Javel in the prisons, CSC waited to be told that the Javel is needed and that it would be beneficial.

Moreover, who brought these concerns to the CSC? It was front line organisations like those present amongst you today and inmates who were in the fight for their very survival as they dealt with the realities of their disease.

I have already shared my concerns about CSC's lack of quality health care for the HIV and Hep-C positive inmates and also the CSC's lack of a proactive approach to the needs of the inmate

populations. I brought these concerns to the CSC Regional Infectious Diseases Advisory Committee in Kingston Ontario in 1994 and in 1995.

When meeting with the members, I brought to their attention the increasing need for the implementation of harm reduction programs, peer support groups and other programs that are group specific.

For example, information on how to properly clean your equipment when tattooing or when you are an IV drug user, even information on the simple practice of properly using a condom when engaging in sexual activities in prison. Let me share with you on a personal note, sex in prison with someone who you consider special, could be fun and exciting but I promise you, living with HIV and/or Hep-C in prison is a guaranteed headache, more so when faced with the CSC's lackadaisical approach to health care in general.

The CSC Regional Infectious Diseases Advisory Committee shared my concerns but for a while, nothing happened.

Around this same time, in 1994-95, ECAP (*Expert Committee on Aids in Prison*) submitted a number of recommendations to the CSC including many of the programs that I indicated earlier.

I raised the importance of inmate health care by doing interviews with CBC radio & television, TV Ontario, LCN, CTV, CFCF and any one else who would listen. Those who listened, got an ear full and left with the understanding that the CSC by its actions alone, seemed to be indicating that it is cheaper to let the inmates die, than it is to spend the money to treat them.

Also in 1994, I attended the first annual HIV/Aids in Prison Forum held at Queens University where I shared with Ralf Jürgen my written proposal to start a peer support program with the focus of harm reduction in Frontenac minimum-security prison and the CSC's subsequent refusal of my request. As some of you now know, many of these harm reduction programs are now part of every day life for those serving time.

So, what is there to say about the state of health care in the CSC today? Well, let us see. In some institutions, chronic diarrhoea is treated with the offering of diapers. In some institutions, sometime medication is used.

When Thrush or other fungal infections are diagnosed, the CSC scoffs at the specialist's use of Canestin, which is a recognised and successful treatment for fungal infections.

When chronic pain is present, pain-relieving medication is used sparingly and sometime used inadequately. Alternative treatments to deal with the inevitable multitude of symptoms that HIV and Hep-C infection bring, are offered at the inmate's expense. Have they forgotten? The last time inmates received an increase in their salary was more than 20 years ago. Today's maximum take-home pay (Level "A") is \$108.20 a month. How does an inmate pay for alternative treatment with that? Moreover, if you are not satisfied with the medical treatment that the CSC is giving you, you are more than free to get a second opinion...but you must pay it yourself. You must pay for the escorts and for the use of the vehicle. You can just imagine how much a microbiologist or a gastroenterologist might charge you for a professional consultation.

The institution may as per CD 800, refuse even the treatment recommendations gotten through a second opinion.

COMMISSIONER'S DIRECTIVE

Issued under the authority of the Commissioner of the Correctional Service of Canada
Number 800

OUTSIDE CONSULTATION

Outside consultation or treatment for essential services may be sought by the institutional clinician. *Consistent with community standards, treatment recommendations by consultants are subject to approval of the referring institutional clinician.*

NON-ESSENTIAL INMATE-REQUESTED SERVICES

All inmate-requested services deemed non-essential by the institutions physician will be at the inmate's complete expense including consultation fees and at the discretion of Institutional Heads, any associated escort costs. Health Services shall be responsible for the coordination of arrangements for all inmate-requested services.

Even certain HIV medication is refused because some of the side effects are a state of euphoria. One could conceivably sell their medication on the black market for a small profit.

As the years go by, CSC has reluctantly opened itself up to scrutiny and unwelcome criticism for the way they treat the HIV and Hep-C positive inmates. They justify their shortcomings with complaints of the lack of available funds. As I indicated earlier, the CSC seems to be saying that it is cheaper to let us die than it is to treat us with compassion, dignity and with a sense of professionalism all guaranteed to us by the Charter of Rights and Freedoms and by the Physician's Code of Ethics.

Therefore, as you can now undoubtedly better appreciate, the granting of healthcare to the HIV and Hep-C positive inmates remains a continued challenge for the CSC. Very little has changed. I for one am sick and tired of the excuses the CSC use to justify their right to disregard the use of better judgement when it comes to my health. That is why the CSC and I are in court.

The CSC now must explain to the courts why they refused to pay for the PEGETRON treatment that I needed and why they let my Hep-C go untreated for so long. Because of their decision, my liver has progressed to a state of cirrhoses.

Recently, I tried to meet the HIV/Hep-C specialist with my Elder. The CSC indicated to me that if I maintained my position of wanting to meet the doctor with my Elder, I would be refused my consultation with the doctor.

As with most First Nations people their approach to healing is a holistic approach. The physical, intellectual, emotional and spiritual aspect of the person is always considered part of one's healing path. The CSC has yet to embrace this concept when dealing with First Nations people. First Nations people could teach the CSC a very needed lesson in compassion and respect.

It is sad to discover that in all this time CSC has struggled to treat our sickness but has done nothing to treat us as people.

Judge Louise Arbour made the following statement after the P for W incident in the '90s:

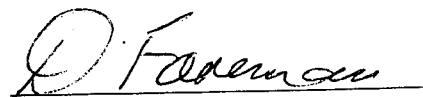
“Dans sa mission, le service correctionnel du Canada s’engage à faire preuve de « transparence », d’« intégrité » et « imputabilité ». Un organisme qui souscrirait véritablement à ces valeurs tenterait, il me semble, de respecter la loi et ferait preuve de vigilance pour corriger tout manquement à celle-ci; il réagirait aux critiques externes et serait prêt à faire son autocritique; il serait prêt; à rendre compte loyalement et honnêtement de ses actes et reconnaîtrait ses erreurs.
Trop souvent on a nié les erreurs, on s’est défendu contre le critique et on a réagi sans vérifier si elle était fondée ou non”

Has CSC taken those words and strived to better the situation? What do you think?

The CSC is responsible for the criticism that they have been receiving and will continue to receive. If they had been proactive in their dealings with the HIV and Hep-C positive inmate populations we might, believe it or not, be praising their wisdom and their foresight. We would not need to embark on a journey of survival, when what we really need is somewhere to heal from our sickness and made to feel that we are people too.

So, for those of you who are too sick to fight, too discouraged to scream out against what must seem like overwhelming odds, take a minute and look around you. There are amongst you, those who are doing the screaming on your behalf. Take a minute to thank the front line workers who come to the prisons and spend time listening to you, share your suffering with you and speak out for you when the time comes.

With much respect, solidarity and love,



Douglas Foreman
“Keep the hope alive”