Engaged in Life: Alan Berkman on Prison Health Care (as told to Susie Day) 2003

There's a standard way to examine somebody under the armpit, whether it's for a lymph node or a breast examination. You tell the patient to put their arm on their lap so that the muscles relax. But instead, the doctor—who was an older man, retired—told me to put my arm up above my head—which is exactly the wrong thing to do because it tightens the muscles and makes it harder to feel up in the axilla. He said he couldn't feel the enlarged lymph node, and I knew that I was in trouble, because this guy had no idea how to examine a patient.

So I took advantage of the fact that I'm a doctor, and I said to him, "As a colleague, I would like to ask you to let me take your hand and show you where the enlarged lymph node is." Now, because I was a political prisoner, he was totally nervous and uptight, but I really tried, because I realized he didn't know what he was doing. So I lowered my arm, relaxed the muscle, and he allowed me to guide his hand, and said, "Oh, yeah. I can feel it." He assured me that he would get a surgeon to see me.

A few weeks later, they came. They wouldn't let me out to make any phone calls, then they cut off the water in my cell. That was the tip-off that I was going for surgery the next day—rather than tell me "don't drink anything," they cut the water off.

Counting for Nothing

When you're sick in prison, it's the security that dominates. You're scared there might be something seriously wrong. And, you're going to the hospital in chains with what we call a "black box"—which is a set of solid handcuffs that go over regular handcuffs that hold the hands directly to a

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Susie Day's biographical sketch appears on page 260.

waist chain; also, there are leg irons—in a caravan of six cars with heavily armed Pennsylvania State troopers and U.S. Marshals who go with you into the operating room. The fact that you're sick and frightened, like any other human being, counts for nothing. I could tell you many stories about the inhumane treatment, always under the guise of security.

So the lymph node was taken out, and I was called to a nurse's office, and told that I had cancer.

Now, if I had been a young black man—which is who most people were in the Chester County Jail [in West Chester, PA]—the doctor never would have let me take his hand, and probably would have missed the lymph node. The fact I was a doctor got me diagnosed. If I weren't a doctor, I don't know how much longer it would have been, how much sicker I would have had to be, before the diagnosis would have been made.

Desperate, Dumb, Despicable

When I was a young doctor—this was in 1973—I worked at the Bronx House of Detention. The doctor I was replacing was a man in his late seventies. And the only antibiotic (this is the absolute truth) he knew how to use was penicillin, which had come out around 1945. He had not kept up with anything. He was working in a prison that was overwhelmingly black and Latino, and he used to call the young black men "boys," and couldn't figure out why they didn't like him. That's not a caricature of who works in prisons.

Usually, you get the desperate, the dumb, the despicable doctors in prison. Administrators use doctors who can't get hired any place else. Sometimes, people can't get hired for good reasons: They're bad doctors; they're old and their medical knowledge is out of date; and they can't get along with patients, so they work in prisons, because the opinions of the "patients" don't matter.

When I was in Marion Penitentiary—which is a federal prison and not a county jail like Chester County—there was one doctor there. He had been at this prison for ten years, and had never been able to pass a state licensing exam because, in the federal system, you don't have to have a state license. Yet, as far as the prison was concerned, he was competent to take care of men.

Guaranteed Worse Care

Unfortunately, it's not uncommon to hear some prisoners say, "Prisons saved my life," especially if they were using drugs on the outside and not taking care of themselves, or if they have HIV or Hepatitis C. But that's not the same as outside commentators saying that prisoners get *better* medical care. That is an outright lie. Commentators will argue, "Prisoners are guaranteed medical care." Well, under the law, a certain level of treatment *is* guaranteed, but that's because if you take people's freedom away and deny them access to their own doctors, you'd better supply some medical care, or you're just killing people.

Medical care in prisons is, by and large, below the standard for the community outside. When doctors work in the community, other doctors, in a variety of agencies, review their work. If your patients think you've messed them up, they have the right to sue you. For prison doctors, there's no peer review. And, while prisoners can file suits, the standard of malpractice a prisoner lawsuit has to reach is much higher than it is in the community.

It's not just that prisons try to save money by hiring the worst practitioners and the fewest doctors they can; it's that it's very important that the prisoners not be seen as human beings. Certainly, there are some doctors and nurses and physicians assistants who try to do a good job. But the security people will pressure them and say, "You're too sympathetic," and make fun of them. If you still don't capitulate and become "one of the boys" in looking down at prisoners, they can make it very uncomfortable for you to work there. It's part of the culture; the job of prisons is to dehumanize people.

Misfortunes in Prisoners' Eyes

I did know a doctor who broke through and was a decent human being. Much later, after the chemotherapy, I went for rehab out in Rochester, Minnesota. My doctor was a man about five years older than I—he was a much better doctor than most. He had, earlier in his career, worked in the Mayo Clinic. He was semiretired, then took this position at the prison to keep busy without having to run his own practice. Over time—I was there more than a year—we got to know each other, and he told me an interesting story.

When he was hired, he got sent to a two-week initiation, run by the Federal Bureau of Prisons in Virginia. Security is really what it was about. He said one of the hardest things for him was that they insisted that you, if you were working as a medical person, not look the prisoner in the eye. It was very important that the prisoner not be allowed to engage you directly, because *equals* exchange gazes.

Of course, it's exactly the opposite of what a good health care practitioner should do. Part of being a healer, that has nothing to do with the

diagnosis per se, is that you share some humanity with your patient; it's in the gaze that you establish the fact that we're both human beings. "You can share your concerns, you can talk to me"—that's the core of the doctor-patient relationship. So the shared sense of humanity that makes medicine work is totally destroyed in the prison context, where it's about domination and inequality.

Worst Epidemic, Worst Doctors

Whenever you have severe prison crowding, and when the economy is collapsing, as it is now in the United States—you know that prison health care will be one of the first services to go. There's no constituency that's going to punish a politician for cutting back on that. It's hard to generalize, but I think, in most prisons, as the number of prisoners increases, the number of prison health people does not proportionally increase. So I imagine that the lines to see a doctor are longer, the lines to get your medication are longer. In most prison medical visits I had, nobody bothered to take your temperature or your blood pressure or feel your pulse, anyhow. But if anything, I imagine the medical visits are even shorter now, if that's possible.

Since I got out, I've been involved in a Legal Aid Society program, helping to monitor HIV care among prisoners in New York State. I do think there's been some effort to establish protocols and improve the HIV care. But generally, the proportion of people in prison with HIV and Hepatitis C is much higher than in the general population. So you have these prison health care providers, who are some of the worst doctors—they thought they were retiring someplace where they would see healthy, young people—and they find themselves in the middle of the worst viral disease epidemic in the history of the United States. They're also in an environment where you can't spend time; you're not really supposed to talk to the patient; you're never supposed to believe what the patient tells you.

What We Do for Each Other

Many of my patients in the ten years since I've been out have also been in prison, and I think I understand something about how they react to things. For example, when I got out of prison, I couldn't wait on lines. I would get totally angry and frustrated and upset and have to leave. I really had to think about it for a while, about why I was having such an emotional reaction to waiting, and I realized it was a flashback to being in prison, where I was just a number. It's never incredibly pleasant to be sick or in pain, but prison is a very dangerous place to be ill. When you know that nobody gives a damn about you, and they really don't care if you live or die, then it's a lot more frightening.

Sometimes, people who got out of prison would come to the clinic where I worked, and the doctors and nurses would say, "What's the matter with *them*? They have nothing better to do, why don't they just sit and wait?" I think I understood in a different way that it was an intense emotional reaction that had nothing to do with what was going on at the moment. I learned that from being in prison.

Another thing is that, when I first became a doctor—I think this is generally true—you get trained and become confident and in touch with all the things you can or want to do. Then, as you get older, if you have any sense, you get more humility. You realize that there are limits on what you can do to change serious illness. Mostly, you can help people, when they're sick, to figure out how they're going to manage their own illness. And if it's a serious illness, you may have to help them manage their own death.

The one thing I realized about being ill in prison is that I do not want to die alone. And I was thinking—because I was quite close to death on a number of occasions—that it would have been so nice when I was feeling sick to have somebody hold my hand, to have somebody who knew me look at me, care about me. It might not have changed the outcome, but I think it would have changed the reality for me. That's the thing that I learned the most—the role of what we do for each other as human beings.

So, when I was at the clinic, taking care of people with AIDS—and we had a lot of people dying in the early first years—I think I had a sensitivity to making sure that we spent time with the dying patients. We didn't just let them stay in their room. The doctors, the nurses, the social workers—all of us—would make sure we touched the person's hand and did something to make that human contact.

Chained, Paralyzed—Alive

I remember, toward the end of those rounds of chemotherapy, in December 1990, in the prison hospital, I was very sick, and pretty much paralyzed, and I was chained to the bed. And I started feeling myself going into shock. I remember quite consciously thinking, "Do I want to call the doctor? Do I want to get treated for this or should I just die? Maybe that's better than another ten or fifteen years of being in prison, paralyzed, in the hands of these guards who hate me."

But I went ahead and called the nurse and told her to get the doctor. So I don't know if there was a particular thing that kept me alive. I'm not

sure you could say that it was my commitment to the struggle or a vision of my children or anything like that. It was feeling engaged in life and wanting to continue to be part of it. I would wake up in the morning and I still wanted to be there. So I was committed to doing everything I could to get through the days.

I was fortunate that there was a campaign that demanded care for me, and my friends and family were wonderful, and they had an impact. For prisoners as a whole, it's much harder. The fundamental issue is, as long as our society is a vehicle for racism and class domination, as long as deeply exploitative relationships exist, I'm not sure that, other than in isolated cases, we're going to improve prison health care. But we're all human beings. We're all mortal. We get sick. We share that. And we have to demand that prisoners be treated with respect as human beings.

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Philip Berrigan (with Amy Goodman and Jeremy Scahill)

Philip Berrigan was born October 5, 1923, near Bemidji, Min
Ordained a Catholic priest in 1955, he soon became involved in th
Rights movement and the antiwar movement. For the next forty years
gan organized grassroots action from inside and outside of prison
working closely with his brother, Daniel Berrigan, S. J. Cofounder
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Philip Berrigan spent over ten years in prison for over one hundred
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the priesthood and eventually married peace activist Elizabeth McAllis
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East Timor and a 1998 radio documentary, *Drilling and Killing: Chevro
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