

# HIV/AIDS in the Victorian Prison System

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**F**rom my perspective as a correctional administrator, I would like to address Victoria's experiences in dealing with HIV positive prisoners, to reflect on current legislative requirements, to examine our current policies and finally to explore key strategies for the management of HIV in our prisons.

As early as 1985 the view was being expressed that prisons would become incubators for the AIDS virus. Concern was high that 'at risk' behaviours of prisoners, both prior to imprisonment and during their time in custody, would create an environment that would promote the rapid spread of the virus. While this has not been the case to date in Victoria it is helpful, I believe, to provide an historical perspective on the management of prisoners in Victoria.

Such a perspective is relevant as it will help explain how in Victoria we have moved from an initially suspicious, even hostile stance in 1985, to the current position of general acceptance, tolerance and positive support. This does not mean that all staff and all prisoners feel comfortable about working and living with HIV positive prisoners - but the feeling is vastly different from early 1985.

Prior to an identified HIV positive prisoner being received into custody in Victoria, a draft policy was prepared in early 1985, which was supported by both the Office of Corrections and the prison officers' union - the Victorian Public Service Association (VPSA).

In July 1985, the first identified HIV positive prisoner was received into a Victorian prison. As arranged, an officer escorted the prisoner to Pentridge Hospital. He had been assured that he would be safe from infection, but on arrival at the hospital he and the prisoner were met by a doctor who was fully gowned and masked. The doctor instructed the prison officer not to approach or touch anybody and ordered that the securing handcuffs and the officer's uniform be destroyed. The end result was that the prison officer undressed, left his uniform in a bag which was later sent to the tip, and went home in a distressed state, wrapped in a blanket. Not surprisingly, the incident caused quite a ripple throughout the prison system.

As a result of the rather memorable reception of the first HIV positive prisoner, the VPSA called for revised procedures to be established for working with prisoners who were HIV positive. Within a very short while revised policy and procedures had been developed as a joint effort by the Office of Corrections, the VPSA and the Health Department. The revised policy required HIV positive prisoners to be initially transferred to Pentridge Hospital for assessment, and then to be transferred to 'D' Division (a mainstream division).

In 'D' Division they were to be accommodated in a single cell and exercised in the 'D' Division hospital yard.

Although an agreed policy had been developed, prison officers continued to have concerns, and a number of stop work meetings were held during the remaining half of 1985 to discuss the AIDS problem. I might add management did little to allay these obvious concerns.

In 1986 the second prisoner found to be HIV positive, was received, duly counselled at Pentridge Hospital and subsequently was transferred to 'D' Division in accordance with the agreed AIDS policy. Prison officers were not accepting of the transfer. They sealed the prisoner's cell door and refused to interact with him in any way. Governors took over the role of prison officers but soon this process collapsed. The prisoner was returned to Pentridge Hospital.

In order to overcome the highly emotional reaction to the HIV problem, a number of initiatives were taken as a matter of high priority. First, there was the appointment of an AIDS educator. Apart from providing Office of Corrections management with a sound working knowledge of AIDS, the AIDS educator was appointed to establish education programs and information sessions on AIDS for prison staff and prisoners.

During 1986, this officer arranged a massive AIDS education program, running information sessions for staff and prisoners in all prisons. The first of a number of staff from each prison attended an intensive six-day course on AIDS at the Fairfield Infectious Diseases Hospital. These staff were to act as AIDS coordinators in each prison.

The AIDS policy and education programs developed by the Office of Corrections were not formulated in isolation. The Office of Corrections joined the AIDS Community Liaison Committee. This Committee consisted of individuals with expertise on AIDS and related issues, and met to consider relevant social, occupational and community matters. Represented on the Committee were both government and community groups, including the Education and Health Departments, the Haemophilia Society and the Royal District Nursing Service. It was considered important that the Office of Corrections should be aware of, and be part of, the range of services developed in the community for people infected with HIV. It was recognised that imprisonment in itself should not deny HIV positive prisoners access to services that were normally available in the community.

Another initiative was to reconvene the Communicable Diseases Committee. During the years 1984-1986 this committee had become moribund. Consisting of representatives from the Office of Corrections, Health Department and the VPSA it was given responsibility for developing a policy for prisoners with communicable diseases, which included of course, AIDS. This committee still meets and has played a major role in developing the strategies that have led to a cooperative approach to the management of HIV positive prisoners in Victoria.

The developments occurring with AIDS in Victorian prisons reinforced the need for both the Office of Corrections and the Health Department to establish a joint body to provide advice and direction in the development of a coordinated corrections health program.

The Corrections Health Board, consisting of senior members of both Departments, was subsequently established in late 1986. The Corrections Health Board continues to be responsible for coordinating the planning and management of general health, psychiatric, and alcohol and drug services for the corrections system.

In relation to the AIDS issue, the Corrections Health Board coordinated the development of an infection control policy and monitored AIDS research, as well as arranging meetings between the union executive and AIDS experts, including Professor Pennington, to discuss issues about AIDS in prisons openly and frankly.

Of all these initiatives, it has been the energy and resources devoted to education and training that have produced the most significant and lasting results. Much of the ignorance and previous high levels of fear associated with AIDS have now dissipated.

## Legal Framework

Before discussing key strategies that the Office of Corrections now employs to deal with HIV in the prison system, I would like to take a few moments to consider briefly the legal framework and correctional philosophy which are relevant to HIV positive prisoners in Victoria. In Victoria, the *Corrections Act 1986* and Corrections Regulations place statutory obligations on the Office of Corrections to protect the health of prisoners. Section 47(f) of the Corrections Act details the right of prisoners to '. . . have access to reasonable medical care and treatment necessary for the preservation of health'. The Corrections Act also requires prisoners to submit to medical tests, both on reception and at any time thereafter (s.29).

The *Health Act 1958* and two recent amendments passed to deal with communicable diseases in Victoria (the *Health (General Amendment) Act 1988* and the *Health (General Amendment) (Amendment) Act 1989*) also affect the management of HIV positive prisoners in Victoria, especially in relation to confidentiality. There is also the well-accepted common law responsibility of duty of care by prison staff. Duty of care requires that the Office of Corrections exercises reasonable care for the safety of prisoners in custody, and ensures that their health and well-being is protected.

The critical question for the Office of Corrections (and all correctional administrators) is therefore, what action is reasonable in the circumstances to prevent prisoners from contracting the AIDS virus.

Finally, the Office of Corrections also has a statutory obligation to staff under the *Occupational Health and Safety Act 1985*. Sections 21-25 specify the responsibilities of the employer to provide a safe work environment for staff.

## Philosophy

Superimposed upon this legislative base, the Office of Corrections has adopted a correctional philosophy which has also strongly influenced the strategies implemented to manage HIV positive prisoners. The philosophy is reflected in eight guiding principles, incorporated in the Office's mission statement.

The important elements flowing from the guiding principles are:

- prisoners with HIV should not be further punished while in prison;
- such prisoners should have ready access to specialist services, treatments and programs normally available in the community;
- services, facilities, activities and programs should be based on the concept of individual management and designed to meet the individual needs of prisoners; and
- prisoners infected with HIV must not be discriminated against in the prison system.

## Strategies Employed to Manage HIV in the Victorian Prison System

Against this background of historical developments, legislative framework and correctional philosophy it is appropriate to now briefly reflect upon the Office's current strategies for HIV positive prisoners.

### *Education*

In line with the duty of care responsibilities of the Office of Corrections, the strategy devised to manage AIDS in prisons in Victoria has focused on an intensive education program. Education programs directed at both staff and prisoners commenced in all prisons in 1986. These programs have continued, and are directed at:

- prisoners - both at reception, on an ongoing basis, and as part of release preparation; and
- prison officers - a component on AIDS is included in the curriculum of all training programs for prison officers. As well, AIDS training is on-going at all prisons.

A number of officers and program staff in each prison have also participated in intensive AIDS training programs, to enable them to be primary information officers within the prison. The AIDS educator has also produced AIDS information sheets to keep prisoners and staff aware of current developments in the field. To add to the range of educational resource material, an AIDS informational video has been made for prisoners by the Corrections Health Service.

### *Testing*

Victoria has a policy of voluntary testing on reception, and retesting on request. The exception to this policy is for occupational clearance. For infection control purposes, some occupations (for example, food handling positions) within the prison require prisoners to be retested. As part of the education program, prisoners are also encouraged to seek retesting after their release, if they believe that their behaviour has placed them 'at risk'.

It should be emphasised that Victoria's testing policy is totally voluntary. The success of the policy is reflected in a compliance rate, of 99.06 per cent. It is interesting to note that a recent study commissioned by the US Department of Justice's National Institute of Justice found that in the United States there is a strong trend away from mandatory mass screening in correctional facilities. There are now only a few systems with compulsory screening. About three-quarters of the prison systems and nearly all (90 per cent) of the gaol systems in the United States now have voluntary testing and retesting available to prisoners on request. The study concluded that the voluntary testing of prisoners serves the needs of both the prisoners and the system.

In Victoria, testing is performed on reception, during the routine medical examination. All prisoners are offered the test by a member of the medical staff and given the opportunity to make a choice. Reception staff report that a significant proportion of prisoners want to be tested, and actually ask for a test at reception.

Considerable effort has been put into ensuring that the concept of testing has been 'sold' to prisoners on the basis of something that is just for them, rather than as something just for the Office of Corrections. All prisoners who refuse a test are counselled by a member of the medical staff. It is worth noting that after counselling, few prisoners do not agree to be tested.

An important aspect of the testing program is the emphasis placed on counselling - particularly post-test counselling with prisoners who are found to be HIV positive. All prisoners who test HIV positive are informed of the result by the medical superintendent in an intensive counselling session. The medical superintendent acknowledges that these sessions are very difficult, but they have been found to be essential for the future treatment and management of the prisoner.

### *Accommodation*

A special unit for prisoners who are HIV positive has been established in 'K' Division in the Metropolitan Reception Prison. The unit is shared with non-infected prisoners who volunteer for the unit.

After being informed and counselled of a positive result, prisoners are admitted to Pentridge Hospital for a period of further support, testing and general health maintenance. Following this they are transferred to the unit in 'K' Division.

The AIDS education program implemented over the last five years has been effective in facilitating the move from total segregation of prisoners who are HIV positive, to the current situation which has features of both integration and segregation. HIV positive prisoners are segregated, in that they live and work in a special unit, but they are integrated with non-infected prisoners who voluntarily share the unit. The unit was opened in February 1988, and has always been staffed by officers who have volunteered to work (and eat meals) with HIV positive prisoners. The emphasis is very much on managing a therapeutic community. There are consistent programs staff and prison officers, who are all involved in the delivery of an intensive program which has a 'healthy lifestyle' focus. Both staff and prisoners (that is HIV positive and non-infected prisoners) in the unit believe that the mixed unit works well.

Non-infected prisoners in the unit, who I stress are there on an entirely voluntary basis, tend to be young prisoners who wish to consider drug issues. They display no feelings of anxiety, nor do they present any management difficulties over their shared accommodation. The medical staff report that they are rarely asked to check any AIDS issues with them. From the Office of Corrections view, the unit in 'K' Division has been very successful.

Our existing policy provides HIV positive prisoners with accommodation that is not part of the mainstream prison system. It is anticipated that in the future, consideration will be given to having other placement options in each security level in mainstream accommodation.

The option that has appeal for me would be a corridor arrangement, whereby one or two selected prisons with graduated security levels would be used to accommodate prisoners who are HIV positive. The reasons I favour such an option are firstly, on equity grounds, that it provides security classification alternatives presently available to all mainstream prisoners. Secondly, it enables the more focused training of staff and the provision of scarce professional resources to provide the necessary support and counselling to HIV positive prisoners.

### *Infection control*

To combat AIDS and other communicable diseases within Victorian prisons, a comprehensive set of infection control procedures has been drafted by the Communicable Diseases Committee. The procedures provide staff with a detailed set of guidelines to be followed should any contamination occur. The fundamental premise of these procedures is that staff treat all blood spills as potentially dangerous. Under the infection control procedures, bleach is now freely available to all prisoners in all prisons.

### *Condoms*

Condoms are currently not distributed within Victorian prisons. The availability of condoms within prisons is a controversial issue that has attracted considerable debate both politically and industrially. Although not distributed in prisons in Victoria, condoms are included in a release package that has been developed by the Victorian Association for the Care and Resettlement of Offenders. This release package is given to all prisoners on their release from prison, as part of standard discharge procedures. There is no doubt that the issuing of condoms is a matter that will be the subject of ongoing discussion at both a political and industrial level.

### *Confidentiality*

It is difficult to maintain the community standard with respect to confidentiality and HIV infection within prisons. However, it is essential that the principle not be ignored. In Victoria, all HIV tests and the results are coded and the coded results are sent direct to the medical superintendent by Fairfield Hospital. The policy of moving prisoners to the Pentridge Hospital in the first instance, and then later to 'K' Division, means that total confidentiality cannot be achieved. However, all steps are taken to ensure that information relating to HIV positive status is restricted, and, as much as possible, HIV positive prisoners are accorded the rights of confidentiality stipulated under legislation.

#### *Professional support*

Prisoners with HIV in 'K' Division receive close medical attention, from both the prison medical staff and specialists from Fairfield Hospital - the major treatment centre for AIDS in Victoria.

The prison medical superintendent visits all prisoners in the unit each week, and the prisoners are seen regularly by a consultant from Fairfield Hospital. The drug AZT is made available to assessed prisoners through Fairfield Hospital. Prisoners are assessed for AZT on the same basis as infected people within the community. In Victoria, we feel this supporting environment is essential to provide the most effective management of a group of prisoners coming to grips with a potentially fatal disease.

#### **Conclusion**

Since 1985, a total of fifty-nine prisoners have been found to be HIV positive. Nine were re-offenders. That is a total of fifty-nine from a grand total of in excess of 17 000 prisoners received into custody for the same five-year period. Not exactly the deluge predicted in 1985 when prisons were seen as the 'hot beds' for AIDS in society.

Over the past five years, a considerable amount of resources and energy have been spent by both the Office of Corrections and the Health Department, to ensure that a rational approach has been taken to the management and treatment of prisoners who are HIV positive in the Victorian prison system. I believe the policy and education programs developed to manage AIDS in Victorian prisons have been successful.

We have an HIV unit that functions well, which is staffed by officers who have a thorough understanding of HIV virus and who volunteer to work with prisoners who are infected with HIV. And most importantly, HIV-infected prisoners are well supported and hence are not angry with the 'system'. Consequently they do not pose a threat to staff or non-infected prisoners. We also have staff - uniformed, programs and medical - who are committed to providing HIV positive prisoners with the same support and medical treatment that is available to infected people in the community.

It is recognised there are differences between correctional jurisdictions in the way they manage HIV prisoners. There are various historical, political and industrial imperatives that have caused this situation to occur. It should be remembered that over five years significant changes have occurred, and I am optimistic about the future.

In particular, I believe the strategies adopted by Victoria, reflect an intelligent approach to dealing effectively with what is a most complex and potentially life-threatening problem. While I would not contend there is no room for complacency nor suggest we know all the answers, I do believe we have made a positive start to tackling the problem of AIDS in our prison system.