

Management Issues - A Prison Officers Union Perspective

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On 17 April 1990 I began a three month secondment to the NSW Prison AIDS Project and so began a new chapter in the history of the NSW Prison Officers Union, the POVB - (Prison Officers Vocational Branch). This secondment came about as a result of a four day strike at Berrima Gaol early in 1990 after the placement of a known HIV-infected inmate there rather than in the Malabar AIDS Unit within the Assessment Prison at Long Bay. At the time the POVB had a policy of segregation of HIV/AIDS inmates. As a condition of the settlement of the dispute the POVB sought an input into AIDS education and information programs for NSW prison officers.

The POVB Executive put forward a proposal that a person of their choice deliver the officer education program. The Union was of the opinion that a person from head office, travelling to the gaols to speak to officers about HIV/AIDS and related issues, would have little credibility with staff. It was also proposed that this person be seconded to the Prison AIDS Project for a period of three months. The proposal was agreed to by the Department of Corrective Services, the POVB and the Industrial Commission of NSW.

At this time I was a Union delegate at the Special Purpose Prison and the POVB Executive was aware that I had had seventeen years experience in maximum security institutions, including ten years with the Irish Prison Service. In 1984, a forty cell segregation unit for HIV/AIDS inmates was set up in Mountjoy Prison, Dublin the gaol to which I was then attached. Up until November 1987, when I returned to Australia, I worked a great deal with the inmates housed in this unit. As I had a sound knowledge of the issues and credibility with staff, the Union offered me this role and I willingly accepted.

¹ The views expressed in this article are those of the author and the POVB and do not necessarily reflect the policies of the NSW Department of Corrective Services and the NSW Public Service Association.

My brief from the POVB State Executive, following the introduction of integration of HIV/AIDS inmates into the mainstream prison population, was to put together and implement a safety and education package for NSW prison officers. My objectives were to provide officers with accurate and up-to-date information on HIV/AIDS, to increase their awareness of the virus to a level where myths and unnecessary fears would be reduced, to familiarise officers with infection control guidelines and to instil in them the need for safer work practices.

From an officer's perspective I then set about researching what I felt I would like to see available in the gaols to make the workplace safer in relation to the HIV virus. I visited Professor David Sutherland at the Royal Newcastle Hospital AIDS Unit and he demonstrated for me the infection control guidelines in use in the hospital.

I then put together a safety kit for officers. The kit consisted of an alcohol-based handwash, occlusive (waterproof) dressings, Sharps containers, sachets of powdered bleach, and hand-held mirrors. Some of these items were so cheap and easily obtained that I am amazed it took until 1990 to have them incorporated into the Department's occupational health and safety policy and procedures. The Prison AIDS Project is now investigating a new infection control pouch for officers which will include an eye wash, a mouth wash, a bleach solution, a disposable resuscitation mask, dressings and alcohol swabs.

I then visited every institution in the State and introduced and explained the safety kit to prison officers. I was accompanied on these trips by a consultant doctor who outlined the medical aspects of the AIDS virus to the officers. This proved to be a difficult time. Many officers felt that, because I was coming from head office, I was promoting integration. I explained that, like them, I was a serving prison officer, that when my secondment was finished I would be returning to gaol duties and that I was an elected Union delegate and working on their behalf. I felt that we were making an impact when, towards the end of my three month secondment, the dreaded 'mosquito' question stopped getting asked.

Some of the fears that officers related were: suffering a needlestick injury whilst carrying out cell searches, being assaulted with an infected syringe, and being taken hostage. NSW prison officers also expressed concerns about not knowing the identities of HIV/AIDS inmates. Many feel that knowing the identity of HIV/AIDS inmates would add to their safety in blood spill situations. Gaols, by their nature, can be very violent places. It is not uncommon for blood to be spilt and it is not unusual for an officer to get covered with an inmate's blood as the result of an assault, when assisting an inmate after self-mutilation, or as the result of an industrial accident.

While recognising that the incubation or window period of the AIDS virus presents difficulties in identifying inmates with the virus and also the legal position regarding confidentiality, the POVB has an obligation to its members to continue to negotiate this issue on their behalf.

The POVB is also of the opinion that in the event of an officer being assaulted, where it is likely that blood or body fluids have been exchanged, that the officer concerned should know the HIV/AIDS status of the inmate. Again, due to the present legal restrictions of confidentiality, the POVB recognises that this will be an ongoing industrial issue.

There have been a number of officer exposures to blood over the last twelve months. One officer related the trauma he had gone through whilst awaiting the results of his HIV screening test. During the window period he was even reluctant to kiss or cuddle his children. It must have been a harrowing period for him.

I heard many stories like this one on my travels around the gaols. They emphasise the real need prison officers have for an education program designed to meet their needs and delivered by someone who can identify with the problems they face on a daily basis as part of their normal duties.

Just six days after my secondment had ended and I had returned to gaol duty an unfortunate, but in my view inevitable, incident occurred. It is alleged that a young officer, only newly recruited to the service, was attacked and stabbed with a blood filled syringe. As a result of this incident, and its effects on the morale of staff, my secondment to the Prison AIDS Project was extended for a further three months.

This was a difficult time, emotions were running high, and the AIDS problem once again became a major industrial issue for the POVB. Relations between the Union and the Department of Corrective Services were strained.

When I discovered that the young officer who was allegedly assaulted had returned a positive test to the HIV virus I was totally shattered. The feeling in the office that day was one of numbness and disbelief. I had a tremendous battle with myself. What could I possibly say to officers around the State?

After some soul-searching I realised that now more than ever staff needed education on HIV/AIDS, hepatitis B and related issues. I deliberately directed my talks towards safer work practices, the need for infection control, and the development of occupational health and safety cabinets in all work locations. Some of the gaols took a responsible attitude and installed the cabinets straight away. In other institutions I have had a constant battle with that other deadly virus that is festering in our prisons - Complacency/Apathy.

There are a number of strains to this not so fragile virus which I am led to believe was first isolated by scientists around the time of Adam and Eve. Since then it has spread to all corners of the globe and it has almost reached epidemic proportions in the NSW Department of Corrective Services. I am hopeful that a cure can be found for the Complacency/Apathy virus, but it is likely that a cure for HIV/AIDS will be discovered first.

The question of segregation versus integration invariably raises its head during meetings with prison officers. While not advocating one or the other, I am in a position to talk about the problems which were experienced with segregation in Ireland. The Separation Unit in Ireland was set up after a prisoner had died in custody and an autopsy showed that he had died from an AIDS-related illness. As there was a lot of needle sharing in the prison, a large number of prisoners subsequently requested HIV tests. Based on my experience there, I estimate that 10 per cent of the prisoners in Mountjoy Prison, Dublin were HIV positive. Because of the seropositivity rate, the Department of Justice opted for segregation of HIV-infected inmates.

The same problems which were being experienced in the mainstream prison population - riots, self-mutilation, assaults on officers and barricaded cells - were experienced in this Unit. Housing a large number of HIV/AIDS prisoners together gave those inmates a powerful weapon to use against staff, namely their HIV-infected blood.

I have long been of the opinion that segregation of HIV/AIDS inmates in NSW gaols will take place, not because officers or the Department want it, but because the prisoners want it, either because HIV/AIDS prisoners do not feel secure or because the other prisoners do not feel happy with integration. It is a complex issue and not one that can be solved to everyone's satisfaction.

In a recent statewide vote on this issue amongst prison officers, the result was evenly divided. I believe that this was as a direct result of the HIV/AIDS education program for officers and that officers are coming to terms with the AIDS virus. The possibility of a direct assault on an officer with a blood filled syringe is one that will always be there, whether HIV/AIDS inmates are segregated or not. So is the problem of getting killed with an iron bar or a length of wood.

Every time officers enter a gaol they do not know whether or not they will walk out again at the end of the shift. Prisons are unpredictable places, calmness may exist one minute and in the next, unbelievable scenes of violence and destruction erupt.

This has been witnessed in the very recent past in NSW gaols after the policy to reduce prisoners' property was introduced. Whilst officers agree that there is too much property in prison cells, they do not agree that confiscation of property will make it easier to find drugs and syringes.

Measures must be taken to stop drugs and syringes from entering the gaols and to punish prisoners effectively who are caught with illegal substances. After seventeen years as a prison officer I still cannot fathom how a person can be arrested, tried, convicted and sent to gaol for something done in the community and yet, when the same crime is committed within an institution, it seems to be treated with much less severity. Perhaps one day prison administrators will tackle this issue and then perhaps attacks on officers with syringes can be reduced, and the spread of HIV/AIDS in prisons minimised.

The subject of trauma counselling needs to be mentioned. All jobs carry some degree of stress and prison officers can find themselves in a traumatic state for any number of reasons. A team of specialist trauma counsellors has been contracted by the NSW Department of Corrective Services to debrief officers who have suffered a traumatic experience. Identified areas where this service could be used are, hostage or siege situations, discovering a suicide or murder victim, discovering a grievously injured body, needlestick injuries and exposure to blood or other body fluids.

Whilst access to a trauma counselling service has been one of the positive steps taken to assist prison officers to cope with the AIDS virus and related issues in the prisons, it is not being fully utilised. The problem in the past has been that superintendents would offer the officer concerned trauma counselling but, if the officer refused, no further action was taken. What should happen is that the trauma counsellors are notified by superintendents of any incident falling within the criteria for counselling. The Trauma Unit should then automatically make contact with the officer.

It is in the Department's interest to minimise industrial disruption in the gaols, to ensure that staff do not become infected with the AIDS virus and to ensure that all staff receive adequate training and information on HIV/AIDS and related issues. Employers and unions have a responsibility to implement adequate infection control guidelines and accident prevention procedures, and employees have a duty to comply with these guidelines and procedures. An education program for prison officers must be an integral component of the implementation of these guidelines and procedures.

I want now to touch on the controversial subject of compulsory HIV testing for NSW prisoners. The POVB viewpoint is that compulsory HIV testing as proposed for NSW prisons is purely a political move. As it is only proposed to test on entry and exit from gaols, the Union believes that it will not give a true picture of the prevalence of the AIDS virus in NSW prisons.

Before concluding, there are two exciting developments which should be mentioned. The first is a 'Lifestyles Program'. This program provides an opportunity for self-disclosed HIV/AIDS inmates to learn practical skills to cope with the virus in prison and, on release, in the community. It also offers a more interesting and involved role to the officers working on the program. A trial is proposed and I am very optimistic about its success. The POVB also supports the program in principle. The other development is the production of a video designed specifically for prison officers.

Finally, I want to acknowledge the enormous support, assistance and guidance given to me by the Manager and the Regional Coordinators of the NSW Prison AIDS Project.