

Mary Sylla Testimony

“Conditions of Confinement—Access to Physical and Mental Health Care”

December 11, 2008

San Francisco

Good morning Senator Romero,

My name is Mary Sylla. I am a lawyer and a public health advocate and have worked on prisoners’ health issues for the past 11 years. I am the Director of Policy & Advocacy for the Center for Health Justice, an organization committed to

- empowering people affected by incarceration and HIV to make healthier choices and
- advocating for improved prisoner healthcare and sensible alternatives to incarceration.

I am here today to tell you about the healthcare challenges that LGBT prisoners face in California’s jails and prisons. I have provided direct services and advocacy for these prisoners, and have first-hand knowledge of the problems presented.

But first, let me be clear about the bigger problem, because many of the problems faced by LGBT prisoners are faced by prisoners as a whole. Prisoner healthcare in California’s jails and prisons is generally poor, and in the case of the CDCR has been found unconstitutionally inadequate and, in fact, to be resulting in approximately one unnecessary death a week. There are systemic reasons for this: we lock up our sickest and most vulnerable citizens – people who are poor, homeless and at increased risk for HIV and mental illness among many other things. We lock them up in increasingly high rates and then are reluctant to provide the resources to properly care for them. As some say, America’s most-wanted become America’s least-wanted once they’re in prison, as we refuse to allocate funds for their basic care.

This is a by-product of a failed “war on drugs” that incarcerates rather than treats non-violent drug users, a “tough on crime” approach that ignores the fiscal and human costs of increasing sentences without supporting rehabilitation or community reentry services, and the resulting empowerment of a corrections lobby that has become self-reinforcing.

But that’s the bigger picture. Today my task is to focus on the particular sub-set of healthcare challenges faced by gay and bisexual men and male to female transgender individuals. This is a population with which I have significant experience. They are segregated for their own protection in a unit of the Los Angeles County Jails referred to as the K6G Unit. Because they are at extremely high-risk for HIV infection, our staff are funded by the County of Los Angeles to provide HIV risk-reduction and treatment education services to them.

First you should know that young gay men and male to female transgendered individuals are disproportionately incarcerated.

- In a recent study, 1 in 4 young gay men surveyed in six US urban centers report having been incarcerated.
- In a SF survey over 2/3s of MTF transgenders reported incarceration.
- In the K6G unit, 83% report prior incarcerations and 54% have spent >1 year incarcerated

Here is a brief sketch of the health conditions that exist in this group. Again, K6G

STD/HIV diagnoses

- 32% HIV+
- 24% diagnosed with an STD during *this* incarceration
- Two in-custody outbreaks of syphilis have been identified among K6G inmates. One in 2000 resulted in the County's STD unit setting up shop to provide routine testing for HIV and STDs there. A second outbreak in 2005 occurred.

In sum, this is a high risk and high HIV prevalence population, so the burden if an inadequate medical system falls harder on them.

Here are some common problems with accessing medical care in the Los Angeles County Jails, as reported by our staff members who work with jail inmates on a daily basis.

- Poor treatment by nursing staff responsible for assessing prisoners medical needs and providing them access to a physician
- Long waits to see one HIV physician – there is one and about 150 people know HIV+ and on medications on any given day in the jail. Therefore medical monitoring of HIV (CD4 counts and viral load testing) are not regularly provided
- Interruptions in medications (during lock-downs, court days, transfers to prison)
- Difficulty consistently receiving special medical diets to assist with proper medication adherence. GP prisoners prepare and deliver food and there are ongoing problems with it being tampered with.
- Access to hormones – transgenders often have accessed hormones obtained other than through the medical system on the street. They are not provided with ongoing hormone therapy unless a physician on the outside has prescribed it.

Some of these problems have solutions. Some are more difficult to address, but as advocates we seek to monitor and assist the LA Sheriff's Department in providing the best possible care for LGBT and other prisoners. We appreciate your interest in the health challenges of these individuals, our clients, and stand ready to provide you with any information or assistance we can to address these issues.

Thank you.