

**'YOU HAVE A COLLECT CALL FROM ...'**  
**6 Steps to Successful Advocacy for Prisoners Living with HIV/AIDS**

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**THE SCENARIO:** The phone rings. You hear the computerized voice. 'This is Bell Canada. You have a collect from....' followed by a short snippet of a name. It's a name you don't know. The person on the other end of the line is calling from prison, and is a person living with HIV/AIDS (PHA). This prisoner needs the help and support of your organization. You want to help, but don't know where to begin. You have no idea how the prison system works. Who do I call? What are my client's rights? How do I get in to visit him or her? How do I navigate my way through the prison bureaucracy? Sound familiar?

Probably. If you have never worked with people living with HIV/AIDS who are in prison, these questions are probably only the tip of the iceberg. If you do work with prisoners living with HIV/AIDS, these are questions you have confronted, and for which you have hopefully found some answers. This article is intended as a primer for those who have little or no experience working with prisoners. It's intended as a step-by-step guide to helping you help your imprisoned clients. This is by no means an exhaustive list of options, but it will hopefully provide a basic guide to help AIDS workers successfully find their way through the often unfriendly and confusing world of prison bureaucracy. So the phone rings. What do you do?

**1) Press '1' on your touchtone phone**

Prisoners are only able to make collect calls. Therefore, in order to talk to prisoners living with HIV/AIDS, **your agency must accept collect calls**. If your agency does not accept collect calls, then imprisoned PHA's will not be able to access your services.

**2) Say 'Hello'**

Be friendly. Remember, the person on the other end of the phone probably doesn't know you, and they are taking a risk in reaching out to you. You need to earn their trust. Introduce yourself. Ask if s/he has ever called your agency before. Ask how they are doing, how they're feeling, how their health is. Find out if they are having any problems at the institution. Are they on any HIV medications, and if so are they receiving those medications properly (i.e. are they receiving the same dosages and medications they were receiving in the community)? Sometimes the answer to this question is yes, but often the answer is no.

The prisoner may not always be calling with a problem. Sometimes they may just be calling to hear a friendly voice, or to find out about what services your agency can provide for them. This is good, and can be the beginning stage of that person forming a long term and meaningful relationship with your organization. However, for the purposes of this article, we'll assume that the individual has a problem that they need your help in solving. Perhaps they're having trouble receiving their proper medications. Perhaps they're not being given the therapies they were receiving on the street. Perhaps their pain management medication has been reduced or stopped.

**3) Assess the situation**

Whether incarcerated in provincial or federal prison, your new client is entitled to receive a standard of health care comparable to community standards. Unfortunately, prisoners living with HIV/AIDS are often faced with health care services which fall short of that mark.

Considering your options for resolving the problem is an essential first step in deciding a positive course of action. To do this, you must first assess your client's situation. Is it a relatively minor problem (i.e. a change of clothing, an extra blanket, missing a single dose of meds because of a scheduling mix-up, etc.) or is the problem more severe (i.e. serious infection or medical problem which has not been attended to, missing repeated doses of HIV medications, being cut off pain management medications or methadone maintenance, etc.)? If you have had previous interactions with the institution in question, you may already have insight into what approach(es) you might take to try and resolve the situation. But for now, let's assume you are going into this situation cold, with no previous contact with the institution.

#### **4) Consult the prisoner on an appropriate course of action**

Always remember that as a prisoner, your client is in a vulnerable position. Some institutions and/or prison staff do not take kindly to prisoners going to outside advocates, and your intervening with the prison may result in negative consequences for them. Therefore you must talk this through with your client, and be sure that they approve of your becoming involved. Also, because your client lives in the particular prison, s/he will often have the best ideas for solving the problem. Strategizing with your client can therefore be invaluable in deciding an effective advocacy approach. S/he knows who makes what decisions in the institution. S/he knows which staff have been supportive to them and helped them out in the past. S/he knows which staff are intransigent and difficult to deal with. All of this information is crucial for you in deciding an advocacy strategy that is most likely to be effective.

To be an effective advocate, you need to decide with your client which of these options, or others, will solve the problem in the shortest amount of time. So talk this through your advocacy options with your client to make sure that they are in agreement with your ideas. Do they think a simple call placed to a friendly nurse will be sufficient? Should you contact the institution in writing instead, to create a paper trail? Should you "c.c." the letter to the warden, a lawyer, or other individual(s) to try and cause a bit of a fuss? Each of these options are viable, and each may or may not work, depending on the issue involved and the willingness of the institution to resolve the problem.

#### **5) ACT! Once you've decided on what advocacy strategy to try, DO IT!**

If you have decided that the problem can be best addressed by a quick telephone call to the prison health unit, call the main switchboard of the prison and ask to speak to the health care coordinator or head nurse. After your call is patched through, introduce yourself and your agency to her/ him, and ask their assistance with the problem. Calling a staff person on an individual basis is the 'softest' approach. This advocacy option is least likely to cause undue fallout for your client, as it can be accomplished in a friendly and casual manner. However, as it is all done verbally with no formal record, it is also the most likely to fail if you encounter an uncooperative staff member, as your concerns can be more easily dismissed or ignored.

If you have decided that the problem requires firmer action (such as a serious infection or medical problem which has not been attended to, missing repeated doses of HIV medications, being cut off pain management medications or methadone maintenance, etc.) - or if a phone call has failed to resolve the issue - you may choose to notify the institution in writing. Again, call the main switchboard, and ask for the name and fax number of the health care coordinator or head nurse. Write that person a letter documenting your client's concerns, and suggest appropriate solutions.

Writing a formal letter to the appropriate staff member is more likely to yield a response of some kind (either positive or negative). By beginning a paper trail, you are creating a situation where the staff member in question must respond to you in some way, either to fix the problem or explain why it cannot be fixed. If you want to be sure of receiving a response, it's wise to c.c. the

correspondence up the bureaucratic chain (to the warden, the regional director of health services for corrections, the solicitor general, etc.), as well as to your client's outside community supports (physician, lawyer, support workers, etc). For this reason, it's useful to obtain from the new client the names of her/his outside primary care physician (if they have one), their lawyer, and any other AIDS service organizations they access (including the name of their support worker). Copying the letter to government watchdogs such as the Ombudsman's Office (for provincial corrections) or the Correctional Investigator (federal corrections) is also useful.

Now, while this strategy will definitely earn your letter a response, it's also likely to anger the person to whom the letter is addressed (the more important the people "c.c.'d", the angrier the recipient is likely to be.) This is not a reason to avoid this strategy (to the contrary, their anger means that they've had to take your letter seriously). Still, it is a reason to consider your strategy carefully, and proceed thoughtfully. For example, if you "c.c." your first letter to everyone under the sun - and your client's problem is not remedied - you've eliminated your avenues for follow-up advocacy. Depending upon the severity of the issue, it may or may not be resolved with a single piece of correspondence.

Consider using a calculated escalation of pressure - beginning at an institutional level, then moving up to the regional/ national headquarters level, and then to the political level. Structuring your escalation in this manner will give the prison an opportunity to resolve the problem 'in-house' (that is, without being embarrassed at the regional or national headquarters levels). It will also allow you to build a stronger and more compelling case at each stage up the ladder (i.e. you're being forced to write directly to the Commissioner of Correctional Services because your two previous appeals for assistance have been ignored). Also remember that while your immediate priority is to assist this individual client, you are also in the process of building your agency's reputation with the prison. This reputation will be a factor influencing the success or failure of your future client advocacy efforts. If you can earn a reputation as an agency which acts thoughtfully, yet with strong conviction, you may find that a problem which took three letters to resolve the first time can be fixed with a phone call the next time. Ultimately, you need to demonstrate your willingness to take matters to higher authorities, but in a thorough and well-documented fashion, rather than a knee-jerk one.

## **6) Follow-up**

Evaluating the effectiveness of your advocacy, and following-up with your client and the institution, are the last steps to complete. Make sure that your client is satisfied with the results. Did the problem get fixed in a way that s/ he can live with? If your advocacy has been successful in resolving the problem, then a quick thank-you to the staff person(s) who assisted you is appropriate. A quick phone call will go a long way to building your agency's reputation with the prison staff.

A formal written thank you is especially important if you have "c.c.'d" an advocacy letter to others in the prison bureaucracy. It is only fair that the same people who were notified of the problem are also told that it has been rectified. If you have been working through the head nurse to resolve the issue, for example, send her/him a letter thanking them for their help, and be sure to "c.c." it to the same people who received your first letter(s). This is both respectful and useful in demonstrating that your willingness to recognize and reward the assistance which prison staff lend to outside community agencies.

The above follow-up tips are based upon the assumption that you have been able to resolve the issue. However, the reality of doing prison advocacy is that you will never be able to fix every problem. Ultimately, the prison controls what goes on within its walls. If the institution digs in its heels, and refuses to address your concerns, there's not really anything you can do about it. This does not mean you are a bad advocate. In many cases, you can do everything right, and still fail to get the problem resolved.

In these cases, it is also essential to follow-up with the client and explain what has happened. It is important that s/he knows that you have tried your best, and have not simply ignored their request for help. It is also important for you to evaluate and learn from the advocacy experience, and build upon it for next time. Which staff were helpful to you, and which were not? Are there people whom you could involve in the advocacy effort next time to strengthen your case? Are there avenues for pressure which you did not try that might be useful next time?

## **Conclusion**

Distilling the intricacies of successful prison advocacy into six short steps is an impossibility. So many of the nuances and subtleties used by skillful advocates come only through experience, and through a detailed understanding of the particular working environment. This is not to say you cannot be successful without that detailed knowledge. Still, the better your understanding of the personalities involved, and the variable institutional cultures and systems in your region, the more options you will have at your disposal when faced with an advocacy issue.

It is hoped that this admittedly simplified guide will provide a roadmap for those HIV/AIDS workers new to the prison environment, and that through following these basic steps you will be able to develop your own tools to support the needs of your imprisoned clients. Effective advocacy is about knowing what buttons to push at what times to resolve a problem. Different approaches work better or worse for different people, for different institutions, for different issues, and at different moments in time. Through experience, you will be able to assess which approaches offer the best opportunity for a speedy resolution of any given problem.