



# **Initiative to Monitor Prison AIDS Care & Treatment (IMPACT)**

## **Data Analysis and Evaluation**

A collaborative pilot project, documenting  
systemic problems in HIV/AIDS Care,  
Treatment and Support for Prisoner in Canada

**Prepared by:**

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**Mandate:** The IMPACT Reporting Form was envisioned as a grass-roots initiative to monitor and evaluate access to health care for prisoners living with HIV/AIDS on a local, provincial, and national basis. IMPACT participants consisted of AIDS Service Organizations providing services to prisoners.

**Goals:** The goal of IMPACT was to identify barriers to HIV/AIDS care and treatment in prisons on a provincial and national basis. The systematic collection and analysis of the experiences of those prisoners living with HIV/AIDS who are accessing services from the Organizations participating in the IMPACT Reporting.

**Process:** The complaints and experiences of clients were collected and collated through the use of a standardized reporting form. IMPACT participants used the form to record the experiences of imprisoned PHAs accessing their agencies, workers, and programs. The reporting form was designed to be quick and simple to complete (thereby facilitating the participation of community groups) while safeguarding confidentiality of clients as much as possible.

**Participants:** A total of 373 IMPACT Reporting Forms were submitted by four Agencies, as follows:

**Prisoners with AIDS Support Action Network –**  
Ontario/National  
**HIV/AIDS Regional Services, Community Agency –**  
Kingston, Ontario  
**HIV/AIDS Legal Clinic of Ontario –** Ontario  
**BC Persons with AIDS Society –** Pacific Region

What follows is an overview of the number of institutions IMPACT Forms were completed on, and a look at the issues participant organizations were contacted on.

While not formal research material, the data collected provides a look at the issues being faced by HIV+ prisoners in Treatment Facilities, Municipal Detention/Remand Centres, Provincial Correctional Centres and Federal Institutions.

**Breakdown of IMPACT Forms completed by type of facility:**

Federal: 143	Provincial: 43	Detention/Remand: 103
Treatment Facilities: 14	Unknown Facilities/Other: 27	

## Ontario Region

Institution	# of Forms	Institution	# of Forms
Collins Bay	2	Kingston	43
Pittsburgh	5	Bath	9
Millhaven	3	Warkworth	28
Joyceville	3	S.H.U.	4
Don Jail	38	Peterborough	6
Millbrook	6	Quinte	2
Vanier	3	Owen Sound	1
North Treatment	2	Moneith	4
Fenbrook	7	East Detention	1
North Bay	10	Thunder Bay	5
Waterloo	2	RPC Sask	3
Sask Pen	2	Toronto Parole	1
Archembeault	1	Guelph	1
Hamilton	2	Rideau	5
Sleepy Hollow	1	West Detention	34
R T C	2	Unidentified	5

## Pacific Region

Institution	# of Forms	Institution	# of Forms
Van Pre-trial	62	Kent	14
Tsow-Tun-Le	10	Ferndale	7
Alouette River	4	Mountain	12
Surrey Pre-trial	3	Matsqui	17
Vernon	2	Mission	1

The IMPACT Reporting Form contained twenty-two questions that were divided into eight sections to form the one page form. The questions and the related number of complaints are outlined below:

### MEDICATIONS

#### 1. Cut off HIV medications

14 complaints were recorded

#### 2. Protease inhibitor combination therapies administered improperly.

3 complaints were recorded

**3. Missed doses of protease inhibitor therapies**

11 complaints were recorded

**4. "Outside" prescription medications changed by prison doctor without consultation**

12 complaints were recorded

**5. Access to Aboriginal traditional medicines restricted or denied**

0 complaints were recorded

**6. Client released from prison without supply of HIV medications**

7 complaints were recorded

**7. Pain management medication cut off or reduced without consultation**

59 complaints were recorded

**8. Access to hormones restricted or denied**

1 complaint was recorded

**METHADONE**

**9. Cut off methadone maintenance**

13 complaints were recorded

**10. Can't get started on methadone maintenance**

13 complaints were recorded

**DIET/NUTRITION**

**11. Access to proper diet restricted or denied**

35 complaints were recorded

**12. Access to nutritional supplement drinks or vitamins restricted or denied**

41 complaints were recorded

**CONFIDENTIALITY**

**13. Confidentiality breach by staff**

11 complaints were recorded

### **ACCESS TO DOCTORS, ELDERS, ETC.**

- 14. Access to HIV or other medical specialist restricted or denied**  
26 complaints were recorded
- 15. Access to Elder/Traditional Healer restricted or denied**  
1 complaint was recorded
- 16. Client shackled/guards present during hospital examination**  
2 complaints were recorded

### **BLOODWORK**

- 17. Access to viral load testing or other blood work restricted or denied**  
6 complaints were reported

### **NON-INSURED HEALTH BENEFITS**

- 18. Access to Non-Insured Health Benefits (NIHB) for status Indians restricted or denied**  
0 complaints were recorded

### **PREVENTION/HIV TESTING**

- 19. Access to condoms/lubricant restricted or denied**  
1 complaint was recorded
- 20. Access to bleach restricted or denied**  
3 complaints were recorded
- 21. Access to HIV testing restricted or denied**  
1 complaint was recorded
- 22. No pre-/post-test counseling**  
8 complaints were recorded

### **OTHER(S)**

This section was provided for recording any issue not falling within the twenty-two questions.

90 complaints were recorded

Issues identified in this segment outlined issues such as; requests for Peer and Support Counseling, Treatment Information, assistance with contacting Legal Counsel, and voiced frustrations over being incarcerated, lonely, frustrated and/or simply wanting to talk with community representatives to have someone listen.

## **Ethnicity and Gender Identity**

The Impact Reporting Form also asked the participants to identify the gender and ethnic background of the caller, if they were willing to self-identify. The following is a breakdown of the information gathered under those areas:

**Male Callers Aboriginal [Indian, Metis, First Nation, Inuit, Status, Non-status callers]: 62**

**Male Callers Non-Aboriginal: 61**

**Male Callers No Gender Identified: 150**

**Male Callers Person of Colour: 0**

**Female Callers [Indian, Metis, First Nation, Inuit, Status, Non-status callers]: 1**

**Female Callers Non-Aboriginal: 1**

**Female Callers Person of Colour: 1**

**Female Callers No Ethnicity Identified: 2**

**Transexual/Transgendered [Indian, Metis, First Nation, Inuit, Status, Non-status callers: 1**

**Transgendered/Transexual Non Aboriginal: 0**

**Transgendered/Transexual Ethnicity Not Identified: 11**

**Transgendered/Transexual Callers Person of Colour: 0**

### **Issue Resolution:**

Participants were asked to record information on whether the Institution had been contacted and whether or not the issue was able to be resolved. The questions and the tabulated responses were as follows:

- **Did you notify the Institution about this case?**
- **Yes: 110 No: 43**  
231 forms did not indicate whether Institution was contacted
- **Was the problem fixed? Yes: 30 No: 42 Sort of: 46**  
266 forms did not have anything indicated in this section

### **Situational Analysis:**

There is clear indication from the information gathered that the largest areas of difficulties being experienced by incarcerated persons living with HIV/AIDS in any form of facility comes in the areas of;

1. Pain Management with 59 complaints registered
2. Nutritional Supplementation with 41 complaints being registered
3. Proper diet being denied with 35 complaints being registered
4. Access to HIV and other Specialists with 26 complaints registered
5. Cut off HIV medications with 14 complaints registered

This clearly indicates that incarcerated persons are being subjected to a lack of adequate medical treatment consistent with that available within the general community.

### **Participant Comments:**

During teleconferences participants were asked to provide comments on the ease of use and general concept of the IMPACT Form. Only a few participants provided comments for inclusion in the analysis of the pilot project. Comments were as follows:

1. Form is easy to use, but duplicates our existing system of documents client contact and complaints, using additional time per contact or complaint.
2. Impact Form was easy to use, but did not always provide for additional issues, requiring additional time to complete a detailed outline of the contact or complaint in the "Other" section.



3. IMPACT Form may be more effective if developed into a simple to use secure computerized database.

### **Evaluators Comments:**

It appears clear from the number of forms completed which do not contain all of the required information, that more time could be spent training the service providers who would be completing the IMPACT forms, on the importance ensuring that as much of the requested information is gathered.

It is indeed unfortunate that greater attention to completing the forms was not undertaken. Information missing from the forms could have provided an even clearer look at the problems being faced in HIV/AIDS Care, Treatment and Support for prisoners.

Municipal, Provincial and Federal Correctional systems are clearly falling well short of community standards with respect to HIV/AIDS care for persons under their care. It appears clear that service providers need to under go collective advocacy to resolve this treatment and care shortfalls.

### **Recommendations:**

1. Community-based AIDS Organizations providing service to incarcerated persons with HIV/AIDS need to lobby civic, provincial and federal governments to develop Community Advisory Committee to oversee the care, treatment of support to persons living with HIV/AIDS at all levels of incarceration.
2. Use of IMPACT Reporting Forms should be continued by Organizations providing services to persons with HIV/AIDS in all types of prisons.
3. Some revising of the IMPACT Form should be undertaken to ensure that it resolves the concerns of the participants in the initial pilot project.
4. Use of the IMPACT Form should be expanded to include HIV/AIDS Support Groups and Counselors within prisons.
5. Development of a computerized database that includes all of the questions, comments and complaints received by Organizations should be considered for the ease and convenience of the service providers.



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6. Systemic and Collective Advocacy should be undertaken to resolve the inconsistencies between the standards of care being provided in prisons and those found within the general community.
7. Efforts should be made to fully document cases where the rights of prisoners living with HIV/AIDS are being repressed, ignored or otherwise violated, with a view to obtaining sufficient evidence to seek possible intervention or resolution through the Court System.

Evaluation and Analysis completed: 26, June, 2001.

