

# THE AMERICAN OWL



Behind Bars: The State of the Prisons Today

**D**uring the seven years since the Attica uprising, conditions in U.S. prisons have grown increasingly repressive and the prisoners' movement has been largely undermined. Following the 1972 rebellion--which left 32 inmates and 11 guards dead--prison officials have adopted a variety of tactics to regain control over their institutions. Identifiable leaders were removed from the general prison population, while other inmates were subjected to a "divide and conquer" strategy, in which those who obeyed were given rewards (such as transfer to less restrictive institutions) and those who resisted were brutally punished.

In addition, many states have accelerated and expanded their plans for construction of new prisons, both to permit the transfer strategy and to ease the overcrowding which has created explosive situations in many prisons. More than \$3 billion has been appropriated for prison construction in the last several years, and the facilities under construction are expected to double the number of places by the end of next year. The building program has also been extended because more and more people are being put in jail every year. There are now about 300,000 people behind bars in the U.S.--an increase of 36 percent in the last five years--including a record number of women. In fact, the federal government recently opened the first maximum-security prison exclusively for women.

The crackdown within the prisons has come at a time of rising crime rates and growing disenchantment with the concept of prisoner rehabilitation. The present emphasis is on incarceration as punishment and deterrent, even though officials have begun to realize that most prisoners use their time behind bars to improve their criminal skills, and there has been little indication that the threat of prison deters much illegal conduct.

At the same time, Congress and state legislatures have moved toward mandatory sentencing for some offenses, the elimination of parole, and the restoration of the death penalty. The courts have supported such moves through the imposition of longer sentences, particularly for juvenile offenders, who in many places are now being tried in the same way as adults. The Supreme Court has aided in the repressive measures introduced in the prisons by outlawing prisoner unions and denying inmates any constitutional rights to parole.

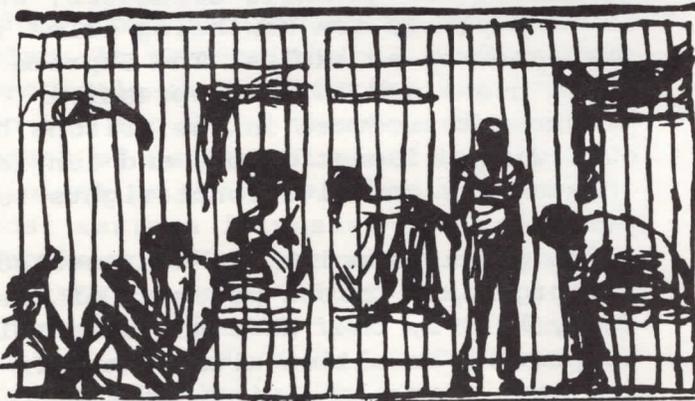
Though these policies have quelled the organized prison movement of the early 1970's, they have not been able to prevent rebellion altogether. In the past year alone, incidents in the prisons have included the following:

- In May 1979 a group of prisoners in the state of Washington took ten staff members hostage and successfully demanded to speak with reporters about overcrowding, guard brutal-

ity, and inadequate health care in the prisons. Similar actions, involving attempts to speak directly to state officials, have been carried out in Georgia, Delaware, and New York state.

●In prisons in Illinois and Rhode Island, overcrowding has put gangs of inmates in the position of effectively controlling prisons for as long as five years; efforts by guards and officials to regain control have been only marginally successful. In Illinois the only solution found was to keep inmates indefinitely locked in their cells 24 hours a day, hardly a viable situation. In Rhode Island, a new warden found himself answerable to prisoners, who are still partly in control thanks to an inmate lawsuit that led to a court order to improve conditions in the institution.

●In a number of places, prisoners have carried out work strikes and hunger strikes to protest conditions. One of the largest actions was a work strike by 4000 inmates in Texas, timed to coincide with another suit brought by prisoners against unsafe working conditions, brutality, etc.



These incidents indicate that the post-Attica efforts of prison officials to restore discipline have had limited success. Moreover, the crisis of control has recently been extended to the people who are supposed to carry out the repressive policies: the prison guards themselves. In April

of this year, the 7000 prison guards in New York went out on strike in the first walkout of this kind in the state's history. The guards, who stayed out for 16 days and who won significant wage increases, complained of a deterioration of their working conditions and claimed they were "the real inmates." The prisoners themselves were quite happy about the strike, saying that the National Guard troops who were called in to replace the strikers treated them very well.

Nevertheless, the situation clearly pointed out the ambiguity of the role of prison guards: they are certainly part of the repressive apparatus of the state, yet they are also workers with needs and demands. The victorious struggle for those demands has meant that the state is faced with further erosion of its control over prison costs as well as prison discipline. In fact, in all ways it has become enormously expensive to keep someone in prison--an average of about \$26,000 a year for each inmate. The growing struggles of prisoners and guards--which are separate but closely related--suggest that costs will continue to rise quickly, and the prison state will become quite an expensive proposition.

But at this point the state seems to have no alternative. As the incidence of crime outside the prisons continues to rise, and the level of violence inside the prisons continues to grow, the official strategy is simply that of a holding pattern, of desperately trying to hold the criminal justice system together. Yet neither more imprisonment nor less imprisonment seems to offer a solution to those in power, and meanwhile as the degree of tension and confrontation among those already behind bars intensifies, every prison is becoming "an Attica waiting to happen."

## Getting Well: The Politics of Health

The business of health has become the second largest industry in the U.S. In 1978 the country spent about \$160 billion on health care, accounting for some 9 percent of G.N.P. and 6 percent of the labor force. Although health spending has been increasing at astronomical rates in recent years, there is a growing crisis concerning both the quantity and quality of the services available. Given the current economic atmosphere, this issue has been largely reduced to a matter of cost control, especially in the hospitals. The Carter Administration is trying to pass legislation that would establish mandatory cost-containment procedures in all hospitals. Yet many institutions have already initiated such procedures on their own, to the detriment of patients and hospital workers alike.

The cost-cutting moves are, in fact, part of a campaign to rationalize medical institutions, to make them into true health factories governed by strict productivity requirements. Along with the installation of expensive new equipment, administrators have introduced Taylorism into the hospitals--especially since 1974, when hospital workers finally won full collective bargaining rights and began to end the traditional substandard wage rates of the industry. Patients, at the same time, are being subjected more and more to perfunctory and careless treatment.

The fact that the true aim of the efficiency drive is to reduce health benefits has been indicated most clearly by the assaults against New York's public hospitals and the miners' medical plan--two cases in which the struggle for free and extensive medical care had been most successful. In New York, which has had the only significant public hospital system in the country, capital's fiscal attack of the last four

years has resulted in widespread reductions in health services, layoffs of thousands of hospital workers, and plans to close half of the system's 17 hospitals by 1982. In the case of the mineworkers, during contract negotiations last year, the coal companies concentrated their assault on the extraordinary free health care program that miners compelled the industry to establish (and finance) back in 1947. In the contract that ended the 113-day strike in March 1978, the industry-wide program was dismantled and the miners were forced to begin paying fees as high as \$200 a year.

Overall, the rising prices of health care, which is still largely under private sector control, has meant that a serious illness can easily impoverish just about anyone. With the cost of a hospital room alone running about \$200 a day and a major operation costing thousands of dollars, it is simply out of the question for anyone but the rich to pay medical costs themselves. As a result, the private health insurance business has grown to mammoth proportions, and the question of national health insurance has become the subject of heated po-



litical debate.

The private health insurance industry, dominated by the Blue Cross organizations and covering close to 100 million people, has expanded rapidly since the late 1940's, when the federal government and the medical establishment blocked the creation of a public health insurance plan, as had been done for retirement benefits through the Social Security program. Instead, the larger corporations established health plans for their workers with the private insurers, while workers outside the waged labor force had to wait until 1965, when Congress passed the Medicaid and Medicare health programs for poor and retired people. This still excluded waged workers in smaller and unorganized industries whose employers provided no health plans and who were not "poor enough" for Medicaid; today an estimated 25 million people are not covered by any of the private or public plans.

Politicians all along the ideological spectrum now agree on the need for some sort of federal insurance program, but there has been endless controversy over the extent and financing of such a plan. At present there are four main proposals in Washington. Beginning on the far Right there is the proposal of Senator Russell Long for a minimal program covering only the most serious illnesses and accidents. People would not be eligible for any assistance until after they had paid themselves for 60 days in the hospital and doctor's fees of \$2000. The Carter Administration plan--which has still not been completely outlined after two years of preparation--is not much more extensive than Long's. It is also essentially limited to "catastrophic" health problems and calls for the elimination of "unnecessary" procedures.

The great hope of the liberals is the plan put forth by Senator Edward

Kennedy for a comprehensive mandatory program; but this scheme still puts control of the entire system in the hands of the private insurance industry and requires people to pay up to 35 percent of the costs. The only radically different proposal is that of Congressman Ronald Dellums for a publicly controlled National Health Service offering comprehensive care with no eligibility requirements. Yet Dellums' plan has no chance of passage in a Congress that is dominated by the private medical interests.

More important than the form of a national health insurance program is the fact that much of the struggle over health now concerns the quality as well as the quantity of services. More and more people are exploring alternative forms of medicine, ranging from preventative health care to spiritual practices. Given the strong desire for autonomous health care, the problem now is to find ways to combine the struggle for health resources (money, etc.) from the state and the struggle for control of actual health care programs. Perhaps the most successful combination of these efforts so far was achieved by Lincoln Detox, a people's health center in the South Bronx that succeeded for eight years in providing alternative services financed by public funds. The fact that Detox was forcibly closed last November by an army of police carrying out the order of Mayor Koch indicates that in the current political context it will become more and more difficult to establish well-financed and autonomous health services.

