

Dr. Illya Szilak is a board-certified internist and infectious disease doctor at Rikers Island Jail in New York City. Dr. Szilak has provided medical care to people incarcerated at Rikers for over three years, and she is also an award-winning writer and filmmaker whose most recent work, "Queerskins," was awarded a Peabody Futures of Media Award in 2019. In partnership with the John Howard Association of Illinois, Dr. Szilak is contributing weekly blog posts to JHA's website recounting her frontline observations as a doctor treating people incarcerated during the coronavirus pandemic. Reflections from inside correctional settings are essential; right now, while external oversight is precluded from shedding light on how facilities are operating and people inside are faring, they are vital.

Past blog posts by Dr. Szilak can also be found online at "Rikers Journal," <https://rikerssite.wordpress.com/about/>.

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Cut

My friend at Operations calls just before my shift starts, and asks if I am willing to work in the infectious disease unit at Rikers instead of Rosie's –the women's jail. She knows I already have had Coronavirus and recovered and I'm a conscientious doctor, so it is a good fit. I've never worked there before. Working in a new jail adds to my baseline anxiety: working in jail anytime plus working in jail during an epidemic, but, it's hard to argue with her logic, so I agree. Also, I want to stay on her good side. Operations is the nerve center of the jail and it can be as obscure and infuriatingly Kafkaesque as the name suggests, so it's good to actually have an ally there.

Like people, each jail has its own personality, some are better than others, and I'm not sure what to expect. The Communicable Disease Unit ("CDU") is part of West Facility. You get there by driving past all the other jails and then around a bend where there's a thin rocky strip of beach. It is a desolately beautiful spot. Seagulls circle overhead, and across the water, the skyscrapers of Manhattan rise up against the blue sky. I park and go to the first trailer on the left as instructed. It looks abandoned. I try the metal door and peer inside. In the dimly lit interior, I see an officer sitting at a desk. He is the screener. It took a few weeks, but now everyone who works at Rikers has to pass a test before going through security. The officer aims the thermometer at my neck and pulls the trigger. He scribbles the result on a little piece of paper. He asks if I have had sore throat, cough, fever, shortness of breath. No. No. No. No. He time stamps the paper and hands it to me.

I proceed across the road on foot. The wind blows off the water. It is cold. Tall chain link fences topped with barbed wire form a little corridor. I take a narrow, uneven cement path, up a rudimentary, ridiculously long, DIY bare wood ramp to another trailer. Luckily, I meet up with one of the regulars—a doctor whose odd surname I recognize. Many of the doctors here are immigrants—their names reflect their own or their parents' journey from Nigeria, the Philippines, Haiti. My last name is weird. Hungarian. All my life it has given me trouble. Here, it goes unnoticed. Most of the nurses call me Dr. S.

The main area of the CDU is located in a large tent which it shares with urgent care doctors who do procedures and handle serious emergencies. The door is open. Things are casual here. Of all the jails on the island, this is the one most associated with medical. It's kind of the Emerald City of Rikers. If you got this far, you obviously belong. Inside, the yellowed waterproof fabric of the tent rises above me into a cathedral-like arc. Although windowless, and lined by yellow painted cages, the height of the ceiling gives it an airy lightness. You can almost forget it is a jail. Soon after arriving, I'm greeted by two "old friends." Working in jail is kind of like being on a battlefield, camaraderie develops quickly and holds fast. The head of the CDU is a doctor I know from another jail, the George R. Vierno Center ("GRVC"), perhaps the most violent on the island. Everyone hates working there. In the recent past, an MD was assaulted and a Physician's Assistant held hostage. This doctor is a small Asian man who talks very fast with a thick Chinese accent. He is incredibly friendly and has a wonderful energy. When I worked at the other jail, he would always arrive in the morning armed with candy. He'd greet each of the doctors and PA's by name and, before COVID, shake each of our hands.

The other person I know here is the charge nurse. She also worked at the bad jail. When I see her, I smile. She is a great nurse: comfortably competent: no nonsense, but very kind. Once we had a young patient who was about to go into respiratory arrest from an asthma attack. She and I saved his life. Without being told, she put an IV in him, ready to push steroids, and was giving him nebulizer treatments while I frantically phoned the urgent care doc to get the dose of subcutaneous epinephrine. I remember her, too, from standing ankle deep in "shit water" as she called it in her mellifluous Caribbean accent. We stood there for three hours assessing inmates who had slipped and fallen and now claimed they could not walk. This happens a lot

in jail. That is another story. We laugh as we recall how we both drove home barefoot that night.

Soon after, I am called to an Emergency. I know the patient's name. I've already been warned. Two emergencies have been called on him today already, mostly because the DOC is at its wits end. The patient is a young man, barely out of his teens. Somehow, he has gotten ahold of a razor blade and has been slicing himself up all afternoon. I don full PPE: turquoise N-95, face shield, gown, hair bonnet, shoe covers, gloves. Suddenly, it feels like I'm on a planet with double gravity. I lumber down the cement walkway to the housing area with the nurse, a young guy, a newbie, who rolls the heavy red medical emergency bag, containing, among other things, valium and narcotics. When we arrive, the officer tells us that there are actually two emergencies, but one has yet to be called, a guy with belly pain. "Is he breathing?" I ask. "He's okay," the officer tells me. I tell her we will see him after this one. The officer leads us to a row of cells. The young man is on suicide watch, and an officer wearing a surgical mask stands in front of the cage. Seeing us approach, he gives us room. The man inside has long, frizzy brown hair, pulled up in a little bun at the nape of his neck and caramel colored skin. His face is smooth, except for a wisp of a beard. There are blood spatters on the cement floor near the bars of the cell. I take a quick visual inventory to see if he is in immediate danger. He is standing upright and yelling at us. This is reassuring—it means he is having no trouble breathing and his blood pressure is okay. I observe that his sleeves are rolled up and he has cut himself multiple times. His right forearm is a jumble of scabs; clearly, he's been at this for a few days.

People cut themselves in jail. A razor blade is rarely used as it is hard to come by. You might use sharp piece of ceramic chipped off from a shower stall, or a broken shard of plastic from a pen. With the women, it is usually so that they can feel something, so they know they are still alive. With the men, it is often overtly manipulative. I don't blame them. In jail, you use whatever you have. I see the man's left wrist has a fairly deep gash across the inside. When it gapes, red blood seeps out. This, too, is reassuring. It's visibly oozing, but not gushing. "Hi, Mr. M. I'm Doctor Szilak, what's going on?" The patient screams at me, at the nurse, at the officer, at anyone who might hear, that he doesn't have the virus! He is going to get it here! He wants to go back to the other jail. They lied to him. They told him he would be here one day. At this, the officer comes close and says, "they shouldn't have lied to him." I agree out loud. I apologize for my colleague's behavior. The patient takes down his

brown polyester jail issue pants. His thighs are crisscrossed with razor cuts. Do you want me to cut myself more? I tell him no. I tell him I am concerned for his safety. I tell him I understand his worry. I tell him I want to get him back to the other jail as soon as we can.

I admit, honestly, that I don't know his case, I will look through his chart. I will tell him the truth. This does not satisfy him. The captain comes. He, too, shows his concern. I've noticed that oftentimes it is the young guys that irritate the guards most. Maybe they seem like punks, waiting to be taught a lesson. But, sometimes, like now, you find an officer or captain who gets it. The captain tries to reason with the young man. But, the patient is not listening. I do not intervene. If the captain is not making headway, he is also not contributing to the problem. He really is trying. Maybe he has a son this age. My son is only a few years younger. The captain stops talking. He sighs. I sigh. We are at a standstill. The patient is not in imminent danger, and, he still has the razor. There is nothing we, as the medical team, can do right now. I tell him, I am going to look at his chart. Could he just stop cutting himself, until then? I will come back and talk to him very soon. "She's trying to help you," the captain admonishes gently.

Somehow, between me and the captain, the man gives up his razor. Later, they take the young man into one of the cages in the main building. I have looked at his chart. We even called the lab. His COVID test is not back yet. I go to speak to him. He sitting on the metal bench in the cell, so I crouch down to talk with him eye to eye. This is not a conscious gesture; it's something that you pick up practicing the art of medicine, the healing part. I want him to know that we are equals, that I respect what he is feeling, and that I will tell him the truth. I explain to him in basic, but adult terms why we have to keep him here until his test comes back. I explain why he can't go back to the other jail. You are young, I tell him, even if you have the virus, you will do well, in all likelihood. But, you can have the virus and be asymptomatic and give it to others who are sick and will not do well. I tell him his old jail has a unit where they house the sickest inmates on the island: people with cancer, people on dialysis. Those people will die if they get the virus, I tell him. He understands this. I tell him two more days until the test comes back. I promise. He is calm. He agrees to let the urgent care doctor suture him up. Afterwards, he thanks me. I say you are welcome. I ask him to take good care of himself. Please.

I do not work at the CDU the rest of the week. I check the next day on the computer, his COVID test isn't back, nor is it back the next day or the next.

He is still on suicide watch, but not cutting. His flu test comes back negative. It's superfluous. He does not have the flu. Still, the COVID test isn't back. It has been a week. Now, I'm irate. The next day, I check again, and breathe a relief. Negative. Things in jail move at a glacial pace, the tempo of bureaucracy, of stacks of papers being pushed. I would have shipped him out that night, but the next day, I see he's still in the CDU awaiting transfer back to his old jail. He was right, the razor was his bargaining chip. Without it, he can be ignored. It's not a good lesson for a young man to learn. I hope he doesn't remember that I promised him the test result in two days. But, I know he does.