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

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## Fireball

The nurse hands me the fat white envelope. "Hospital return," she says, already turning away. I open it and peruse the form letter—a basic discharge summary from the ER—a presumptive diagnosis, in this case "fever," a list of the tests done and medications given and to be taken. There are no test results, no clinical narrative. It's designed to cover all the legal bases and provide a minimum of information. The form, now universal in health care, democratizes information, flattens it into the boxes of a template so that "CT of the head-non-contrast and Lumbar Puncture"—terms which, to the clinician, bring to mind a differential diagnosis of utter disaster—tumor, subarachnoid hemorrhage, meningitis, bear as much or little graphic weight as "routine urinalysis or blood count."

Buried in the back is a paper that reads, "What to do when you might have Coronavirus." Based on this, I can only assume the CAT scan and the lumbar puncture were negative. I go in to see if the head of the clinic can find out more. She looks on her computer and reports back that they didn't actually test the patient for the virus. I sigh. So, it's my job then. I tell the nurses my plan to swab her. I tell them not to come in. There is no reason for more than one person to be exposed. After figuring out which room with a closed door (this is surprisingly hard to find in jail) is being used for presumptive positive patients, and after I wait an hour for the officers to find a key, after gathering the PPE kit, and finding the viral media for the test, I am ready.

The yellow gossamer paper gown tears at the sleeve as I put it on so I tuck both pieces into my blue plastic gloves. I put on a mask with an eye-shield. It is not the full face mask that is recommended, but that's what we have. The

patient is agreeable. She feels better, except, now, she has pain in her lower back where they stuck the needle in for the lumbar puncture. Luckily, her headache is resolved and she no longer has a fever.

The coronavirus test takes two seconds, a slightly uncomfortable slender swab up the nose and it is over. I leave her sitting alone in the room with her mask on. She waits for two hours before she is finally transferred to our new housing area for symptomatic inmates, awaiting test results. Meanwhile the physician's assistant is seeing another young woman, who has come into the clinic for back pain.

Back pain is a major complaint in jail. Probably much of it is directly related to the fact that inmates sleep on what is essentially an exercise mat. It even says on the label that it is not to be used as a mattress. Because of the pandemic, as a matter of course, the Physician's Assistant takes her vital signs and discovers she has a fever. He rightly assumes she is infected with the virus, and gives her a mask. But, when he tells her the plan to transfer her pending testing, she rips off her mask and rages through the clinic, spittle and curses flying. Frenzied, irate and desperate, she assures whomever she finds that she most certainly "DOES NOT HAVE A FEVER!"

The officer tries to cajole her, talking softly and reasonably. The woman marches into my cubicle and demands that I take her temperature again. I listen as she spills out her fears—not that she could die, or be left permanently disabled, but that her dorm mates will take her stuff—most especially—her radio. "That is what happened the last time they moved me," she screams. There is no use fighting this. I take her temperature again and find, unsurprisingly, that she does indeed have a fever. The woman's whole body tenses like a spring. She leaps off the table, tears streaming down her cheeks, her mask flapping around her mouth. "I just ate a goddamn Fireball," she spits.

Fireballs are a kind of sadomasochistic penny candy. The initial cloying, artificial sweetness gives way to a cinnamon heat. With a fireball, you get a lot of bang for your buck. Maybe, this is what makes it popular in jail. Pretty much anyone can get a hold of a fireball --they are cheap and sold in the commissary. Radios are also sold in the commissary. But, those are expensive.

I have no choice. I state the obvious. I explain like a mom speaking to a teenager that the candy will not increase her temperature. She tells me, with utmost disdain, like the teenager she is only a few years off from being, that I am just wrong. Everyone, everyone knows a fireball can do that! I tell her she is putting the entire clinic at risk by not wearing the mask. She may not like it, but her condition necessitates her transfer. "We are in the middle of an epidemic." I remind her. I feel old like a school marm. Wrong tactic. Logic only sets her off again. She roams down the hallway, menacing everyone in her path.

The officer, hearing the commotion, stands in the hall. She surveys the scene. She is available, but not yet finding it necessary to intervene. Violence is much rarer here than in the men's jails. With the women, the worry is that despair will make them do something rash to discharge that emotion. "It was a fireball," she sputters. The officer shrugs. The woman stares. She continues to cry, but, without a response, she is defeated. Her rebellion has died a natural death. In jail, one way or another, eventually, you do as you are told.

Later, when I have time to think about it, I realize what happened. For someone in jail, a radio is the difference between living and just existing. She has a fever, but she does not feel sick. That radio is a more immediate concern than any infirmity or disease. I realize that it is not so different from my own life, now, living with the virus. I treasure little things in a way I didn't before: the taste of coffee and the mildness of the spring morning, taking a walk with my children. So much I took for granted.

There is no consoling her with facts. There is no ethical choice, but to transfer her. So, I stop trying to explain. The PA writes the order for transfer. The officer manages to hustle her out. The next day I look, and, sure enough, both inmates have tested positive. I follow them through the electronic record. They both do well. I am glad. A few days later, I wake with a fever and a cough.