

The Yardbirds

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I had never been so concerned over a Band-Aid. The tiny strip of mesh fabric commonly used to cover the skinned knees of children was now posing a significant threat. The otherwise routine action of this item being given to a patient caused my heart to race. Was this okay? Was this allowed? Would people be safe? I looked around the room for confirmation that this transaction might be concerning to anyone else. In that moment, I feared that the Band-Aid was no longer going to serve its intended purpose of wound-healing assistance. The Band-Aid, sweet and unassuming, had now become raw material for a potential weapon. As the patient left with his possible shank-in-the-making, it was clear that this environment was unlike any other that I had ever been in—even the simple task of handing out a Band-Aid becomes a big deal when you are behind bars in the medical facility of San Quentin State Prison.

Seeing patients inside a California state prison was, of course, not a required medical school activity. In fact, I was only there because I had asked for the opportunity. As a third-year osteopathic medical student in the middle of clinical rotations, I was interested in seeing all aspects of medicine, including those areas that might otherwise be undesirable. The idea of entering San Quentin, the oldest California state prison and the only state facility housing male death-row prisoners, didn't alarm me. In fact, not only was I not nervous about entering, I was genuinely enthusiastic. Ever since I was young, I have had an inherent curiosity about how prisons operate. San Quentin may have been full of people wanting to leave, but I couldn't wait to enter.

As the buzzing San Quentin gates reverberated to let me through, the gaze from the hovering armed tower guards became profoundly palpable. I had entered the prison with nothing but identification and my white coat. With hands in my pockets, it suddenly dawned on me that this was the most empty they had ever been. Usually weighed down with books and instruments, I had been asked to carry only the essentials. In what was likely to be

the heaviest environment in which I would rotate, my white coat had paradoxically managed to be the lightest. In addition to noticing empty pockets, I had never been so aware of my white coat before. In the hospital setting, it is expected. In this setting, where a prisoner's common attire is an orange jumpsuit or a blue chambray shirt and denim pants, I stuck out like a sore thumb. Seeing as I was here to help treat patients with sore thumbs, among other ailments, I wasn't sure how I felt about being one myself.

Once inside the prison's medical facility, I was taken to the patient examination room. It looked like a standard patient room with the exception of the prison yard outside the window. Down below, mingling among the boys in blue, were unexpected companions—geese. The San Quentin yard was full of geese sharing the space with flocks of prisoners. There for the grass and food, the geese were completely unaware that they too were imprisoned inside San Quentin. I felt an odd kinship to these birds as they, like me, had come to the facility voluntarily. Their presence reminded me of the old-fashioned term *yardbird*, meaning prisoner. Here at San Quentin, there were both yardbirds in the way of prisoners, and yard birds, in the way of geese. Oddly, this poetic coincidence seemed apropos for the setting. From the window of the medical facility I could see not only the yard full of prisoners and geese, but also the area beyond the walls. Both freedom and confinement were visible in the same glance.

It wasn't long before the first patient arrived. I could hear the patient long before I could see his face. The rattling of the chains and handcuffs were always the first clue that a prisoner was being escorted nearby. I wasn't used to patients being escorted by a guard, but the addition didn't bother me. Although my surroundings were quite different, I saw my role as completely unchanged. I had no relation to the past crimes of the prisoners before me; I only had relation to their present health. Prisoner or not, the common prescription for any patient is a healthy dose of respect and courtesy. To show respect in this setting, I intentionally chose to address each

prisoner by his full name and purposefully did not use the more commonly used department of corrections number. Hearing their names spoken professionally usually caused the men to react in surprise. With nearly all freedoms removed, their name was one of the last few personal things they had left. These men were here to serve time, and I, as a medical student, was here to serve them.

Attending to the patients, as it turned out, required quite a concerted effort. A guard was needed to unlock handcuffs to do a pertinent physical examination. The recurrent visual of an otherwise healthy man not being allowed to move on his own accord was a constant reminder that I was not in proverbial Kansas anymore. Some patients were only going to be in San Quentin for a handful of years. Others were “lifers,” or those with extended stays, and others were sitting on death-row. I still remember the face of the first death-row patient that sat in front of me. A baby-faced man younger than me was presented to the clinic while the guard casually alerted the room that this patient was “condemned.” Condemned. The word pierced my consciousness like a prison shiv. An adjective that I had previously associated with dilapidated buildings and run-down structures was now being used to describe the state of a human being. In an attempt to break the tension that followed the utterance of the word, the “condemned” inmate chuckled and said, “Yeah, I’ll be seeing the needle man soon.” It took me a long slow-motion moment to realize he was referring to the physician who would administer the lethal injection during his execution. I nodded my head as if I understood, knowing full well I never would. Recognizing my limitations, I listened to his complaint intently and treated him accordingly. Although the prisoner was the one with the physical handcuffs on, I, too, felt like my hands were tied.

Through my visits at San Quentin, I was able to meet many interesting men. From a prisoner who became an author after teaching himself how to read and write behind bars to another who is now training to fight fires, nearly all of these men had a story to

tell. One prisoner was about to be released after 23 years of incarceration. He spoke candidly with me about the anxiety surrounding his release, wondering how he would survive outside the prison walls. Like a curious child, he asked me to describe cell phones and the Internet. It’s an interesting conversation when a man who has been behind bars for nearly a quarter of a century speaks about how difficult it will be to leave. Routine, even one behind the walls of a prison, is hard to break when you’ve been living it for so long. In the middle of my thoughtful conversation with this prisoner, an alarm bell rang out across the prison. A loud wail similar to that of an annoying alarm clock resonated from every speaker. When one of these alarms occurred, the prisoners were expected to squat, and the non-guard staff like myself were told to remain in place. Just as I was chuckling to myself about how I was starting to get used to the frequency of these sounds, the prisoner, as if he could read my mind, said, “I’ll tell you one thing, I won’t be missing these.”

On my last day at San Quentin, I found myself reflecting about all that I had learned during my time served. The prison, especially the prisoners, had provided invaluable learning experiences. Likely the most unconventional setting that I will ever rotate in, I was, paradoxically, reminded of some of the most conventional life lessons. As an osteopathic medical student and future osteopathic physician, working in the prison reinforced my sense of responsibility to treat each patient with respect and dignity, no matter the setting. Whether the patients are white collar, blue collar, or in an orange collarless jumpsuit, they are all, quite simply, valued patients. The prison bars may physically separate the incarcerated from the free, but humanity should know no bounds. As I watched the buzzing San Quentin gates close behind me for the last time, I couldn’t help but remember being fearful of that Band-Aid. Just as I was grinning about how far I had come since then, I found one in the pocket of my white coat. (doi:10.7556/jaoa.2014.134)

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