

REGULATORY SITES:

Management, Confinement and HIV/AIDS

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On the night of July 12, 2007, as Victoria Arellano lay in her cell resting after a day spent vomiting, a guard approached her bed, moved her head with his boot and said, “Hey you, what’s wrong with you?”¹ The other detainees angry with how Victoria had been continuously neglected for weeks, surrounded the guard and began to chant, “ICE, ICE, ICE!”² Soon after, a nurse arrived to examine Victoria and stated that there was nothing they could do for her. The only recommendation was that she take Tylenol and water.³ It’s been reported that following this incident as many as eighty detainees refused to get in line for head count and began to shout “Hospital! Hospital! Hospital!”⁴ The nurse finally agreed to take Victoria to the infirmary, but two hours later Victoria was back in her cell. Victoria told her cellmate and closest friend Walter Ayala that she had

not been to the infirmary, but instead had been taken to the inmate processing area downstairs.⁵ Victoria said she sat there for two hours, being ridiculed and laughed at before she was finally brought back to her cell.⁶

It wasn't until the following day, July 13, that she was finally taken to Little Company of Mary Hospital.⁷ Walter Ayala described the facility's continual indifference to her health:

We made requests to the infirmary asking for help because she was so sick. She wasn't eating, she had constant diarrhea, and she was vomiting blood. The nurse who responded was totally inhumane. She said, "Oh, is that the same person you complained to us about before? The doctor hasn't approved any medication. Just give her Tylenol and water, and it'll go away." This happened each time we made a request for six days.⁸

When finally taken to the hospital, Victoria was given amoxicillin, an antibiotic, which according to doctors is "not used to treat AIDS-related infections,"⁹ and then sent back to her cell. Up until that point, inmates had been the only ones taking care of Victoria. They dampened their own towels in an attempt to reduce her fever, as well as cleaned up her vomit and helped her to the bathroom. Olga Arellano, Victoria's mother, reported that Ayala phoned her and said that Victoria was not eating and was urinating blood, but that the officials were unwilling to give her medical attention. Ayala told Olga, "Get outside help, but try not to worry. We'll take care of your daughter."¹⁰

Victoria returned from the hospital feeling better, but soon after was again in extreme pain due to intense vomiting and diarrhea. On July 16, Victoria was taken to the hospital for the last time.¹¹ ICE finally contacted her mother who then rushed to the hospital to be with her daughter. On July 20, 2007, after almost a week of being hospitalized, Victoria died of pneumonia and meningitis.¹² Olga reported that "Victoria was breathing through a respirator and her foot was chained to the bed while two guards stood outside her hospital room."¹³ She said that she pleaded with the guard to remove the chain from her daughter's foot. When he finally agreed, Victoria died minutes later.¹⁴

Deliberate Denial

Victoria Arellano was a 23-year-old, undocumented transgendered woman who was arrested in Los Angeles on April 9, 2007 for driving under the

influence and without a license.¹⁵ On May 22, 2007, Victoria arrived at the San Pedro Processing Center¹⁶ where, within eight weeks, she would die. Before being detained, Victoria worked in West Hollywood at a supermarket in addition to volunteering at a drug and alcohol treatment facility.¹⁷ It was reported that she was extremely well liked at work and that she even received the “Community Hero” award for the work she did with recovering addicts.

Victoria was HIV-positive and prior to being detained was in good health—before switching to the antibiotic Dapoxetine, Victoria had been taking Bactrim, which helped prevent pulmonary infections from developing into pneumonia. But, during her two months of detainment, she was repeatedly denied Dapoxetine, exposing her to a multitude of HIV/AIDS-related infections.¹⁸ Commenting on the severity of the situation, Steven Archer, the Arellano family lawyer, said,

They never gave her any of the proper medications for her AIDS diagnosis. They did give her a prescription for a urinary tract infection, but even then, they filled her prescription with the wrong strength, and they never diagnosed the meningitis, even though she had been complaining about headaches, sweats, and generalized pain for weeks. That is what killed her in the end. It was so advanced that it involved her brain, her liver, her lungs, her heart, and a couple of other organs. She died in terrible pain.¹⁹

Victoria Arellano’s official cause of death was AIDS-related infections. But really the cause of death was San Pedro’s refusal to give her the medicine, which was sustaining her life. The death of Victoria Arellano at the hands of the state serves as a testament to the ways that transgendered immigrants have a particularly violent relationship with the prison industrial complex.²⁰ Victoria Arellano’s story, and the countless others that we may never hear, points to the need to think about the intersections of gender violence with immigration detention.²¹ Her death is but one example illustrating the ways that historically racialized and sexualized groups are subjected to ever increasing criminalization and violence by the state. Ultimately, the death of Victoria expounds the structural violence inherent in and essential to US confinement practices.

Soon after Victoria’s death, Human Rights Watch released a report on the lack of medical treatment given to HIV-positive detainees in US detention facilities.²² The report makes clear that ICE does not meet the required

medical standard of care within its detention facilities. This report draws attention to the ways that detention centers are not delivering anti-retroviral regimes, are not monitoring detainees' medical conditions, and are not prescribing medication to those in need. However, only mentioned once in this report are the ways that gay and transgendered detainees are more vulnerable to violence and discrimination when placed in confinement.

Likewise, the numerous articles written on Victoria's death, with the exception of very few, make little to no reference to transgendered people's experiences with incarceration or detention. The horrific treatment of Victoria was attributed solely to the detention facility's failure to provide for the health of its detainees; with no mention of the ways that the dehumanizing treatment was also very much compounded by the fact that she was a transgendered woman, in addition to being HIV-positive. Victoria Arellano, as a transgender detainee, underscores the immediate need for an analysis that is at once critical of prisons and detention centers but also of the ways that the state is managing and policing gender and sexuality inside *and* outside of these institutions.²³

Medical records showed that at one point during Victoria's time in detention her "T-cell count was 53 and viral load was more than 555,000."²⁴ How is it possible that she was not prescribed medicine immediately—or at the very least admitted to the hospital to be tested for life-threatening infections? The alienation that Victoria endured operates through the intersecting forms of violence that transgender prisoners face when in confinement, highlighting the ways in which the state is managing queer bodies living with HIV/AIDS. In my attempt to think about what made Victoria's death possible, I am also calling into question the current ways that HIV/AIDS is treated and imagined within the prison. When the signification of HIV/AIDS is compounded with the signification of the prison, one is able to conceptualize the ways that knowledge is produced and sustained.²⁵

Walking Bioweapons²⁶

A bioterrorism attack is the deliberate release of viruses, bacteria, or other germs (agents) used to cause illness or death in people, animals, or plants.... Terrorists may use biological agents because they can be extremely difficult to detect and do not cause illness for several hours to several days. Some bioterrorism agents, like the smallpox virus, can be spread from person to person and some, like anthrax, cannot.

—US-based Centers for Disease Control and Prevention

“Are you HIV-positive?” asked Bill Gallagher in a live interview with Daniel Allen. Allen responded “yes,” and within a week Macomb County prosecutor Eric Smith was seeking the additional charge of “possession or uses of a harmful device,” better known as bioterrorism. The ACLU has reported that this is the first documented case in which a terrorism law is being applied to a person with HIV who is also being prosecuted for a felony. Judge Linda Davis sided with Smith’s charge of bioterrorism stating that, “Allen knew he was HIV-positive, and he bit the guy...that on its own shows intent.”²⁷ The case of Daniel Allen, much like the case of Victoria Arellano’s death, is a reminder of the ways that HIV/AIDS continues to be attached to trans/queer bodies and imagined as a threat to Western society.²⁸ The trans/queer body with HIV/AIDS is used as a site of regulation and management, imbricating sexuality, gender, and race in ways that make legible who, as well as which acts, falls outside the lines of normative citizenry.²⁹ In charging Allen with intent to spread HIV through a bite, Fernandis and his attorney constructed Allen’s body as a monstrous weapon.

Before being asked to confess his serostatus on television, Allen, who is a 45-year-old self-identified gay man, was already facing two felony charges for aggravated assault and assault with intent to maim. It all began October 18, 2009 in Clinton Township, Michigan, when a neighborhood fight broke out between Winfred Fernandis, Jr. and Daniel Allen. Though it is debated what exactly happened that day, Fernandis alleges that it all began when neighborhood kids kicked a football into Allen’s yard. Supposedly Allen kicked the ball away from the kids, and Fernandis, who was watching, decided to confront him. Fernandis reports that it was at this point that Allen scratched him and bit through his lip “while also growling.”³⁰ Fernandis was then hospitalized and required stitches for his lip. Allen however, reported that he never bit Fernandis and that it was actually Fernandis, his wife, and his father who attacked him. The *Michigan Messenger* reported that during a November 2 hearing, Allen and his attorney James Galen, Jr. “presented 37 photographs of injuries, including bite marks to Allen’s body.”³¹ Allen and Galen contend that Fernandis and his family had been harassing Allen for the previous two years with racial slurs as well as incidents of spitting on him. Allen believes the harassment to be because of his sexuality and maintains that the attack on October 18 was a “hate crime.”³²

Due to Allen’s felony charges, the case has since been passed on to Circuit Court where Judge Peter Maceroni on June 3, 2010, dismissed the bioterrorism charge due to insufficient evidence. However, Allen still faces two ten-year felony charges for assault with intent to maim and as-

sault to do great bodily harm less than murder.³³ Allen has said that the dismissal of the bioterrorism charge will clear up some of the fears and misunderstandings about HIV.³⁴ Whether that is true or not, it is clear that post-September 11 rhetoric and the current “war on terror” has made it so that historically racialized groups are now subjected to ever increasing criminalization. It was, after all, the result of a 2007 Michigan Court of Appeals ruling that made it possible for Fernandis and his attorney to charge Allen with bioterrorism. This ruling came out of the case *People v. Antoine Deshaw Odom*. Odom was a HIV-positive prisoner who, on December 12, 2004, allegedly spat blood in the face of a corrections officer during a physical altercation. It wasn’t until 2007 that the Michigan Court of Appeals released its ruling stating that “HIV infected blood is a ‘harmful biological substance,’ as defined by Michigan statute, because it is a substance produced by a human organism that contains a virus that can spread or cause disease in humans.”³⁵

Michigan’s history of criminalizing HIV began, however, well before *People v. Antoine Deshaw Odom*. In 1990, a federal law passed mandating all states to certify that each had a law in place to criminally prosecute people with HIV. By 2000, all fifty states had certified. In 1998, Michigan passed a law making it a felony for any person who knows that he or she is HIV-positive to have sex without first disclosing their HIV status.³⁶ The HIV disclosure statute and now the bioterrorism law have nothing to do with prevention of HIV, but instead have everything to do with regulation and the stigmatization of HIV and the bodies that live with it.

Much of what this paper seeks to trace is the violence, and at times even ridiculousness, of how HIV/AIDS continues to be treated, imagined, and spoken about in the United States’ current social reality. Daniel Allen having been charged with bioterrorism is at once indicative of the state’s intent of criminalizing HIV by any means necessary, as well as illustrative of just how little has changed since the ’80s and ’90s in terms of the ways that HIV is spoken about. I think about the cases of Victoria Arellano and Daniel Allen not as two completely different situations but instead as continuums of one another, both highlighting what is made possible when one falls outside of “responsible” citizenry. The criminalization of HIV is not about prevention, reduction, or “risk,” but is instead about the policing of sex, gender, and sexuality. The state appears to believe that the way to deal with HIV is to criminalize it, further stigmatize it, and perpetuate the conflation of HIV/AIDS and queerness. Although it’s understandable why Allen would have thought that the dismissal of the bioterrorism

charge would help to correct some of the problematic misconceptions of HIV, it seems that the HIV-segregated prisons of Alabama and South Carolina serve as reminders that when it comes to the state, HIV-positive bodies are still weapons, ready and willing to infect at any moment.

Blood

How might we think about the ways that the fiction of blood, like that of the “infected” queer body, have come to be ways of knowing, which in turn enable the violence of the state to become naturalized and even unsurprising? The HIV-segregated prisons in Alabama and South Carolina, much like the bioterrorism charge against Daniel Allen, are made possible not simply by misconceptions concerning how HIV can be contracted and spread; such discursive and material violences are made possible because of much longer histories of violence. Similar to the way that Daniel Allen as a racialized black, gay man could be compared to a monster, blood also has imaginaries floating around it, justifying the placement of prisoners in solitary confinement for twenty-three hours a day as a method of containing and managing bodies that are deemed infectious.

The recently published ACLU report on the segregation of HIV-positive prisoners in Alabama and South Carolina highlighted many of the human rights abuses implicit in housing HIV-positive inmates in separate units. The report states that upon arrival at the prison, each prisoner must undergo a mandatory HIV test and if found positive is ordered into immediate isolation. Once placed in solitary confinement, they are there for anywhere between a week and several months until they are moved to a bed in one of the HIV units. Prisoners in these states are prohibited from access to many in-prison jobs and programs, and South Carolina is the only state that prohibits all access to work-release programs for its HIV-positive prisoners.³⁷

In both Alabama and South Carolina, prisoners are prohibited from working in the kitchens, dining halls, and canteens. A poll conducted on Alabama prisoners found that the majority did not feel comfortable being served in the dining halls by HIV-positive inmates. However, misconceptions about HIV transmission are not limited to only those incarcerated. A recent survey by Kaiser Family Foundation showed that fifty-one percent of adults reported that they would feel uncomfortable having their food prepared by someone who was HIV-positive.³⁸ Prison administrations felt that prohibiting HIV-positive inmates from food service was justified because, after all, prisoners in the general population would not tolerate

“openly gay” prisoners handling their food.³⁹ Thus, Alabama prisons do not allow for any inmates who identify or who are identified as “openly gay” to work in the kitchen, be they HIV-positive or not. The Alabama prison system makes clear that to prevent the spread of a virus is to prevent the spread of queerness. The conflation between disease and sexuality is a remnant of a time when HIV was referred to as the Gay Related Immune Disorder (GRID) and the moment when blood banks became sites of queer contaminated blood rather than sites of gift-giving citizenry.⁴⁰ HIV-segregated prisons become the meeting place for sexuality, disease, and deviancy to come together and make the law’s violent management of bodies seem like a favor to the nation.

The special units that house HIV-positive prisoners are telling us that blood is something to be feared and kept segregated. AIDS and its historical conflation with queerness has impacted the ways that people imagine particular bodies and has in effect become, as Catherine Waldby and Robert Mitchell write, “a dangerous mediator between clean and infected sectors of populations.”⁴¹ Even in light of some pretty heavy criticism, neither Alabama nor South Carolina plans on desegregating their prisons. They claim that segregation prevents HIV transmission between inmates as well as allows for the inmates to have access to special medical needs. Yet Emily Bass, in the 2000 article “Separate but Equal?,” reports that no medical care is given to prisoners during time spent in solitary confinement; in addition, prisoners report that they could wait up to six months to receive antiretroviral medication and that instead of being given medication that prevents infection, they are given ibuprofen.⁴² Victoria Arellano was given Tylenol in detention, prisoners in the South are given ibuprofen, and very few are being given their antiretrovirals.

Confinement: Solitary and Otherwise

Colin Dayan in her text “Legal Slaves and Civil Bodies” is likewise interested in the implications of blood. Dayan traces the “corruption of blood” in English common law to that of chattel slavery and the modern state prison. Central to her work is the role of the metaphoricality of blood as tied to biological destiny. Dayan elucidates the ways that owning property and capital are essential to ideas of personhood. With this in mind, Dayan thinks about blood and its role in legitimizing particular continuums of torture from chattel slavery to solitary confinement in the supermax prison. Thus, both the law and the metaphor hold the power to render material the conceptual. By tracing the genealogies of words such

as blood, infection, and corruption, Dayan illustrates colonial legal history's emphasis on the language of blood and the power it held in denying one's inheritance to property as well as one's right to freedom.

The power of blood points to the genealogies of the prison industrial complex and the role that race plays in the construction of "criminality" and "deviancy." In thinking about what the metaphor of clean versus infected blood made possible, Dayan writes, "Inmates are not warehoused because of their crimes, but for their 'nature,' which makes them 'institutional risks.'" ⁴³ Dayan helps show how we arrived at the supermax prison and solitary confinement as an apparatus of the prison. Dayan likens solitary confinement to a device of death in which subjectivity becomes the privilege of the ones in power. The violence of isolation materializes in both the metaphoric and literal death of HIV-positive people locked in solitary and denied their medication.

This past year, Maria Benita Santamaria, a transgender prisoner, spoke to many of Dayan's concerns in relation to solitary confinement. Santamaria spent six months in solitary confinement in a Virginia jail. ⁴⁴ Santamaria, who was arrested for drug trafficking, was placed in solitary confinement because jail officials believed that she would be raped by the other male inmates if not placed in protective custody. She told officials that she would risk being hurt in general population rather than stay in isolation. Prior to being arrested, she was taking hormones, but after being detained, she was immediately taken off them. Once in protective custody, Santamaria reported that the jail guards routinely referred to her as "it." ⁴⁵

There are no cameras in protective custody, no communication or contact with anyone aside from the officers. Assault and harassment by correctional officers is the reality of solitary confinement. Physical, emotional, and sexual abuse have all been reported by transgender prisoners in and outside of solitary confinement. Isolation also means not being allowed to participate in work-release programs or other skill-based programs, in addition to being denied access to hormones, as was the case with Santamaria, who had been taking hormones for at least two years before being incarcerated. ⁴⁶

Placing transgender prisoners in forced isolation limits individuals from finding their place or community in prison and serves only to produce more violence. ⁴⁷ Solitary confinement like that of HIV-segregated prisons is a tactic of the state to manage and surveil bodies. The different stories about confinement found in this paper speak to the fictions of

HIV and queerness. The death of Victoria Arellano is an obvious example of the violence of the state, but twenty-three hours a day in solitary confinement should be just as central to our analysis. Indeed, the forced idleness of the body and mind is just another violent form of management and regulation.

Imagining More

A month after Victoria Arellano's death, thirty-nine people from her pod, including all identified gay and transgender detainees were transferred to a privately contracted ICE facility and then again transferred to a county jail.⁴⁸ They were immediately placed in solitary confinement and many waited weeks to receive their HIV medications. ICE refused to say why they transferred these detainees. Martinez, another cellmate of Victoria's reported that the detainees who had spoken to reporters about Victoria's death and treatment were not allowed access to telephones for two weeks. By October 19, most of the detainees had been transferred back to the San Pedro Processing Center, but that night ICE unexpectedly began to evacuate the entire detention center. By morning, over 400 detainees were transferred to other facilities.⁴⁹ ICE detention has not gotten any better since Victoria's death. Earlier this year, ICE publicly admitted to 107 deaths that have occurred in their detention centers since 2003.⁵⁰

We live in a time when some life is not presupposed, and the stories woven throughout this chapter attest to this and to the pasts that haunt them. I began and I will end with the story of Victoria Arellano. In many ways, it is a story that has become spectacularized and one that has gotten many talking in immigrant rights and activist communities. I think it wise to never let her story or the stories of others rest. Her death speaks to the ways that the state can dictate the conditions of possibility for one's life as well as one's death, elucidating the inherent violence of the prison industrial complex. But it also speaks to the possibilities of forming unlikely communities inside of detention and to the possibilities of demanding life when the law has already deemed you dead.

I want to remember Victoria Arellano and her story. I want to remember eighty detainees demanding her right to live. And I realize that in many ways it seems that the case of Victoria Arellano only attests to death, to the ever-increasing violence against transgender detainees and to those with HIV/AIDS. But then I think about eighty men chanting "Hospital! Hospital! Hospital!" and I think that there is substance and even life to be found in these men taking care of Victoria as she died. I don't want

to romanticize her death or the ones who were there for those final eight weeks, but I do want to take seriously the solidarity and the care with which they treated her and extend those forms of resistances to the larger project of prison abolition.

NOTES

1. Ben Ehrenreich, "Death on Terminal Island," *Los Angeles Magazine*, Sept. 2008. <http://lamag.com/featuredarticle.aspx?id=9366>.
Throughout this chapter I quote from various news stories that have been written on the death of Victoria Arellano. All have been taken from online publications. For the most part they are all similar in the ways that they tell the story as well as in the sources they cite. It has been difficult deciding not only what information is most important from these articles, but also deciding how I personally wish to re-tell Victoria's story.
2. ICE stands for US Immigration and Customs Enforcement. Their official Web site states, "ICE formed in 2003 as part of the federal government's response to the 9/11 attacks, ICE's mission is to protect the security of the American people and homeland by vigilantly enforcing the nation's immigration and customs laws." More information on ICE and its programs is available at <http://www.ice.gov/index.htm>.
3. Sandra Hernandez, "Denied Medication, AIDS Patient Dies in Custody," *Los Angeles Daily Journal*, Aug. 9, 2007. I am quoting from an online transcript of the *Los Angeles Daily Journal* article from culturekitchen.com. http://www.culturekitchen.com/shreya_mandal/forum/denied_medication_aids_patient_dies_in_.
4. Ehrenreich, "Death on Terminal Island."
5. Ibid.
6. Ibid.
7. Hernandez, "Denied Medication, AIDS Patient Dies in Custody."
8. Leslie Feinberg, "Death of Trans Immigrant in Detention Forges United Protests," *The Workers World*, Sept. 8, 2007. <http://www.workers.org/2007/us/trans-0913/index.html>.
9. Hernandez, "Denied Medication, AIDS Patient Dies in Custody."
10. The Associated Press of Mexico City, "HIV-Positive Migrants Accuse US of Neglect," *USA Today*, Aug. 4, 2008. http://www.usatoday.com/news/world/2008-08-04-AIDS-mexico_N.html.
11. Ehrenreich, "Death on Terminal Island."
12. Ibid.
13. Luciente Zamora, "Victoria Arellano: Shackled and Denied Life-Saving Medi-

- cine,” *Revolution*, No. 103, Oct. 7, 2007. <http://www.rwor.org/a/103/victoria-arellano-en.html>.
14. The Associated Press of Mexico City, “HIV-Positive Migrants Accuse US of Neglect.”
 15. Ehrenreich, “Death on Terminal Island.”
 16. There are three different types of ICE facilities. A Service Processing Center such as the one where Victoria was detained is an ICE-run detention facility. There are also Contract Detention Facilities, which are detention facilities operated by independent contractors. Intergovernmental Service Agreement facilities are facilities in which ICE has an agreement with the given State, territory, or political subdivision to run confinement and detention services. More information is available at <http://www.ice.gov/doclib/PBNDs/pdf/definitions.pdf>.
 17. Feinberg, “Death of Trans Immigrant in Detention Forges United Protests.”
 18. Ibid.
 19. The Associated Press of Mexico City, “HIV-Positive Migrants Accuse US of Neglect.”
 20. See Angela Y. Davis, *Are Prisons Obsolete?* (New York: Seven Stories Press, 2003) for a more detailed account of what is currently understood as the prison industrial complex. Davis writes, “The notion of a prison industrial complex insists on understandings of the punishment process that take into account economic and political structures and ideologies, rather than focusing myopically on individual criminal conduct and efforts to ‘curb crime’” (85).
 21. See David Manuel Hernandez, “Pursuant to Deportation: Latinos and Immigrant Detention,” for more on the criminalization and surveillance of Latinos in the United States. He makes important connections between post-September 11 security discourse and subsequent anti-immigrant sentiment.
 22. Human Rights Watch, “Chronic Indifference: HIV/AIDS Services for Immigrants Detained by the United States,” Vol. 19, No. 5, Dec. 2007: G. <http://www.hrw.org/en/node/10575/section/6>.
 23. See the Sylvia Rivera Law Project, “It’s War in Here: A Report on the Treatment of Transgendered and Intersex People in New York State Prisons” (2007). This report deals specifically with transgendered confinement. Although the report does not specifically focus on detention centers, its specificity as to why such a disproportionate number of trans people are currently incarcerated is important when thinking about which subjects are left out of conversations concerning the prison industrial complex. The report can be accessed at <http://srlp.org/resources/pubs/warinhere>.
 24. Ehrenreich, “Death on Terminal Island.” As Ehrenreich notes in his piece, Victoria’s white-cell count was incredibly low. Generally a healthy person has a

- white blood-cell count of about 2,000. Full-blown AIDS usually has a white-cell count of anywhere between zero and 250.
25. See Paula A. Treichler, *How to Have Theory in an Epidemic* (Durham, N.C.: Duke University Press, 1999) for more on the signification of AIDS. Treichler's argument thinks about the AIDS epidemic as an "epidemic of signification," which I take to mean that AIDS is a linguistic construct with multiple meanings and metaphors attached to it. In particular, Treichler is interested in the ways that AIDS became constructed as a "gay disease" and the consequences that this continues to bear on scientific research as well as on discourses surrounding sexuality.
26. Hannah Clay Wareham, "HIV: Assault with a Deadly Weapon?" *Bay Windows*, Nov. 22, 2009. <http://www.aegis.org/news/bayw/2009/BY091105.html>. With regard to the 2007 Michigan Court of Appeals, Wareham writes, "The decision classified HIV-positive Michigan residents as walking bioweapons."
27. Jameson Cook, "HIV-Positive Biter Faces 3 Felonies," *The Macomb Daily*, Nov. 3, 2009. <http://www.macombdaily.com/articles/2009/11/03/news/srv0000006746974.txt>.
28. See Treichler, *How to Have Theory in an Epidemic*. See also Joe Rollins, *AIDS and the Sexuality of Law: Ironic Jurisprudence* (New York: Palgrave Macmillan, 2004).
29. For more on the racialized construction of the monster post-September 11, see Jasbir Puar and Amit Rai, "Monster, Terrorist, Fag: The War on Terrorism and the Production of Docile Patriots," *Social Text* 72, Vol. 20, No. 3, Fall 2002.
30. Ibid.
31. Todd A. Heywood, "State Lawmakers Question Terrorism Charges for HIV-positive Man," *The Michigan Messenger*. Nov. 10, 2009. <http://michiganmessenger.com/29816/state-lawmakers-question-terrorism-charges-for-hiv-positive-man>.
32. Cook, "HIV-Positive biter faces 3 felonies."
33. Jameson Cook, "Judge Dismisses Bio-terrorism Charge Against HIV-positive Man," *The Macomb Daily*, June 3, 2010. <http://www.macombdaily.com/articles/2010/06/03/news/doc4c07dc5416c93197632281.txt>.
34. Ibid.
35. State of Michigan Court of Appeals, 3. http://coa.courts.mi.gov/documents/opinions/final/coa/20070809_c267867_80_144o.267867.opn.coa.pdf.
36. Todd A. Heywood, "Michigan's HIV Disclosure Law: Overly Broad and Open to Abuse," *RH Reality Check*, May 9, 2009. <http://www.rhrealitycheck.org/blog/2009/05/01/michigans-hiv-disclosure-law-overly-broad-and-open-abuse>.
37. ACLU and Human Rights Watch, "Sentenced to Stigma: Segregation of HIV-

- Positive Prisoners in Alabama and South Carolina,” April 2010. <http://www.aclu.org/prisoners-rights/sentenced-stigma-segregation-hiv-positive-prisoners-alabama-and-south-carolina>.
38. See Kaiser Family Foundation, “2009 Survey of Americans on HIV/AIDS: Summary of Findings on the Domestic Epidemic.” <http://kff.org/kaiserpolls/upload/7889.pdf>.
 39. ACLU and Human Rights Watch, “Sentenced to Stigma: Segregation of HIV-Positive Prisoners in Alabama and South Carolina” (33).
 40. See Catherine Waldby and Robert Mitchell, “Blood Banks, Risk, and Autologous Donation” in *Tissue Economies: Blood, Organs and Cell Lines in Late Capitalism* for more on blood banks.
 41. Ibid., 41.
 42. Emily Bass, “Separate but Equal? Weighing the Pros and Cons of Quarantine,” *HIV Plus*, No. 6, January 2000. <http://aidsinfonyc.org/hivplus/issue6/report/segre.html>.
 43. Colin Dayan, “Legal Slaves and Civil Bodies,” *Nepantla: Views from the South*, Vol. 2, No. 1, 2001: 22.
 44. Freeman Klopott, “Va. Transgendered Inmate Removed from Lock-down,” *The Washington Examiner*. Jan. 3, 2010. http://www.washington-examiner.com/local/crime/Va_-transgendered-inmate-removed-from-lock-down-8705670-80436387.html.
 45. Ibid.
 46. Important to keep in mind are the ways that the prison segregates according to the gender binary. The prison as a form of gendered punishment enforces normative expression of gender and seeks to punish any person who does not align with or live within the normative confines of gender self-expression. Depriving trans prisoners of hormones and medication is very much a part of incarceration. For a more detailed account on this, see Alexander L. Lee, “Nowhere to Go but Out: The Collision Between Transgender and Gender-Variant Prisoners and the Gender Binary in America’s Prisons,” 2003.
 47. For more on the violence against trans prisoners and the importance of community and solidarity, see Gabriel Arkles, “Safety and Solidarity Across Gender Lines: Rethinking Segregation of Transgender People in Detention,” *Temple Political and Civil Rights Law Review*, Vol. 18, No. 515, 2009.
 48. Ehrenreich, “Death on Terminal Island.”
 49. Ibid.
 50. Nina Bernstein, “Officials Hid Truth of Immigrant Deaths in Jail,” *The New York Times*, Jan. 9, 2010. http://www.nytimes.com/2010/01/10/us/10detain.html?_r=1&ref=nyregion.