

prison health news

-better health care while you are in and when you get out-

Issue 16, Spring 2013

Who We Are...

We are on the outside, but many of us were inside before... and survived it. We are formerly incarcerated people and allies talking about health issues and trying to bring about a positive change for all people who are in prison now or ever have been in the past. This newsletter is about all of us.

We will be talking about health issues. For example, what is good nutrition? Where can you get services and information on the outside? We want to take your health questions seriously and break down complicated health information so that it is understandable.

We're also here to help you learn how to get better health care within your facility and how to get answers to your health questions. Don't get frustrated. Be persistent. In prison, it's often hard to get what you want, but with health information, it doesn't have to be impossible. Join us in our fight for our right to health care and health information.

Read on...

From,
Laura, Naseem, Suzy,
Teresa, Tré, and the
Prison Health News group
at the Institute for
Community Justice



Artwork by Laura Crisco
Safe Streets Arts

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write an article!

We know that everyone who reads this newsletter will have questions or their own story to tell.

If you want to write an article on something you think is important for prison health, send it and we will consider publishing it in *Prison Health News*.

Tell us your story of struggling to receive quality health care, either for yourself or others. Do you have tips and tricks for staying healthy and taking care of yourself behind the walls that could be useful to others in the same position? Or perhaps you are an artist or a poet and want to share your work with *Prison Health News* readers.

You can also write us first to discuss ideas for articles.

If you want your full name kept confidential, you can sign your article with your first name or “Anonymous.”

Please keep in mind that we may make small changes to your article for length or clarity. For any major changes to your work, we will try to get in touch with you first.

To submit your work, or if you have more questions about any health issues or anything you read in *Prison Health News*, please write us at:

Prison Health News
c/o Philadelphia FIGHT
1233 Locust Street, 5th Floor
Philadelphia, PA 19107

Decarceration:

by Dan Berger

We are at the beginning of a new movement against the prison. It works to **shrink the prison system by using radical critique, direct action, and practical goals** for reducing the reach of imprisonment. I would like to call this a strategy of decarceration. It is the demand to close prisons and reduce policing—but also to open schools and build communities. It is a strategy that takes advantage of political conditions without sacrificing its political vision.

As the critique of mass incarceration grows, the current economic crisis can make mass decarceration more possible, because states want to cut spending.

In the past two years, we’ve seen an unprecedented number of prison strikes: a statewide labor strike in Georgia prisons; massive California hunger strikes that had 12,000 people refusing food and demanding basic human rights; strikes in Ohio, North Carolina, and Virginia prisons; and a recent hunger strike by two transgender women prisoners in California. That these strikes have come mostly from people in long-term solitary confinement and have taken the form of life-or-death hunger strikes is a sign of how dire conditions in American prisons have become.

It is also a sign of a new mood of opposition and possibility inside American prisons that is increasingly matched by outside social movements. The Formerly Incarcerated and Convicted People’s Movement, Students Against Mass Incarceration,

A New Strategy Against Prisons

the Campaign to End the New Jim Crow, Decarcerate Pennsylvania (PA), and similar groups are new signs of organizing at the community level. The Occupy movement—and the police violence it experienced—inspired the Occupy for Prisoners day of action. And several undocumented youth around the country have voluntarily been arrested and risked deportation in order to investigate and organize against the conditions inside federal detention centers.

The movements against prisons unite people inside and out organizing against mass incarceration, detention of immigrants, and solitary confinement; people doing work around re-entry, HIV/AIDS, and environmental and education justice; prisoner efforts to self-educate and stay connected to the outside, and political and politicized prisoners. Critique and awareness mean little without organizing, agitating, and mobilizing. It’s going to take all of us to win. Decarcerate USA!



Dan Berger works with Decarcerate PA and teaches at the University of Washington at Bothell. This is an excerpt from a speech he gave at the 2012 “Mass Incarceration in America” conference.

In the photo: Decarcerate PA blocks a prison construction site.

End in Sight for HIV Segregation?

by Suzy Subways

In December, a federal judge ordered Alabama to stop segregating people with HIV in separate prison facilities. For more than 20 years, HIV+ people in Alabama prisons couldn’t eat in the cafeteria, take certain classes, jobs, and programs, or transfer to prisons closer to their loved ones. Their HIV status was made public without their consent. In South Carolina, the only state that still refuses to end this policy, people with HIV are sent to a high-security

unit and denied work release. Margaret Winter, the American Civil Liberties Union lawyer who won the case in Alabama, says, “I believe that South Carolina can read the handwriting on the wall. This policy is just a creation of the Department of Corrections, and they can do away with it. I think the likelihood of this happening in the near future is strong. The policy is unjustified, and the way to avoid litigation is to end it swiftly.”

Aging in a Correctional Setting

by Phyllis Taylor

John, 56 years old, sits with his friends on the cell block and talks about his aches and pains. They all have medical complaints, since they are over 50 years old. The same type of conversation occurs for Mary, age 67, in her cell block. These conversations occur often as one ages, whether one is incarcerated or aging outside the walls. The difference is those incarcerated do not have the option to choose their doctor, physician assistant, or nurse practitioner, or the wide range of medications that are offered in the outside world.

In a correctional setting, one is considered geriatric at age 50 in most states. Outside, that would not be the case. Why the difference? Aging tends to be speeded up in a correctional setting. Past history of substance abuse, mental health issues, violence with resultant trauma, poor eating habits, and genetics all contribute to the aging process. Some common health problems include heart disease, diabetes, high blood pressure, cancer, liver disease, lung disease, HIV, dementia, obesity, arthritis, hepatitis, strokes, dental problems, and decreased hearing and eyesight. Older folks imprisoned for the first time, who now make up one-third of the older population behind the walls, have more adjustment problems than those who have been incarcerated before. This increases many of the problems associated with aging.

In many states, life

means life. For those with sex offenses, finding an acceptable home plan is complicated. I have known of cases where the person remains many years beyond their minimum because they could not get one accepted. This contributes to the aging population inside. The Census Bureau estimates that by 2030, one-third of the United States prison population will be more than 55 years old.

What does all this mean for those incarcerated, their families, prison and jail systems, and society at large? Finances are a huge issue. On average, it costs twice as much to care for elderly inmates as younger people. Most prisons and jails are not set up to care for an older population with the need for special diets and handicap accommodations. That cost spills over to county, state, and federal budgets. Money that might be used for schools, the disabled, housing, public transportation, and other needs is used to keep people incarcerated.

As a certified grief facilitator who has a special responsibility to address the grief needs of inmates and their families, I hear all the time about the additional sorrow experienced by families. Elderly relatives pass away and never see their loved one. Children grow up without their parents and grandparents in their lives in a meaningful way.

What can be done to help those who are aging and those who love them? For the incarcerated and their “inmate family,” working to keep healthy

physically, emotionally, and spiritually is vital. Watching what one eats on the chow line and what one buys from commissary can help manage weight. It is a challenge, but it can be done.

Exercise is also essential. Making use of the yard to walk, ideally with a partner, can help keep one active. Walking with someone makes you more likely to do it, and if you feel dizzy or stumble, you’ve got somebody right there. It provides companionship and a sense of community. This can help with one’s physical needs as well as emotionally. People with arthritis can lessen their pain by walking. When one can’t get to yard because of weather or lock-down, finding ways to work out in the cell can also help. As we age, exercise can be gentle and done without machines. I worked with one man who is in his seventies. He set up an exercise program completely within his cell, because he was in protective custody, so he did not get out as much as others on his block. He was able to maintain his weight. It also helped him mentally deal with stress.

Women need gynecologic care, and they have a higher rate of autoimmune illnesses than men do. Women may also have fears around breast cancer, because for those who find a lump, it could take a while to get mammography. Ovarian cancer is difficult to detect early, and there are fears of cervical cancer from history of human papillomavirus (HPV).

HIV is now a chronic illness. Taking

meds, good mouth care, and following up with as much of a healthy diet as is possible in a prison and jail setting can help keep the virus in check. Paying attention to one’s emotional and spiritual needs is also necessary to maximize health.

What happens when an illness can no longer be cured or even controlled? Palliative and hospice care is available in some facilities in the state and federal systems. Many facilities have a “buddy” program. These are specially trained inmates who are there for fellow inmates whose health is getting much worse. I have been at places like Angola in Louisiana to help train the volunteers, who do an outstanding job of providing support. I have also seen good buddy programs in other states.

Finally, part of aging is recognizing that grief is a part of living. Sometimes the grief is over the many losses, relationships, and what one can do physically as one ages. Finding ways to understand grief and to support each other can help in this process. The prayer so many find really helpful is relevant to aging in corrections. “God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.” May we all find a way to apply that to our lives.

Phyllis Taylor is a Correctional Chaplain in the Philadelphia Prison System, an RN and advocate for those who are incarcerated, their families, and those who are ill and elderly in prison or jail.

Surviving and Thriving: Getting Older With HIV

by Naseem Bazargan

If you are a person living with HIV/AIDS (PLWHA) over age 50, you may be concerned about how your illness will affect you as you grow older. Thanks to lifesaving meds, HIV is no longer a death sentence, and we are seeing more people with HIV living longer lives. In fact, research shows that by 2015, for the first time in history, half of everyone living with HIV in the United States will be over age 50. Living in prison can make aging more challenging, especially for people with chronic illnesses like HIV/AIDS. Burdensome co-pays, delays in treatment and medication, and lack of proper nutritional options and mental health care make it difficult to achieve a high quality of life and dignity while living with HIV/AIDS on the inside and can lead to premature aging. PLWHA on the inside also live with the fear of stigma and abuse from both prison staff and other incarcerated persons. Being exposed to such constant stress can also lead to premature aging. But what do we mean by premature aging, especially for PLWHA? And is there any good news?

Premature aging means showing signs of growing older earlier than you normally would. According to research, PLWHA age about 4 to 5 years earlier than HIV negative persons. In 2012, the Veterans Aging Cohort Study (VACS) found the following: PLWHA develop kidney failure about four years earlier than HIV negative persons; lung cancer two years earlier

than HIV negative persons; cardiovascular disease (heart disease) six years earlier but do not have heart attacks any earlier at all; and liver cirrhosis (scarring of the liver and poor liver function) one year earlier than HIV negative persons. They also found that PLWHA fracture bones due to weakness one year *later* than HIV negative persons. Another study done by the National Cancer Institute found that most PLWHA who get cancer get it at the same age as HIV negative individuals, except for anal cancer and lung cancer.

Another panel of experts recommends the following for PLWHA who are over 50 years old as part of the Federal Treatment Guidelines:

- * HIV meds are recommended for PLWHA over 50 years of age, no matter what your CD4 count is.
- * Your doctor should monitor your kidney, liver, cardiovascular (heart and blood vessels), metabolic, and bone health regularly. Your liver and kidneys are responsible for clearing toxins and drugs from your body. As you age, your liver and kidney function decreases, which might result in drugs building up in your body and causing more side effects and other damage. It's important to monitor these organ functions closely with your doctor so your medication can be adjusted as needed.
- * Tell your doctor about all the medicines and vitamins you take. As we age, we take more and more

meds for different problems, such as side effects, pain, and high blood pressure. It's important to make sure that the medications you take do not interact negatively with your HIV meds.

- * Aging, with or without HIV, can affect our ability to concentrate, remember, think, form ideas, and reason. This is called "neurocognitive impairment." As an HIV positive person, you are at increased risk for neurocognitive impairment because of the effects of HIV infection on the brain. Some research shows individuals who start HIV meds with higher CD4 counts are at less risk of neurocognitive impairment than individuals who start HIV meds with lower CD4 counts. All that is to say that starting meds early could help reduce the risk of neurocognitive impairment. In fact, starting HIV meds soon after your diagnosis is what experts are recommending to age well with HIV.

Since everyone's body and life is different, these statistics are not hard and fast rules. It is also important to take into consideration both *nature* and *nurture* when we talk about aging. Do you have a family history of heart disease, cancers, diabetes, or other chronic illnesses that can advance aging? Meaning, are you more likely to have certain illnesses because of the genes you inherited from your parents? This is what we mean by "nature." On the other hand, there are

factors in our upbringing that might make us more susceptible to chronic illness and early aging. Where we live, what opportunities we've had, how we've experienced racism or sexism, how much money we grew up with, having health insurance, using drugs, and more can all impact how healthy or unhealthy we are as we grow older. This is what we mean by "nurture." Even if you are not living with HIV, it's a good idea to ask yourself about your family history and how your upbringing might impact the aging process.

It's also important as we age to think about power of attorney, living wills and advance directives, which are legal documents that communicate your end-of-life wishes to your family and doctors. Do you want aggressive treatment that might help you live longer, or would you rather stop treatment and pass away more comfortably? Do you want to be on a breathing machine or dialysis if necessary? Do you want to be resuscitated if your breathing stops? Do you want to donate your organs or tissues? (Currently, no state allows anyone on death row to donate organs.) Is there someone (power of attorney) you trust to make health decisions for you if you're not able to do so for yourself? These are difficult and scary questions, but it's important to figure this out with the help of a lawyer.

We hope this information helps you care for yourself and your health, on the inside and out.

Pain Management Tips: Tools, Not Rules

by Teresa Sullivan

The correctional environment presents a variety of challenging situations in which to provide pain management. Chronic pain should be dealt with under the supervision of a medical professional. Here are some tips and tools that can be used for minor aches and pains caused by anxiety and tension when doing time behind the prison walls. Keep in mind, we call these tips “tools, not rules,” because everyone’s body is different, and what works for one person might not work for the next.

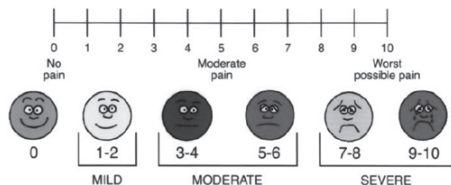
Relaxation relieves pain or keeps it from getting worse by reducing tension in the muscles; it can help you fall asleep even in a four-by-five cell. Relaxing your muscles can increase your energy level so you are less tired and also reduce your anxiety level, which is heightened during the incarceration period. For instance, exercising in your cell by doing simple bending and stretching reduces back pain caused by lying down in an uncomfortable prison bed.

You can also ask the medical team for a **hot/cold pack** for back pain. For some people, this may relieve pain without medications. For minor strains/sprains, resting ice on the area where there is pain for about 48 hours (20 minutes on and 20 minutes off) can reduce swollen legs and ankles. Then, compress the area with an ace bandage and elevate your legs on a pillow.

Check for tension throughout the day by noticing tightness

in each part of your body from head to toe. Take a deep breath and then exhale completely, letting your body go limp. Breathe slowly and comfortably, concentrating on your breathing. To maintain an even rhythm, you can recite to yourself (in your head), “Breath in one through the nose. Breath out two through the mouth.” This **breathing technique** gets more oxygen to your lungs and brain cells and can relieve most headaches caused by tension. Don’t breathe too deeply—if you begin to feel uncomfortable or start wheezing, take shorter breaths. If you have any lung problems, check with a doctor prior to using breathing techniques to reduce pain.

Menthol cream (like Bengay or Icy Hot) can be ordered by the prison medical team. Before applying it on the painful area, first test the skin by rubbing on a small amount in a circle about one inch in diameter to ensure that it does not irritate your skin. The sensations caused by the menthol gradually increase and give relief up to several hours. To increase the intensity and duration of the menthol sensation, you can open your skin pores by taking a shower after applying it. NOTE: If you have been told not to take aspirin, do not use menthol creams that contain aspirin.



Rising Above HIV Discrimination

by Joel Laux (M.C.C.F. Montgomery County, PA)

I am HIV positive and have been so for about eleven years now. I also am an IV drug user. I have had personal experiences involving discriminatory practices in the law or its application. Although I have not been actually prosecuted in a court of law for an HIV specific criminal statute, I have been threatened with it.

During my last incarceration for a violation of probation for absconding from supervision, my probation officer told me she feels I belong in state prison because I am HIV positive as well as an IV drug user. And this is despite the fact I am on a needle exchange program, as well as make people aware of my status and educate people about the virus.

During my subsequent court hearing, my attorney found out my status through my probation officer. He in turn expressed his disappointment in my not disclosing this to him myself. Then, during open court, and on the record, he advised me I could be charged with aggravated assault for

having unprotected sex or fighting with someone if blood is spilled. Frankly, I was taken aback and puzzled by this “warning” by my own lawyer. I felt it was more a malicious threat than a warning. The presumption of guilt or wrong doing because of my status is wrong. I felt stigmatized and “less than.” I was in court for failing to report to my probation officer, not for a sexual offense or assault of any kind.

It was like a double slap in the face because I do everything in my power to educate and raise awareness about HIV. I would be the last person to spread HIV.

I do understand that this thought process is simply due to ignorance and misunderstanding. This tells me I still have a lot of work to do to raise awareness and educate. I cannot assume simply because people are in a position of power or have obtained a degree of higher learning such as law school, that they are above discrimination.



Instead of being angry at this situation, I am determined to learn something by it, and do something about it. Always remember, you can always derive something positive out of every negative. It’s your job to figure out how.

Roots of Big Old Tree by Paolo Neo

America's Daughters and Sons

by Tony Ramirez (Los Angeles, CA)

We are still America's Daughters and Sons – in truth of the Crime or offense that we have done – and although we may be shunned, It will be the future, and not the past, that will determine who we are, And what we will become.

“Murderers!” “Molesters!” “Misfits!”

Let them call us what they will. Ne'er-do-wells:

Unite! We can't love and help others until we love and help ourselves.

Stand up! Rise from your penitent knees and be accounted for.

Scoff! Who we've been isn't who we have to be.

Hark! Never be consumed by the failures, the mistakes, by the bad breaks.

To live. Positively. Means annulling the decrees of “street wisdom”

In favor of taking some time away.

Thereby shaking away the lamented chains of what we cannot be:

Prisoners of our own pasts.

So remember, brethren:

We are still America's Daughters and Sons – howbeit the crime

Or offense that we have succumbed – because when all is said and done,

It is always the future, and not the past, that will determine who we are,

And what we will become.



Artwork by Tenola Gamble Safe Streets Arts

information resources for people in prison

If you need information while you are locked up, contact:

Black and Pink

c/o Community Church of Boston
565 Boylston Street
Boston, MA 02116

monthly newsletter & pen pal program for incarcerated LGBTQ people; expect replies to take about 2 months.

Center for Health Justice

Phone: (213) 229-0979 collect
a free national HIV prevention & treatment hotline service that accepts collect calls from people in prison Monday-Friday, 8am-3pm

Fortune News

The Fortune Society
ATTN: Fortune News Subscriptions
29-76 Northern Boulevard
Long Island City, NY 11101

newsletter on criminal justice issues;
to subscribe, send your first name, last name, ID number, correctional facility, address, city, state, zipcode
*free to people in prison

HCV Advocate

PO Box 427037
San Francisco, CA 94142
monthly newsletter on hepatitis C events, clinical research, and education (materials also available in Spanish).

*sample issue free to people in prison;
\$10 for a year's subscription

Just Detention International

3325 Wilshire Blvd, Ste 340
Los Angeles, CA 90010
support, resources and advocacy to address sexual violence behind bars; survivors should address Legal Mail to Cynthia Totten, Esq.
*free to people in prison

Partnership for Safety and Justice

825 NE 20th Avenue, #250
Portland, OR 97232
support directory with health and legal organizations, prison book programs, resources for LGBT people, and more!
*free to people in prison

Prison Legal News

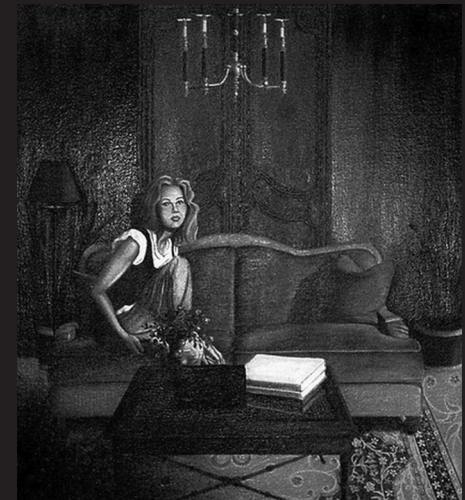
P.O. Box 2420
West Brattleboro, VT 05303
Phone: (802) 257-1342 no collect calls
newsletter on the legal rights of people in prison & recent court rulings
*sample issue \$3.50, unused stamps OK;
\$30 for 1-year subscription

Protecting Your Health & Safety: Prisoners' Rights

325-pg bound manual explains the legal rights to health and safety in prison, and how to enforce those rights when they are violated; publication of the Southern Poverty Law Center, distributed by: Prison Legal News
P.O. Box 2420
West Brattleboro, VT 05303
*\$16 for people in prison

Safe Streets Arts

PO Box 58043
Washington DC 20037
resource for incarcerated artists and writers who seek an agent to present their work, free of charge; write to the address above or call (202) 393-1511



Artwork by Sudan Miller
Safe Streets Arts

advocacy and support resources for people in prison

If you need help while you are locked up, or when you get out, contact:

In Austin, TX:

AIDS Services of Austin
P.O. Box 4874
Austin, TX 78765
Phone: (512) 458-2437
Web: www.asaustin.org

In New Orleans, LA:

Women With A Vision
215 N Jeff Davis Pkwy
New Orleans, LA 70119
Phone: (504) 301-0428
Web: www.wwav-no.org

In Boston, MA:

SPAN Inc.
105 Chauncy Street, 6th Floor
Boston, MA 02111
Phone: (617) 423-0750
Web: www.spaninc.org

In New York, NY:

New York Harm Reduction Educators
953 Southern Boulevard, Suite 302
Bronx, NY 10459
Phone: (718) 842-6050
Web: www.nyhre.org

In Chicago, IL:

Men and Women in Prison Ministries
10 W. 35th Street # 9C5-2
Chicago, IL 60616
Phone: (312) 328-9610
Web: www.mwipm.com

In Philadelphia, PA:

Philadelphia FIGHT
1233 Locust Street, 5th Floor
Philadelphia, PA 19107
Phone: (215) 985-4448
Web: www.fight.org

In Los Angeles, CA:

Center for Health Justice
900 Avila Street #301
Los Angeles, CA 90012
Phone: (213) 229-0985
Prison Hotline: (213) 229-0979 collect
Web: www.centerforhealthjustice.org

If you need resources in a city not listed here, **write to us!** We will help you track down answers to your specific questions.

Write to us if you know about a great organization that is not yet listed here as a PHN partner.

prison health news

Edited By:

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Suzy Subways
Laura McTighe
Tré Alexander

PHN is a project of the *AIDS Library* and the *Institute for Community Justice* at Philadelphia FIGHT.

For subscriptions, resources and all other inquiries write to us at:

**Prison Health News
c/o Philadelphia FIGHT
1233 Locust Street, 5th Floor
Philadelphia PA 19107**

All subscriptions are FREE!