

prison health news

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

Issue 13, Spring 2012

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,
Anthony, Charles, Chris, Denise,
George, Gilbert, Hannah, Joe,
Kyle, Laura, Naseem, Nathaniel,
Rashawn, Stacey, Stan, Suzy,
Teresa, Theodore, and Tre



Artwork by Robert Riley, 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

Point of View

by Anonymous

I have been incarcerated in the New Mexico Department of Corrections (in the southwestern United States) for more than three decades. During these 30 years, I have seen a lot of remarkable and at times cruel things occur; some for the good, but others for the obvious bad.

Since my 1974 incarceration, I've witnessed this prison system evolve from dreadful to tolerable back to gruesome. After the 1980 Santa Fe prison riot, when 33 incarcerated persons were killed and tortured, I watched the ACLU step in and prisoner treatment and conditions improve to a tolerable place. As public awareness dimmed of the 1980 riot, our well-being was sold down-river by the attorneys handling the lawsuit.

Then the most monstrous evil to ever hit New Mexico Corrections occurred: privatization of prisons. GEO, which operates about 80,000 beds in correctional facilities around the world, Correctional Medical Services, which serves around 400,000 incarcerated persons in 31 states, and other private enterprises moved in and took over prison housing, food, education and health care.

Housing was in individual cells, where a modicum of control and safety was available, before privatization. Once it became a business, all rights went out the window. With the stockpiling of prisoners by GEO and other private prisons, the states had someone else to point the finger at as liable.

Recently, with the increase of violence amongst incarcerated persons, the governor of New Mexico sued GEO for breach of contract for not having enough staff to cover the massive amounts of prisoners they housed. With no more rights, the prisoners went from human beings who had done wrong to a commodity. Take for instance Arizona, which houses people who are incarcerated outside in unbearable heat while housing dogs in air-conditioned comfort.

Food service is another area where privatization has ruined care for incarcerated persons. A private company has to make money to survive. When you allow X amount of funding for feeding prisoners, the private prison takes so much in profit before a feeding budget is even prepared for the people who are incarcerated. The same occurs in all aspects of incarceration, from medical health care for its aging population to education of the segment of the prison population with low literacy. A private company has to show profit to remain in business. Who suffers?

The state dodges liability by pointing the guilty finger at the private prison. The private prison avoids legal confrontations by saying, "Well, they are state prisoners." For God's sake, private prisons are such a profitable business, they are on the stock market listings. And again I state, who suffers when profit has to be made out of us like cattle to slaughter?

I ask this of anyone who may read my few feeble, frail words. Yes, I am guilty! I never once said I wasn't! Yet, even in guilt, don't I possess a few basic rights of life and liberty, even though I am incarcerated? Is my life not worth saving even though I have sinned? After decades of incarceration, must I still suffer in this cruel and inhumane manner?

John, Chapter 13, Verse 16: "For God so loved the world that he gave his only Son, so that everyone who believes in him may not perish but have eternal life." Do I not still bear this right? For I do still believe! Obviously, society thinks not! I am being placed on an open market, for not the highest bidder, but the lowest. Society, I say to you this again, from John, Chapter 3, Verse 19: "And this is the verdict, that light came into the world, but people preferred darkness to light, because their works were evil." This, I pray! People come out of the dark. Sell me not to the lowest bidder. Sure, times are hard and taxes are high, but how much longer must I bear being a commodity to be bought and sold such as slaves in an open market? Forgive me?!?



George Jackson, by Santiago Armengod, Justseeds "Voices from Outside" Portfolio

George Jackson was an imprisoned activist and writer who influenced the 1970s anti-prison movement.

Double Trouble: HIV and Hepatitis C

by Benjamin Ryan

Prison Health News is excited to present two articles from Hepmag about hepatitis C and HIV: "Double Trouble: HIV and Hepatitis C" and "Managing HIV & Hep C on the Inside," which appears on Page 6 of this PHN issue.

Hepatitis affects the liver, an organ that processes everything you eat, drink, breathe and inject, breaking it down so it can be used by the body or eliminated. The liver also makes bile (to aid digestion), immune agents (to fight infection), proteins (to build muscle) and clotting factor (to stop bleeding).

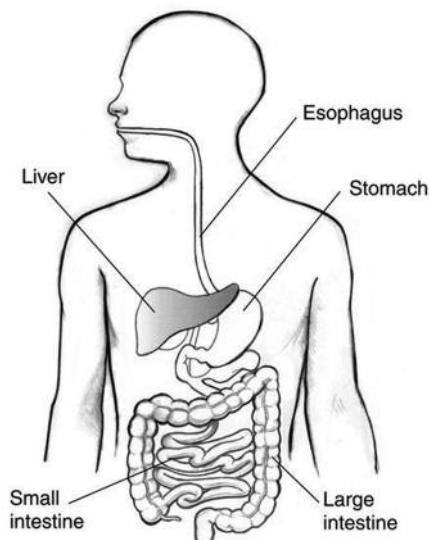
Liver disease is a leading killer of people with HIV. It usually results from the hepatitis C virus, which infects about 30 percent of HIV-positive people in the United States. Similarly to the way HIV co-opts CD4 cells in the body's immune system, hepatitis C infects and multiplies in the cells of the liver, the body's detoxifier. As the immune system attacks the infection, inflammation results, which can damage the liver. ("Hepatitis" means "inflammation of the liver.") The consequence is often scar tissue, known as fibrosis in its milder form and cirrhosis when it is more advanced. A needle biopsy performed by a doctor detects the degree of damage. Roughly 20 percent to 30 percent of people living with hepatitis C develop cirrhosis, putting them at risk for compromised

liver function and, ultimately, liver failure or cancer.

To complicate matters, hepatitis C often exhibits no symptoms for decades, even while it can slowly erode liver health. And so, like HIV, hepatitis C often goes undetected. This can waste valuable time, when treatment could cure hepatitis C and prevent critical liver damage.

Unlike hepatitis A and B, there is no vaccine for hepatitis C.

Because HIV and hepatitis C are both blood-borne infections, many people with HIV also have hepatitis C. Sharing needles and drug works is by far the main route of hepatitis C transmission. While semen does not seem effective at transmitting hepatitis C, there are cases of sexual transmission, particularly among HIV-positive gay men. In general, people with HIV are more vulnerable to hepatitis C.



Liver Diagram, from National Digestive Diseases Information Clearinghouse

In other words, having HIV itself is a risk factor for hepatitis C.

Guidelines recommend that all HIV-positive people undergo hepatitis C testing and regular liver function screening. Abnormal liver enzymes can be a sign of acute hepatitis C infection. Early detection is crucial, because treating hepatitis C in the first six months can triple the likelihood of a cure, and it can cut treatment to just 24 weeks, half the usual time.

Those co-infected with HIV and hepatitis C can experience more rapid liver disease progression, developing cirrhosis at a rate double that of people with hepatitis C alone. Though many people living with both viruses remain stable for years, up to 30 percent may progress rapidly, with their livers worsening significantly over the course of a few years, not the usual decades. This may be partly because the liver processes many HIV



Swollen Abdomen (ascites) caused by liver cirrhosis, by James Heilman, MD

meds, risking liver toxicity. Some meds may be more toxic than others, so be sure to discuss with your doc.

Studies suggest, too, that HIV itself hastens liver damage. The good news, says Daniel Fierer, MD, of Mount Sinai Hospital in New York City, is that suppressing your HIV viral load with HIV meds may slow hepatitis C's liver damage.

Though hepatitis C can be cured with the standard drug combination of pegylated interferon plus ribavirin, cures are less common for co-infected people. On the plus side, the FDA recently approved two hepatitis C protease inhibitors that are expected to improve cure rates for people co-infected with genotype 1 hepatitis C and HIV. Also encouraging: Many more new hepatitis C drugs are being developed.

Another promising therapy? Awareness. What you don't know can hurt you, but knowledge is good medicine.

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Hepmag was created by the publishers of POZ, a national magazine for people living with HIV. Subscriptions to POZ are free for people living with HIV who cannot afford to pay.

Write to:

*POZ Magazine
462 7th Avenue, 19th Floor
New York, NY 10018
Attention: Circulation Department*

Managing HIV & Hep C on the Inside

by Laura Whitehorn

Hepatitis C cases behind bars outnumber those on the street by almost 10 to 1. In a recent survey, 23 percent to 41 percent of people in United States prisons had the hepatitis C virus.

Within the walls, the chance of being co-infected with HIV and hepatitis C can also be much higher than outside the walls. So if you have both HIV and hepatitis C, you're far from alone.

If you are lucky, your prison follows proper guidelines for HIV and hepatitis C testing and treatment, but many don't: Only 24 states test people for HIV, and hepatitis C screening is even spottier. If you've tested positive for HIV, make sure you've had a hepatitis C test too. If not, ask for it: Federal health agencies recommend hepatitis C screening for prisoners.

Become your own advocate. Learn about hepatitis C and HIV, and take steps to preserve your health.

Prison Pointers:

Know the Guidelines!

The Federal Bureau of Prisons and many state systems have treatment guidelines on HIV and hepatitis C. Ask your counselor, medical staff or prison law librarian for them. Or have an outside friend print them from the Internet (some are available at hcvinprison.org/treatment-guidelines).

Learn about monitoring and treating hepatitis C so you can discuss your care with the doc.

Be Your Own Health Team!

Be wise: Promote liver health by drinking more water, exercising and eating less fat. Avoid

hooch, cigarettes and drugs, including other people's meds.

Tat not: Prison tattoos can spell trouble—with a capital C. Free world tat parlors are regulated, with sterilizing equipment and disposable needles. In the joint, those precautions aren't available, and bleach (if you can get it) won't make needles safe. Reused ink can spread hepatitis C too.

Use your own: Don't share razors, toothbrushes, nail or hair clippers or—above all—needles and rigs. If you mess around, be safe. If you can't be safe, don't mess around.

Pester the tester: If you haven't been tested for hepatitis C (or HIV), ask. You may have to file grievances to get results.

Follow through: If you have hepatitis C, the next step is getting liver tests to see whether you need treatment.

Exert viral control: Take your HIV meds to stay healthy and help you manage co-infections like hepatitis C. Getting hepatitis C treatment? Make sure you take all those meds too. Ask the medical staff for help managing any side effects. Ask how your meds interact with each other, especially if you can get the newest hepatitis C meds.

Know the staff: Learn the names of medical personnel so you can address questions and complaints appropriately. Be patient and polite while being persistent.

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HIV & Your Oral Health

by Bryan C. Cole Smith, Ed. M.

Bacteria grows in everyone's mouth. We have to keep it under control, because uncontrolled bacteria causes problems. It eats the same food we do and turns it into acid, which eats away at the enamel covering your teeth, causing cavities. Uncontrolled bacteria grows under your gums and causes gum disease. This bacteria can also spread to other parts of the body, including the lungs and the heart, so good oral health also goes a long way to keeping the rest of your body healthy. Oral health problems may be early signs of more serious health issues. Taking care of your oral health will help prevent future problems, like tooth loss, problems eating, and other serious infections.

Oral bacteria hide just under your gums. Try to brush two times a day. Gently brush with a SOFT toothbrush, so the bristles get under the gums, about as deep as the thickness of a quarter. Wiggle your toothbrush back and forth with gentle pressure, along the outside and inside of the gum line. Pressing too hard damages the gums. Remember to brush your tongue, because a lot of bacteria live there too.



Angle your brush like this!

If you can't brush, swish water around in your mouth and then spit it out. Swishing with ¼ to ½ teaspoon salt in a cup of warm water helps with healing after dental work or with cuts or tears in the mouth. If mouthwash is available at the commissary, check the label for "antibacterial," which provides extra protection. Follow the label directions. At least 30 seconds of active swishing is needed for antibacterial mouthwash to work.

Check your mouth, lips, and neck every week. Feel your neck for swollen or tender glands. Look for anything red, white, or purple in your mouth that's on one side but not the other. If cold causes pain, seek care. Check the corners of your mouth for white patches. If the white patches wipe off, then come back, it could be thrush. If you see something, make a note of it. Seek medical or dental care if it's still there after one week.

Look carefully at your gums for any redness. If you bleed when you brush, that's a sign you have bacteria under your gums. Do NOT stop brushing regularly! Keep brushing that area every day very gently, and the bleeding should stop. If you still bleed after one week, let medical know. Once you are released, get to a dentist for a complete check-up. There are HIV dental clinics that provide no-cost or low-cost care, so don't skip the dentist because of the cost.

*Bryan C. Cole Smith, Ed. M.
University of Pennsylvania
School of Dental Medicine
Oral Health Outreach Program*

Convicted by Stigma: When Laws

by Sean Strub

Since the earliest days of the HIV/AIDS epidemic, social stigma has been a major obstacle to getting healthcare and implementing effective HIV prevention policies. Even as the fear of getting HIV from casual contact has lessened, profound stigma is strong. People with HIV continue to face pre-judgment, marginalization and discrimination. Severe misunderstandings about the actual routes and actual risks of HIV transmission are still common.

Last year, a city commissioner in Portland, Oregon, ordered an 8 million gallon outdoor reservoir drained, after a security camera caught someone urinating in it. He said the \$38,000 cost was justified because of concern that diseases like HIV could be in the urine (despite the fact that HIV can't be passed through urine). A Montana legislator, while testifying in favor of that state's death penalty, said that there are "new ways" to kill people. She said the death penalty in Montana was necessary to stop prisoners from making "little paper airplanes" and smearing them with spit or blood or urine or feces and throwing them at prison guards, attempting to kill them. (This unlikely scenario would not even put people at risk for HIV, which is almost always passed through sexual intercourse or sharing needles for injecting drugs.)

This kind of ignorance is stigmatizing. Stigma discourages people at risk from getting the care they

need—including testing for HIV—and it discourages people who know they have HIV from telling potential sexual partners and others. Much of this stigma is based in homophobia, racism, and sexophobia (fear of sex).

Nothing drives stigma more powerfully than when government sanctions it through the enshrinement of discriminatory practices in the law or its application, like Jim Crow laws or apartheid. When the government stigmatizes with statutes, it is a collective statement of the society. It says this group is "less than." It sets an example for communities, encouraging stigmatization and discrimination. And it is wrong.

Yet that is exactly what has happened with HIV. HIV-specific criminal statutes have created a viral underclass in the law, an underclass of persons whose rights are inferior to others, especially in regard to their right to sexual expression.

When people who have tested positive for HIV experience punishment, or a more extreme punishment, as well as a presumption of guilt or wrongdoing simply because of their HIV status, it is wrong. Having different sets of laws for people with HIV is the most extreme manifestation of stigma. Thirty-four states now have HIV-specific criminal statutes.

When stigma is so great that it is even enshrined in the law, it shouldn't be a surprise that people with HIV internalize and accept this judgment. People with HIV can even start to

Use the Virus Against You

spread the idea that those with HIV are toxic, highly infectious, or dangerous to be around.

This has serious negative ramifications for people with HIV, both in terms of their health as well as their civil liberties. It makes HIV prevention much more difficult and contributes to further spread of the virus rather than slowing it. In short, HIV-related stigma is a serious public health and civil liberties issue.



HIV Is Not A Crime is a documentary film project that will bring the voices of those who have been prosecuted for HIV crimes, or threatened with prosecution, into the debate about the criminalization of HIV. If you have faced criminal charges related to your HIV-positive status and are interested in being interviewed for the film project, please contact Sean Strub at:

The SERO Project
P.O. Box 1233
Milford, PA 18337

Those who have access to high-speed internet can watch a brief trailer for the film at:

<http://www.youtube.com/watch?v=iB-6bIJbjc>

The SERO Project is a nonprofit organization working to stop criminalization, discrimination and stigma against people living with HIV. It advocates for public health laws to be based on science, not ignorance and fear. The project's name, SERO, is short for "seropositive," referring to the positive test result that informs a person that they have the virus.

Sean Strub is executive director of the SERO Project. Strub is a longtime activist and writer who has been living with HIV for more than 30 years. He founded POZ Magazine, co-chairs the North American regional affiliate of the Global Network of People Living with HIV (GNP+/NA) and co-founded and is a member of the Positive Justice Project. He has been engaged in HIV-related stigma, discrimination, criminalization and empowerment issues since the earliest days of the epidemic.

Failure Is Not an Option

by Tyreeka Turner

Well, well, well...Here I go again, life's vice grip on my neck and heavy foot on my chin.

Should I keep going, smothering myself until my breath becomes thin?
Showing me always that my friend is my next enemy, and my enemy is my best friend.

However, I'm determined to keep going, I'm determined to win
Because first and foremost,
Failure is not an option.

I'm not going to fake it or even pretend
Never had a father figure to keep me protected
Had a mother whose life was hectic.

Man, when I tell you
Life is drastic, I'm just grateful that fate kept me out of a casket.
Even in all of life's brittle commotions from outside and within, to me
Failure is still not an option.

Sometimes I feel like my life's stuck on a treadmill,
I'm sittin' in a cell and this doesn't seem real
Not a hard criminal, yet I know how they feel
Man, are you serious, is this for real?
I guess that's what happens when the going gets tough.
Well I've been through so much, this is not what I want.
I'm tired of the mistakes I continue to make
And I don't know, my Lord, how much more I can take.
The only thing I can do is pray for my soul's sake.
Then, success is going to be the icing on the cake
"A Sweet Toppin'"

Because I won't allow myself to do it again,
and yes,
Cause this time
Failure is not an option!



Strong and Beautiful, by Joe Upchurch

information resources for people in prison

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

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

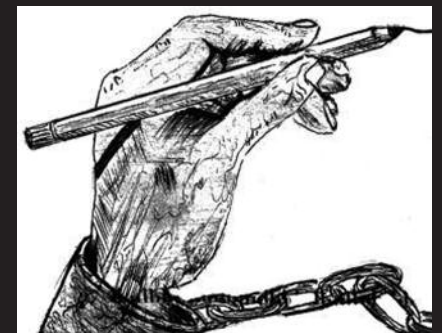
P.O. Box 2420
West Brattleboro, VT 05303
newsletter on the legal rights of people in prison & recent court rulings
*sample issue \$3.50, unused stamps OK; \$30 for 1-year subscription

Project Inform

273 Ninth Street
San Francisco, CA 94103
Hotline: 800-822-7422
information & newsletters on HIV (materials also available in Spanish); responses to treatment questions from people in prison
*free to people in prison

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



Hand, by Daryl Young,
Books Through Bars Contexts Collection.

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 Boston, MA:

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

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 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 Philadelphia, PA:

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

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Laura McTighe
Tre Alexander

PHN is a project of *Reaching Out: A Support Group with Action* and the *Institute for Community Justice* at Philadelphia FIGHT.

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

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