

prison health news

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

Issue 18, Fall 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,
Antoine, Haneef, John,
Kyle, Laura, Lizzy,
Naseem, Stacey, Suzy,
Teresa, and Tré



Artwork by Billy Seall, who died during a hunger strike on July 22, 2013. For more information, see pages 8-9 in this issue.

In this Issue:

Who We Are.....	1
Write an Article!.....	2
Prison SMART:	
Using Breath to Manage Stress....	2-3
A Hard Pill to Swallow: Side Effects of HIV Meds.....	4-5
Hepatitis C: Better Treatment Options on the Way.....	6-7
Freedom Is Her Name.....	7
Fasting for Rights and Dignity: From Guantanamo Bay to California.....	8-9
Coerced Sterilizations in California.....	9
Open Letter to Activists on the Outside.....	10
Information Resources for People in Prison.....	11
Advocacy and Support Resources for People in Prison.....	12
Subscribe!.....	12

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

Prison SMART: by Jeanine Campbell

Prison Stress Management and Rehabilitation Training (Prison SMART) is a simple program that teaches a breathing technique designed to reduce stress, heal past trauma, and provide ways to handle negative emotions such as anger, guilt, and frustration. Started by the International Association for Human Values (IAHV), Prison SMART is active in prisons in over 36 countries and in 30 state, county, and federal correctional institutions across the U.S. The program is also adapted for correctional staff, the formerly incarcerated, and people in halfway houses, on parole or probation, and in juvenile justice programs.

SMART teaches a yogic breathing technique known as Sudarshan Kriya, or SKY, in an 18-hour course over about a week. Participants practice the techniques daily on their own and are supported by weekly follow-up sessions. Developed in 1980 by Sri Sri Ravi Shankar, SKY suggests that stress comes from regret for the past and worry about the future. SKY aims to improve sleep patterns, physical immunity, energy levels, clarity of thought, self-confidence, and self-control.

Why It Works

A review this year of studies in medical journals found evidence that SKY releases hormones like oxytocin, prolactin, and vasopressin, which promote feelings of well-being and security. This allows your body to reverse the physical effects of stress. One study showed that SKY reduced anxiety, fear, and rapid reaction to

Using Breath to Manage Stress

provocation among youth incarcerated for violent offenses, indicating that it can help lessen violence in prison.

The review found that SKY was particularly useful in healing post-traumatic stress disorder (PTSD), which can occur after trauma that involves the threat of injury or death. Many incarcerated individuals experience a form of PTSD similar to what victims of crime experience. PTSD creates a whole-body response to stressful situations that leads to erratic, disruptive behaviors and an enhanced "fight or flight" reaction. SKY attempts to create a "corrective emotional experience" to heal negative thinking patterns that keep people trapped in a cycle of violence. The positive feelings produced in the body and mind by the breathing technique make it easier for people to control their emotions and PTSD symptoms. With practice and time, this allows them to change the way they deal with others in stressful situations.

Prison SMART only takes referrals from correctional administrators. If you are interested in this program, ask an administrator or counselor to contact the International Association for Human Values.

SKY Breathing Basics

Sit comfortably with your hands on your lap and your back straight. It helps to have a clock that counts seconds nearby.

Step 1: Ujjayi (victorious breath). To control your breathing pattern, tighten your throat as if you were

going to fog up a mirror. Try it first with your mouth open, then through your nose. Inhale and exhale very slowly, and stay aware of the feeling of breath touching your throat. Spend 15 to 30 seconds on a round of inhalation and exhalation, taking 2 to 4 full breaths per minute.

Step 2: Bhastrika (bellows breath). This breath comes from your diaphragm. To find your diaphragm, open your mouth, stick your tongue out like a lion, and say "HA!" The muscle you just used to say "HA!" is your diaphragm. For Bhastrika, take approximately 30 rapid breaths per minute, deeply and forcefully through your nose. Your inhale and exhale should be of even lengths, with no break in between breaths. You should be able to hear your breaths. Your head, neck, shoulders, and chest should stay mostly still while your belly moves, pumping your breath.

Step 3: Kriya (purifying breath). Take several long, deep breaths: 10 or 15 seconds per breath. As you breathe in, direct the energy of the breath into the middle of your chest toward your "heart center." Imagine this energy flowing from the back of your head, through the base of your skull, and into your heart. As you exhale, imagine the flow of energy reversing itself.

Step 4: Om. Finish with the repeated chant of "om," causing vibrations in the abdomen, chest and throat.

Repeat this cycle of steps three times.

A Hard Pill to Swallow: Side Effects

by Tré Alexander

Many years ago, I heard this phrase in a movie: “A spoonful of sugar helps the medicine go down!” Though Mary Poppins meant well, she couldn’t have been MORE WRONG! Well, Mary, I have news for you! Sometimes the medicine goes down and stays down, but sometimes it’s a bitter pill to swallow and can have some unwanted side effects. Medicine helps us get well, but almost all of them have side effects. They can range from mild to moderate to severe. In this article, we are going to talk about the side effects of HIV medication (HIV meds).

First, let’s start by asking: **Why are HIV meds so important?** HIV is replicating itself on a daily basis. And every day, HIV is damaging the immune system and its ability to fight off harmful infections. A clinician (doctor or health care provider) must find the right combination of HIV meds and a high enough dose to suppress the virus, with as few side effects as possible.

How do you prepare to start taking HIV meds? Before you start HIV meds, it’s very important to discuss your entire medical history with your clinician. Do not leave anything out! Tell the clinician about medicines you’ve taken, whether they were prescribed or recreational, supplements, over-the-counter drugs, or any alternative therapies. Ask your clinician about any side effects you can expect. Be aware that not all side effects come from meds.

experiencing effects of diet, aging, other drugs, stress, infections, HIV itself, or pre-existing conditions (another illness you already have).

Now, let’s talk short-term side effects. Many side effects can occur when you first start HIV meds but then stop occurring after a brief adjustment period that can last from a few days to a month. Some short-term side effects you may encounter are fatigue, fever, headaches, dizziness, diarrhea, rash, dry mouth, insomnia, weight loss, vivid dreams, anemia (an abnormality in your red blood cells), nausea, vomiting, pain, and nerve problems. Many side effects are treatable. But remember, it’s up to you to be proactive about your medical care and keep an open dialogue with your clinician about how you’re feeling when taking meds.

If you experience side effects, **DON’T JUST STOP** taking your meds! If you stop, your clinician won’t know if you can tolerate the regimen, and you may have to start a new regimen with more pills. In particular, don’t just stop the one medicine you think is causing the unwanted side effect; HIV meds need to be taken all together or not at all. If you only take some of your HIV meds, you may not have enough medicine in your body to fully suppress the virus, and this can lead to HIV drug resistance, rendering the drugs ineffective. I understand the pill burden of HIV meds and those to counteract side effects can be overwhelming, but the goal is to

of HIV Meds

stabilize your health and increase your quality of life. If the side effects are too much, talk to your clinician about different remedies. This could include changing your diet or possibly changing the dose or the way that you take the meds (for example, time of day). Address other factors that could contribute to side effects, like smoking, and consult your clinician about treating the side effect itself or even changing your medicine regimen.

Can HIV meds have any long-term effects on the body?

Unfortunately, yes. But don’t hit the **PANIC BUTTON** just yet! How we prepare for and cope with side effects that may occur in the future is important to our long-term health. Some of the most common long-term side effects are:

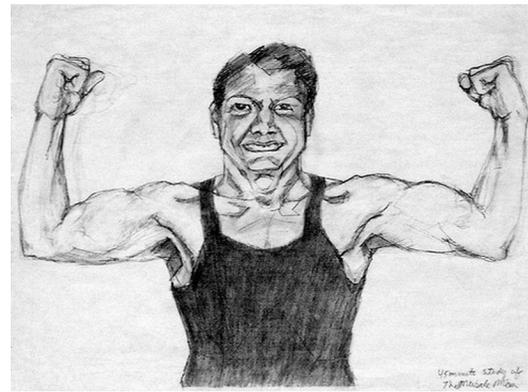
- **Lipodystrophy:** Also known as “**fat redistribution,**” this changes the way the body produces, uses, and stores fat. A person could lose fat in the face and limbs and gain fat in the abdomen and back of the neck.
- **Decrease in bone density:** This condition causes weakness of the

bone structure and possible osteoporosis. Especially in older adults, it can lead to injury and bone fractures.

- **Lactic acidosis:** A potentially life-threatening buildup of lactate, which is a waste product of your body’s cells. This condition can cause muscle aches and sometimes liver failure, so it is considered a medical emergency.
- **Lipid abnormalities:** An increase in cholesterol or triglycerides. Lab tests can help to pinpoint if there are issues.
- **Insulin resistance:** This condition results from abnormalities in your blood sugar levels, such as diabetes. HIV side effects can be difficult to deal with—but manageable. The goal is to work with your clinician and not allow the barriers to stop you from managing your health. Talk with your clinician about any short- or long-term side effect concerns you have, and let them help you come up with a plan. Stick to the plan or talk to your clinician if it’s not working! If there is a need for change, let them help you

come up with safe and responsible alternatives and remedies. Do not lose hope, and do not think you are bothering your clinician; they are there to help you.

Though taking meds can be a **hard pill to swallow**, remember, in the end, they are there to help you in the fight against HIV.



Artwork by Russ Luncsford, Safe Streets Arts

Hepatitis C: Better Treatment Options

by Rich Feffer

Many people in prison are living with hepatitis C (HCV). Estimates show that rates of HCV in US prisons are at least 10 times higher than on the outside. According to the Centers for Disease Control, as many as 35% of incarcerated people have chronic (**long-term**) HCV. Some people with HCV don't get sick, but others can get severe liver scarring called "cirrhosis" or liver cancer. Luckily, for many, HCV is treatable, and in many cases, it is curable. And the treatment is getting better.

Currently, HCV treatment means taking a combination of medications for between 6 and 12 months. Doctors use a drug called **interferon** combined with **ribavirin**, and some people take a third drug called a **protease inhibitor**. With these drugs, around 70% of patients who get treated are cured of HCV. While effective, this treatment has difficult side effects.

By the end of 2013, two new drugs called **simeprevir** and **sofosbuvir** will likely be approved by the FDA. Simeprevir will be used with interferon and ribavirin but has fewer side effects and is easier to take than the current options, which are called **telaprevir** and **boceprevir**. Sofosbuvir is likely to be one of the first treatments taken without interferon and its side effects, but at first it will only be for people with genotypes 2 or 3. More new drugs are expected in 2014, some will be used without interferon, and cure rates should be

over 90%. These new drugs will shorten the length of treatment, decrease side effects, and increase cure rates.

But what about incarcerated people? If you have HCV and you're in prison or jail, there are some important things you should know. First, not everyone who has HCV needs treatment right away. Many doctors are encouraging patients without severe liver damage to wait for new medications, many of which are less than two years away. This is true in both incarcerated and non-incarcerated settings.

To check for liver damage, people in prison might be able to request tests such as **liver enzyme tests** and **APRI Score**. Some people need a **liver biopsy**, which can show how much liver scarring you have. A doctor can help you determine which tests are appropriate for you and interpret the results. Doctors will also consider your age and other medical conditions, which play a role in whether or not treatment will work for you. Most doctors consider the length of your sentence to make sure you'll be able to finish treatment prior to release.

The high cost is one reason why prisons often do not provide treatment, but it's also because many patients can wait months or years for treatment without problems. If someone is very sick and treatment is medically necessary, that person should become eligible for treatment sooner than someone whose HCV

on the Way

hasn't progressed very far.

If you don't get treatment now, there are still some things you can do to protect yourself. HCV patients can get vaccinated against hepatitis A and B, monitor their liver health, avoid alcohol, and maintain a healthy weight.

The new drugs may take time to become available to people in prison. For example, telaprevir and boceprevir were approved for HCV treatment in 2011, and it took most state prison systems 6 to 12 months to start using them... but many are using them.

If you're in prison and you have hepatitis C, you may have access to

interferon-based treatment right now. Ask your prison healthcare providers about your options. If you're advised to wait, ask questions so that you understand why treatment is being denied or delayed. If you are not getting treatment that you feel is necessary, follow procedures at your facility to get additional answers.

For more information and/or your state's (or federal) HCV treatment guidelines, write to:

The National Hepatitis
Corrections Network
911 Western Ave, Suite 302
Seattle, WA 98104.

Freedom Is Her Name

by Bro. Khalfani Malik Khaldun

Freedom is her name

When you were in my life I abused you
In my youthful ignorance I didn't appreciate you
So when you left me I didn't understand
A great love affair slipped through my hands

Freedom is her name

For years I have fought to get you back
I have changed my life—this isn't some act
You've made me fall in love from afar
This is a fact, Freedom....

Freedom is her name

Your disappearance has taken me away
From my children and family
Causing me to grow up alone and lonely
My inner strength has kept me fighting
For the day when you come back to me....

Freedom is her name

I'm sure we'll meet again one day
Then all will be made right, and
Sweetheart, you will say,
"I'm yours for the rest of Eternity..."

Fasting for Rights and Dignity: From

by Suzy Subways

From Gandhi's independence movement in India to women demanding the right to vote, from Cesar Chavez to Irish Republican Army political prisoners, oppressed people have used hunger strikes to show their deep commitment to freedom. This year, two major hunger strikes shook U.S. prisons.

At Guantanamo Bay, detainees went on hunger strike in February to protest indefinite detention without charge. March through July, the number on strike was more than 100. The U.S. holds 166 people there, all of whom are Muslim men. The government's own records admit that 92% of the men ever detained there were not "Al-Qaeda fighters." About half of the detainees who are still being held were cleared for release in 2009.

In California in July, 30,000 people in more than 20 prisons participated in the third hunger strike in two years to demand an end to long-term solitary confinement (often due to arbitrary "gang validation" and lasting up to several decades). Representatives of all ethnic groups involved in the strike decided to suspend it on September 5, after 60 days without food.

Fasting and the Body

Hunger strikers are at risk for death after about 42 days. After prolonged fasting, people can have lasting organ damage even if they start eating again.

California Correctional Health Care Services (CCHCS) policy considers hunger strikers to be at high risk for health complications if they are pregnant, are

65 or older, have a body mass index lower than 18.5 kg/m², take certain medications such as insulin or diuretics, or have chronic medical conditions. CCHCS is required to provide vitamins after three weeks.

Those on hunger strike for more than 14 days or who have lost more than 10 pounds should talk to medical staff before eating again. The body can only take in small amounts of food at first. Those fasting more than 28 days are at high risk for a condition called refeeding syndrome that can cause death. Medical help when the hunger strike ends can prevent refeeding syndrome.

Medical Neglect and Force-Feeding

On July 22, hunger striker Billy "Guero" Sell died by apparent suicide at Corcoran State Prison, where he was held in solitary confinement. Witnesses reported that he had requested medical attention for a week before his death but was ignored.

Other reports of medical neglect included painkillers being abruptly cut off; medical staff not weighing hunger strikers as required by CCHCS policy; minimal daily checkups; refusals to give medical care; and arbitrary reclassification of strikers as being no longer on hunger strike.

On August 19, a California judge issued an order authorizing CCHCS to force-feed hunger strikers, even when it was against their medical wishes as declared in a CCHCS-approved advance directive. Force-feeding can be very painful and invasive.

At Guantanamo, hunger strikers are

Guantanamo Bay to California

routinely force-fed. United Nations officials released a statement May 1 calling for an end to indefinite detention there and noting that "Under [medical] principles, it is unjustifiable to engage in forced feeding of individuals contrary to their informed and voluntary refusal of such a measure." Medical neglect at Guantanamo has also been documented.

Impact of Hunger Strikes

As of late September, 19 Guantanamo detainees were still on hunger strike. The starvation protest has drawn international attention back to the forgotten men detained there and raised hopes that Guantanamo will be closed, as President Obama promised five years ago.

California hunger strikers also

attracted international media. Family and supporters held creative demonstrations. The hunger strike is one tactic that Californians in solitary confinement have used to reach their goals. It has helped make possible other tactics, such as a class-action lawsuit and legislative hearings in the California state assembly. And the hunger strike is *suspended*, not ended, so it is a tactic that can be used again.

In the words of representatives suspending the hunger strike: "The core group of prisoners has been, and remains 100% committed to seeing this protracted struggle for real reform through to a complete victory, even if it requires us to make the ultimate sacrifice. With that said, we clarify this point by stating prisoner deaths are not the objective."

Coerced Sterilizations in California

by Suzy Subways

In July, the Center for Investigative Reporting broke a heartbreaking story: Almost 250 women in California prisons were sterilized without required state oversight since the late 1990s. Women said doctors repeatedly urged them to have the procedure, which makes them unable to have children. One woman said a doctor pressured her to consent to sterilization while she was sedated and strapped to a surgical table for a C-section.

Behind the report were six years of research by activists at Justice Now, a California-based organization working to end violence against women and stop their imprisonment.

Justice Now's co-founder, Cynthia Chandler, wrote to supporters: "We discriminatorily target impoverished communities of color for imprisonment, and then when we single them out for eugenic sterilization we are making clear as a State that we are choosing this population to not exist, to not have a future."

After the story broke, California legislators called for an investigation and asked the state medical board for recommendations to prevent future unauthorized surgical procedures. The impact of this remarkable collaboration between activists and journalists may inspire others to seek justice in similar ways.

Open Letter to Activists on the Outside

by Sergio Hyland

I'm not one of those people who accept the notion that the existence of prisons is inevitable, because if I accept that, I'll have to accept other associated notions as fact. Like the notion that the thousands of inhumane solitary confinement torture chambers across the nation have to exist.

Because I'm on the inside and see the reality of these places, I definitely can't accept the notion that prisons keep our communities safe!

I study my history. I know the truth. We know that there was this thing called "slavery" that many people didn't believe could be abolished. But it was. The time has come for this system of mass social control, intimidation, legal lynching, and human experimentation to end! Our government is owned and controlled by corporate heads who can only have their way if the masses are held in check and locked away inside of prisons. The only ones safe from capitalism are the 1% who sit at the top of every committee that decides the fate of the 99%. It's this truth that the masses must be exposed to. And at the end of the day, it MUST also be this truth that serves as the glue that unites us around our direct need to abolish the largest system of mass imprisonment this planet has ever seen.

Your work as prison abolitionists is vital to the destruction of the Prison Industrial Complex. We on the inside react in the same way as you on the outside: We push forward.

We push harder. We get frustrated. We get fatigued. We get upset. But we never quit. Our consciences won't allow us to, because we know that we're doing the right thing. So to anybody who may be reading this, you must know that we on the inside are with you, and you must do everything humanly possible to let those on the inside know that:

It can be done;

It has been done before;

We have a plan to get it done;

You need the help of those on the inside; and

Those on the inside have a vested interest in getting involved.

But more importantly, those of us on the inside have to know that people on the outside care about us. Because love is the strongest motivator I've ever had the privilege of knowing. And if it was strong enough to turn me into a believer, I can only imagine what it will do for others on the inside of prison. On behalf of those on the inside who are already in the know, thank you!!!



Artwork by Santiago Garcia,
Safe Streets Arts

information resources for people in prison

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

Black and Pink

614 Columbia Rd.

Dorchester, MA 02125

free 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

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

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

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; \$12 for a year's subscription.

Inside Books Project

c/o 12th Street Books

827 West 12th Street

Austin, Texas 78701

free National Resource Guide for people in prison and their loved ones; people in Texas prisons can also receive free books.

Just Detention International

3325 Wilshire Blvd, Ste 340

Los Angeles, CA 90010

free support, resources and advocacy to address sexual violence behind bars; survivors should address Legal Mail to Cynthia Totten, Esq. CA Attorney Reg. #199266.

The National Hepatitis Corrections Network

911 Western Ave, Suite 302

Seattle, WA 98104

free information and care resources for prisoners living with viral hepatitis, including fact sheets and state-by-state prison treatment guidelines; responses to mail may take time but NHCN will respond!

Prison Legal News

P.O. Box 1151

Lake Worth, FL 33460

Phone: (561) 360-2523 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 1151

Lake Worth, FL 33460.

*\$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.

SERO Project

P.O. Box 1233

Milford, PA 18337

network fighting criminal prosecutions of people with HIV for non-disclosure of their HIV status, potential or perceived HIV exposure or HIV transmission; empowers people to tell their compelling stories and to advocate on their own behalf.

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:

Laura McTighe
Lizzy Schmidt,
MSN, CRNP
Naseem Bazargan
Suzy Subways
Teresa Sullivan
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!