

prison health news

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

Issue 19, Winter 2014

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 Ringo Harris, 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 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

There's No Shame

by Jose de Marco

I'm Jose de Marco. My father was Latino, my mother was African-American. I'm a man that loves other men.

I believe if people were more accepting of who they are, they would not care when other people criticize them about who they love. But you have to get to the point where outside influences—whether it's church, your teacher, your mother, or your brother—your happiness cannot depend on the permission of other people.

If you grow up in certain neighborhoods, like the neighborhood I live in, you don't want to be perceived as a rainbow-colored flag, because you'll have constant arguments. And it's society that thinks up labels, like "faggot," "punk"—nobody wants to be labeled with those terms.

Because of having been enslaved, poverty and racism have decimated the Black community, more or less. I think as people of color that have been oppressed, we have a tendency to want to imitate our oppressors. So we've gotten caught up in finger-pointing and name-calling, because people need someone else to oppress. Black and Latino men who show affection for other men aren't seen as strong figures in their community. But nobody wants to be seen as being weak just because of who they love.

In communities of color, most people are deeply religious, whether Muslim or Christian. I think that's where a lot of the stigma is generated. I really think people should keep their noses out of other people's bedrooms and be kinder

in Love

to each other. Jesus taught that you treat your neighbors as you'd have them treat you. In fact, Jesus had nothing at all to say about homosexuality. God made us all, and I'm told God has never made a mistake.

Love does not need to be stereotyped or labeled. Human beings love each other all the time, whether they're a man and a woman, two women, or men. Sometimes people simply need human touch and affection from another person. And this happens when folks are incarcerated too.

These labels and stigma are some of the reasons some people turn to drugs. Some people hide. A lot of people are so ashamed of their own sexuality that they have secret sex lives. When you're living a secret life, you don't want to be associated with the word "gay."

For many of us, we're taught sex is a bad thing to begin with. I think sex should be enjoyed, and you should

never feel ashamed for enjoying sex or wanting to have sex.

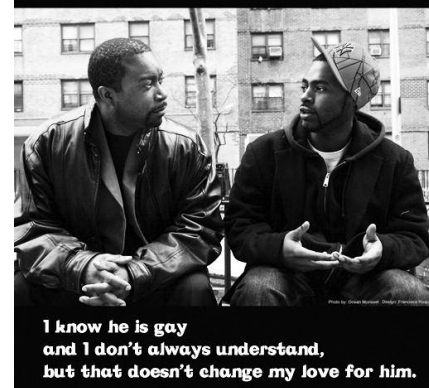
If people are having same-sex relationships, you may consider yourself open or you may consider who you sleep with your own personal business and no one else's. You don't have to embrace a name, you don't have to embrace a label. You don't have to be gay, you don't have to be bisexual. You can just be a human being who chooses to have sex with the same sex or love someone of the same sex. But you must always be safe and get tested.

If you've had unprotected sex in prison, seek an HIV test immediately when you come home. Confidential tests are available outside prison. And please use condoms. For those in a monogamous relationship, I wouldn't advise people to engage in unprotected sex until they have had an HIV test. Protect yourself and those you love. It's really simple, whether you're sleeping with men or women.

There's no shame in having sex or in who it is that you love. Only the world and society wants you to feel bad for who you are. The sooner we learn and understand that, the sooner we can address HIV and AIDS issues in communities of color.

Jose de Marco has been a social justice activist since the 1990s. He works with ACT UP Philadelphia, the AIDS Policy Project, Health Global Access Project, and Prevention Point Philadelphia and received the David Acosta Revolutionary Leader Award to honor his dedication.

MY SON IS MY LIFE



My Son is My Life from the Institute for Gay Men's Health at GMHC

Take Charge: Protect Yourself from

by Sara Rendell

Women living in prison are at high risk for a kind of cancer called “cervical cancer.” In the past year, more than 4,000 women in the U.S. died from cervical cancer. Trans and gender non-conforming people who were raised female and have a cervix can also get it. There is no reason for anyone to die of cervical cancer, because we have ways to find it and cure it 100%.

Cancer happens when cells grow out of control. You can get cancer in almost any part of your body. When cells in your cervix grow out of control, it is called cervical cancer. Cervical cancer is dangerous, because you can have it for years without knowing it. But it is the only cancer that is 100% preventable. You can protect yourself by fighting for your health. If you get the right test, you can find cervical cancer and treat it without letting it make you sick or affect your life.

So how do you know if you have cervical cancer?

Cervical cancer is tricky, because you usually do not know you have it until it gets bad. At first, it causes almost no symptoms. If cervical cancer gets to an advanced stage, it might make you bleed or have discharge from your vagina, but it’s not safe to wait until this happens to get treated. Luckily, there are tests that you can get every few years to know if you have cervical cancer, so you can get cured before it gets bad.

What gives you cervical cancer?

Almost all cervical cancers are caused by a virus called **human papillomavirus (HPV)**. HPV is a sexually transmitted disease, which means that a person with HPV can pass it to their partner while having sex. HPV is really common. One out of every two people will get infected with HPV at some point in their lives.

Any woman (or transgender person with a cervix) can get cervical cancer, but your chances of getting cervical cancer go up if you smoke, have HIV, have sex without condoms, have used birth control pills for five years or more, have had three or more children, or have had many sexual partners.

What should you know if you have HIV?

HIV is the virus that causes AIDS. It puts you at a higher risk for cervical cancer, because it weakens your immune system so it’s harder to fight off HPV infections before they cause cancer. Most HPV infections heal within 1 or 2 years without causing cervical cancer, but when you have HIV, the HPV virus hangs around longer.

Why are women in prison at higher risk for cervical cancer?

The biggest reason women behind the walls are at higher risk for cervical cancer is because they are less likely to get tested for cervical cancer and to get vaccinated against HPV. It doesn’t have to be this way. You can protect yourself and lower your risk by getting vaccinated and getting tested.

Cervical Cancer

How can you protect yourself from cervical cancer?

Advocate for your health! There are **vaccines to protect you from HPV**, but they are usually only given to women up to age 26. Ask your health-care provider if they would recommend vaccination for you. Even if you get the vaccine, you still need to **get tested for cervical cancer**, because the vaccine doesn’t protect you 100%. The most important thing that can protect you from cervical cancer is to get tested. If you detect cervical cancer early, it can be cured. There are two tests for cervical cancer: the Pap test and the HPV test. Go see a clinician to get tested.

You can also lower your risk for cervical cancer if you use condoms when you have sex, avoid smoking, and limit your number of sexual partners.

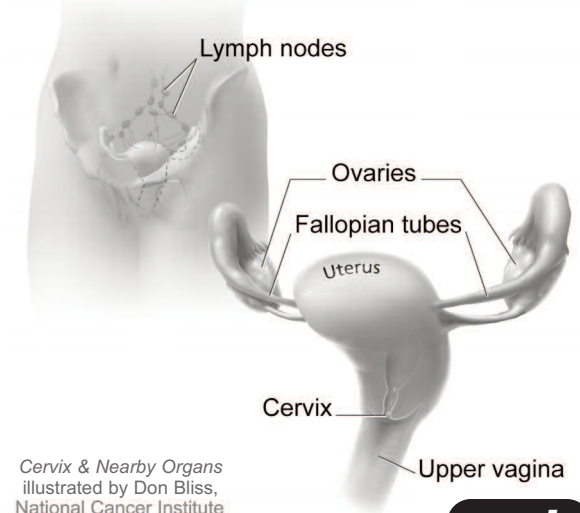
How often should you get tested for cervical cancer?

If you’re between 21 and 29 years old, get screened every three years. If you’re 30 to 65, get screened every 3 to 5 years (with the HPV test and Pap test every 5 years, or with the Pap test alone every 3 years). If you’re over 65, you don’t need to get screened unless you already had cervical cancer, in which case, continue screening for at least 20 years.

What happens if you get cervical cancer?

If you get cervical cancer and find it early, you can get cured. If you find the cancer before it grows too much, doctors can remove the cancer with specialized tools that only destroy cancer cells. These procedures preserve as much of your cervix as possible. If the cervical cancer spreads for a long time before you find out you have it, you might need radiation therapy or surgery to remove the uterus, vagina, and some of the tissue around them. But with testing, nobody should have cervical cancer long enough for it to get that bad.

Even though you’re behind the walls, you can stand up for your health. Get tested for cervical cancer—and teach your cellmates and peers about it so they can get tested too.



Cervix & Nearby Organs
illustrated by Don Bliss,
National Cancer Institute

New Meds to Fight HIV

by Naseem Bazargan

Since 2012, the U.S. Food and Drug Administration (FDA) approved two new drugs to fight HIV called Tivicay and Stribild. Keeping up-to-date on HIV/AIDS treatment information is a crucial part of living with HIV. Here's a quick review:

What does HIV do inside the body?

HIV is a virus that uses CD4 cells, an important part of your immune system, to reproduce (make copies of itself) in your blood. Over time, this causes your CD4 cells to die off and your CD4 count to drop, leaving you vulnerable to opportunistic infections.

What do HIV meds do?

HIV meds don't kill or cure HIV. They work by stopping HIV from reproducing, which lowers your viral load (the amount of virus in your blood). When your viral load is low, your immune system has the chance to get stronger, and your CD4 count can go up.

How do HIV meds work?

HIV meds fall into six different "classes." Each class interferes with HIV at a different step in its lifecycle. The HIV lifecycle is the step-by-step process in which HIV goes from a single, free virus capable of infecting your CD4 cells to producing thousands of copies that can go on to infect other CD4 cells.

People living with HIV take a combination of HIV meds from at least two different classes. That way, if HIV gets past your meds in one part of its lifecycle, there will

be other meds to block the virus at another point in its lifecycle. Some HIV meds are single "combination" pills, containing two or three classes of meds in one (kind of like two-in-one shampoo and conditioner).

A useful analogy

In the movie *Home Alone*, Kevin, a young boy left alone for the holidays, learns that two men, Harry and Marv, are planning to break into his home. To defend himself, he plants booby traps all over the house. Kevin ices the steps so Marv and Harry slip trying to get into the house. In case that doesn't stop them, he tars and feathers Harry and hits Marv in the face with an iron. Kevin doesn't quit until the robbers leave him alone for good.

HIV meds work together against HIV like the booby traps work against Harry and Marv. Icing the stairs isn't enough to stop Marv and Harry, just like taking an integrase inhibitor (one of the six drug classes) isn't enough to stop HIV. That's why it's important to set all the booby traps, or take all of your HIV meds as prescribed.

What is Stribild?

Stribild is a single pill that contains three drugs that fight HIV. It is taken once a day with food. The first two drugs in it are Emtriva and Viread. Elvitegravir, the third, is a brand new integrase inhibitor. It stops HIV from inserting its own genetic code into your CD4 cell's genetic code. That way, HIV is stopped from

reproducing. Cobicistat, the fourth drug in this pill, isn't an anti-HIV med, but it makes Elvitegravir more effective.

Who is Stribild for?

The FDA approved Stribild for HIV+ adults who have never taken HIV meds before. Women, children, and people with kidney or liver problems may not be able to take Stribild. More research is being done for people who fall into those categories.

What about side effects?

Headache, diarrhea, nausea, vomiting, vivid dreams, anxiety, rash, dizziness, insomnia, and loss of appetite are side effects commonly reported by people taking Stribild. Side effects usually get better or go away over time. Communicate what you're experiencing to your health-care provider. Everybody's body is different, and what may be tolerable to someone you know may not be tolerable for you, or vice versa. If side effects are so bad that you stop taking your meds, work with your provider to find a combination of HIV meds that you *will* take.

Is Stribild safe to take with other medications?

Whenever you take any medicine, herb, vitamin, or other drug, you have to watch out for drug interactions. One medicine can affect the work of another medicine in your body. Stribild can interact badly with some drugs for erectile dysfunction, tuberculosis, heart rhythm, and

migraine headaches, and possibly more. Always tell your provider *everything* you're taking.

What is Tivicay?

Tivicay is another integrase inhibitor. It is taken in combination with other HIV meds once or twice a day, with or without food, depending on your situation.

Who is Tivicay for?

Tivicay is safe for adults and children over 12 years old who are starting treatment for the first time or who have resistance to other HIV meds.

What about side effects?

Diarrhea, nausea, and headache are the most common side effects. If you have liver problems, like hepatitis, your provider should monitor you for liver toxicity. If you get a serious rash while taking Tivicay, report this to your provider *immediately*, because it can be life-threatening.

Is Tivicay safe to take with other medications?

So far, we know some tuberculosis and heart medications should not be taken with Tivicay. Research is still being done. Some HIV meds also weaken Tivicay, which is why your provider might recommend you take Tivicay twice daily. Again, always report *everything* you're taking to your provider to be safe.

If you have questions, such as what drug classes the meds you're taking are in, ask your provider or write to us.

Free the Elders, Improve Public Health

by Laura Whitehorn

Mohaman Koti is either 85 or 87 years old, depending on whether you go by his birth certificate or what his mother told him when he was a child. He has been incarcerated in New York State since 1978—long enough that his sentencing transcript has been lost in the system. Mr. Koti has been hospitalized multiple times for health problems, including myasthenia gravis (a neurological disorder) and cancer. He must often use a wheelchair, and his hearing is pretty much shot. In May, Mr. Koti appeared before the parole board for the sixth time, and was again denied release. The board said they thought he might commit another crime if released—despite testimony from prison staff calling him a reliable peacemaker.

Makes no sense, does it? Which is why we launched Release Aging People in Prison (RAPP).

Some background: From 1995 to 2010, the number of state and federal prisoners aged 55 and over nearly quadrupled, while the total prison population grew by 42%. By 2030, there will be more than 400,000 people over 55 in U.S. prisons; in 1981, there were 8,853. In New York, the incarcerated population has fallen by 21% over the past decade. In that same period, the population of people aged 50 and older has *increased* by 64%. Today, the state's total prison population is about 56,000. Some 9,218—more than 17%—are over 55.

Recidivism (when people return to prison after release) decreases sharply with age. For people over

the age of 65, and for those convicted of murder, the risk of committing a new crime is less than 1%. That compares with an overall recidivism rate of 40% for the entire population, according to the NY Department of Corrections. Yet over the past two years, New York's parole board has denied nearly 75% of all requests for release, no matter the petitioner's age.

Compassionate release is dramatically under-used. In 2010, New York granted only 8 releases, allowing people to spend their last days in their communities, with comfort and dignity. That same year, 123 people died within the walls. The average age of those who died was 56. As a final cruelty, people convicted of certain crimes, including first-degree murder, are barred from receiving compassionate release.

The proportion of elders will continue to balloon as younger incarcerated people with long sentences (including life without parole) age. So the goal of releasing aging people affects incarcerated people of all ages—and their families.

If you are reading this in prison—whether in New York or elsewhere—we need your story of aging behind bars and being denied release. (Family members' stories are needed too.) Please write us at: RAPP, c/o Mujahid Farid; Correctional Association of NY, 2090 Adam Clayton Powell Jr. Blvd, #200; New York NY 10027. Your voice can help unravel the system of perpetual punishment that defines U.S. prisons.

Rest in Power, Herman Wallace

from the International Coalition to Free the Angola 3



The
"Muhammad
Ali of the
Criminal
Justice
System"
Passes On.

Herman Wallace,
Mosaic from
The Treatment Rooms

On October 4th, 2013, Herman Wallace, an icon of the modern prison reform movement and an innocent man, died a free man after spending an unimaginable 41 years in solitary confinement. He was diagnosed with liver cancer in June after suffering an extreme loss of weight.

Herman spent the last four decades of his life fighting against all that is unjust in the criminal justice system, making international the inhuman plight that is long-term solitary confinement, and struggling to prove that he was an innocent man. Just three days before his passing, he succeeded, his conviction was overturned, and he was released to spend his final hours surrounded by loved ones. Despite his brief moments of freedom, his case will now forever serve as a tragic example that justice delayed is justice denied.

Herman Wallace's early life in New Orleans during the heyday of an unforgiving and unjust Jim Crow South often found him on the wrong side of the law, and eventually he was sent to the Louisiana State Penitentiary at Angola for armed robbery. While there, he was introduced to the Black Panthers'

powerful message of self-determination and collective community action and quickly became one of its most persuasive and ardent practitioners.

Not long after he began to organize hunger and work strikes to protest the continued segregation, endemic corruption, and horrific abuse rampant at the prison, he and his fellow panther comrades Albert Woodfox and Robert King were charged with murders they did not commit and thrown in solitary. Robert was released in 2001 after 29 years in solitary, but Herman remained there for an unprecedented 41 years, and Albert is still in a 6x9 solitary cell.

Herman's criminal case ended with his passing, but his legacy will live on through a civil lawsuit he filed jointly with Robert and Albert that seeks to define and abolish long-term solitary confinement as cruel and unusual punishment, and through his comrade Albert Woodfox's still active and promising bid for freedom from the wrongful conviction they both shared.

Herman was only 9 days shy of 72 years old. A memorial service was held in New Orleans on October 12.

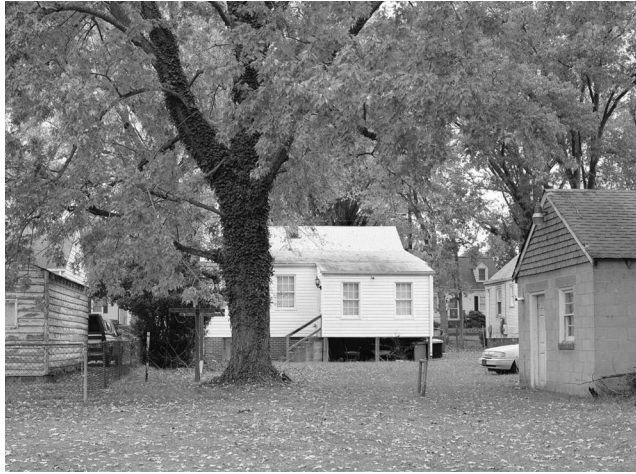
Anyone lucky enough to have spent any time with Herman knows that his indomitable spirit will live on through his work and the example he left behind. May each of us aspire to be as dedicated to something as Herman was to life and to justice.

Readers with internet access can find more information at www.angola3news.com

Photographic Windows for the World to See

by Mark Strandquist

Windows From Prison is an ongoing project that uses photography as a tool for connecting incarcerated people to their past and as a way for communities to engage with the causes, effects, and alternatives to incarceration. During a series of workshops, incarcerated people were asked, "If you had a window in your cell, what place from your past would it look out to?" Participants provided a detailed memory from the chosen location and described how they would want the photograph composed. The locations were then photographed, and the image was handed or mailed back to each participant in prison.



The place I am in now is dark & gloomy and feels like hell. I feel like I am losing my mind, but the only thing that keeps me sane, is my little window. Every time I feel the walls closing in on me I stare out my window, and it's like a breath of fresh air, because right out side my window is my moms house and it's so big bright and beautiful. I spent some of the best years of my life in this house, every time I look at this house it brings me hope and joy in some of my roughest times. Like my moms drive way so big and neat, surrounded by gravel, I went from learning to walk out there, to rock fights out there, to learning how to drive out there, man I miss this place!

(7 1/2 years left)
God Bless

Prison Health News hopes to feature some of these photographs and words over the next few issues. You will also find a postcard insert in this issue with instructions on how to participate in a special version of this project, created just for *Prison Health News*, where we flip the question around and ask, ***If you could create a window in the prison walls, what would you want the world to see?***

NOTE: If you participate in this project, you are consenting (agreeing) to let *Prison Health News* use your postcard in any upcoming exhibits of this project (this could be on the internet, in print, or in person). Please be mindful of this and include only information about yourself you are willing to disclose to the public.

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, zip code.

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 treatment information; 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 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
1001 S. Broad Street, Suite 200
New Orleans, LA 70125
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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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!**