

prison health news

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

Issue 20, Spring 2014

Who We Are...

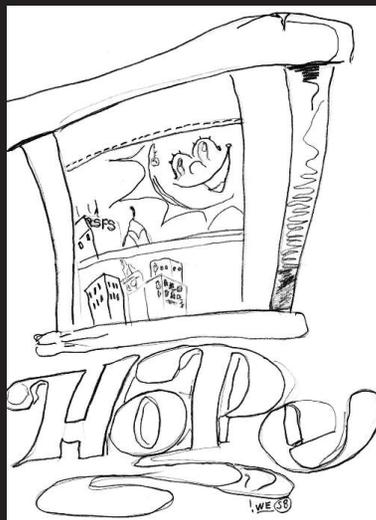
We are on the outside, but many of us were inside before... and survived it. We are formerly incarcerated people and allies talking about health issues and trying to bring about a positive change for all people who are in prison now or ever have been in the past. This newsletter is about all of us.

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 We SB

In this Issue:

Who We Are.....	1
Write an Article!.....	2
Take a Deep Breath: Tuberculosis and Your Health.....	2-3
Cancer: What to Know, What You Can Do About It.....	4-5
Cancer: Find it Before You Feel It.....	6-7
Drug Use and Healthy Parenting.....	8
What's Inside of Me.....	9
Photographic Windows for the World to See.....	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 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

Take a Deep Breath:

by Rebecca Abelman

Tuberculosis (TB) is a common disease caused by bacteria called *Mycobacteria*. These bacteria like to attack the lungs, but they can attack any part of the body, including the brain. Treatment of TB saves lives.

Signs and Symptoms

If you have TB, you may not know it right away. This is because the body can keep the infection under control until the immune system becomes compromised. If you have TB, but do not have symptoms, it is called a latent TB infection. Some people will have latent TB infection forever, while others will have symptoms soon after being exposed. This is called TB disease. If you have either latent TB infection or TB disease, the infection can spread from you to other people.

Think about tuberculosis if you have had a cough for longer than three weeks, pain in your chest, coughing up blood or mucous, weight loss, fever and night sweats, and feel weak. If you have HIV, you are at higher risk for TB.

How You Get TB

You can get TB from inhaling bacteria in the air. This happens when someone who has TB (even if they don't have symptoms) breathes, coughs, or sneezes. TB is not spread by sharing a drink with someone or touching them.

TB in Correctional Facilities

If you are locked up, you are at higher risk for TB. It's common in correctional facilities because you're living close to other people, and there's

Tuberculosis and Your Health

not always good ventilation. People may be coming in and out of the facility, so it's hard for them to receive consistent treatment. Prisons and jails are required to take steps to prevent TB (usually by isolating anyone with infectious TB from general population) and provide access to treatment.

Testing

The best way to be protected from TB is to get tested! The test is simple and should be offered at all correctional facilities. There is a TB skin test and a TB blood test. Both can tell you if you have TB, even if you have a latent infection. If you think you may have HIV, also get an HIV test. Many people with HIV will have a negative TB skin test, even if they have TB.

HIV and TB

If you have HIV, you are at greater risk for TB. This is because the immune system is trying to fight two powerful diseases at the same time. If you have HIV, you are also more likely to have symptoms for TB rather than a latent infection. Worldwide, TB is one of the leading causes of death for people with HIV. If you have HIV, make sure you are tested for TB so you can be treated.

Treatment

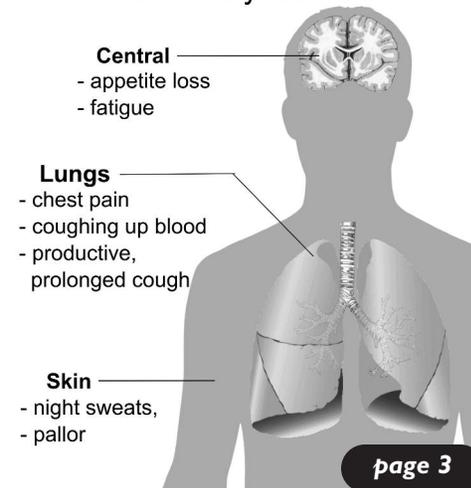
If you have a latent infection, you'll take four antibiotics for an extended period of time. This prevents your latent infection from becoming TB disease and stops you from being contagious. If you have TB disease, the bacteria are growing, and your

immune system cannot stop them. This puts you at risk for progressing to serious illness. The treatment requires taking several drugs for six to nine months. This is broken down into an *initial phase* of treatment for two months, followed by a *continuation phase* for four to seven months.

It's very important to take your meds regularly and correctly if you have TB. If you stop taking the drugs before you are supposed to, the bacteria can continue to attack your body and the disease can spread to others. In addition, the next time you try to take drugs for TB, the bacteria may be resistant to the drugs. If you are having trouble taking your medications for TB, there should be free services available in your area to help you.

Tuberculosis can make you very sick, but it is completely treatable. Regular testing and early treatment can keep you and your family safe!

Main symptoms of Pulmonary tuberculosis



Cancer: What to Know, What You Can Do

by Ashish Thakrar

Each person is made up of more than 10 trillion tiny **cells**, which are so small that they can only be seen with a microscope. Despite their size, these cells make up every organ in our bodies, from our hearts to our brains and lungs. They give us life. Many of these cells die every day, and new cells grow to take their place.

Cancer cells are cells that don't stop growing. These cells are damaged, and these damages trigger the cells to stay alive. What makes cancer so dangerous is that cancer cells steal space and nutrients from the healthy cells around them. They can even spread to different parts of the body. Eventually, especially without treatment, these cancer cells can stop entire organs from working and can be fatal.

Where do these cancer cells come from? Normal, healthy cells can become cancerous for many reasons, and there is a lot we still don't know about this process. But decades of research have shown that there are some activities and substances that are directly involved in causing cancer. These substances are called "carcinogens," and **cigarettes** are the most well known. Smoking damages the delicate lining of the throat and lungs, and over time it causes cancer. Another carcinogen is **alcohol**. Drinking in excess, over many years, can lead to liver cancer. There are also some viruses that can cause cancer. One virus linked to cancer is **human papillomavirus (HPV)**.

from the herpes and HIV viruses, and it can be transmitted through unprotected vaginal, oral, or anal sex.

The best way for you to prevent cancer is to avoid common carcinogens. To prevent lung and throat cancer, stay away from cigarettes. Avoid drinking too much alcohol to lower your risk of liver cancer. Unprotected exposure to the sun can lead to skin cancer, so try to use **sunscreen** whenever you spend a lot of time in sunlight. And to prevent cancer from HPV, ask your doctor about the **HPV vaccine**, and always use **condoms**.

When cancer cells grow, they can clump together to form a solid lump called a **malignant tumor**. Most tumors are not cancerous. Non-cancerous tumors are called **benign tumors**, and they stop growing before they damage other cells. But cancerous, malignant tumors don't stop growing, and sometimes cancerous cells can break off from the main tumor and spread to other parts of the body. Catching cancer early is often the key to successful treatment.

Because these two kinds of tumors—the benign and malignant ones—can look similar, it's important that you see a doctor if you suspect you might have cancer or if you find a new lump anywhere on your body. These lumps can be on the surface of the skin, or they can be found underneath the skin in places like the breasts or testicles. Once you show any new lumps to a doctor, she might want to run tests to see if you have

About It

cancer.

To diagnose cancer, doctors can perform various tests. **Blood and urine tests** can sometimes show signs of cancer, but they can't test for cancer directly (except for blood cancers). Sometimes imaging can help doctors look under the skin, so they will ask for an **X-ray**, **CT scan**, or **MRI**. Often doctors will want to look at a tumor under a microscope. To do this, they take a small sample of the tumor, called a **biopsy**, and look at the cells directly.

If they find cancer, doctors can use four types of treatment to treat it. One of these is **surgery**. If a cancer has not spread to too many different parts of the body, surgeons can remove the cancerous tumors. Surgery is often used along with the three other types of cancer treatment: **chemotherapy**, **biologics**, and **radiation**. The goal of these three treatments is to kill as much of the cancer as possible while leaving healthy cells alive. It's difficult to target just the cancer cells, because they are so similar to healthy

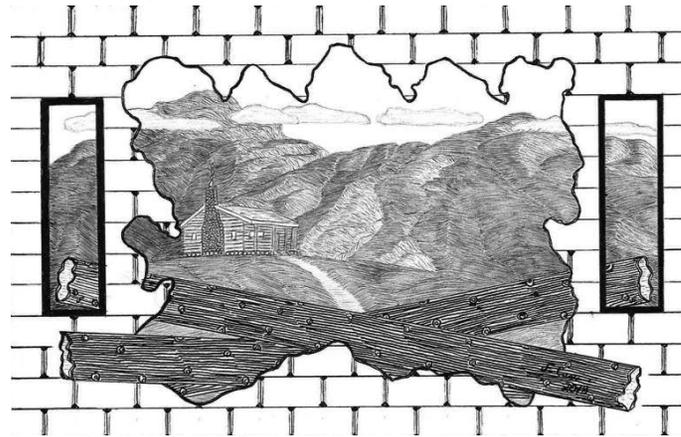
cells. Often, it's the fastest growing cells in your hair, intestines, and blood that are accidentally killed, so patients suffer from side effects like hair loss, nausea, and fatigue.

Because cancer is so dangerous, doctors may have different goals for treatment depending on how serious the disease is. If the cancer is found early, doctors may try to shrink the cancer until it is undetectable. If this works, they say the cancer is **in remission**. This is great news, because it means the cancer responded to treatment and is contained. Though the cancer might not be completely gone and still might return, patients in remission can sometimes live without symptoms for months to years. Often, though, cancers don't respond so well to treatments. In these cases, doctors might try for **partial remission**.

Sometimes, the cancer has progressed too far to be treated, and treatments would only cause harmful side effects without the chance of extending life. If the patient's life expectancy is 6 months or less, **hospice care** can

control pain and other symptoms so patients can stay as alert and comfortable as possible.

Cancer can be a major source of fear and anxiety. But finding it early and getting proper treatment can offer hope.



Another Day Fishing by J.F. Currie aka Grizz (an incarcerated contributor)

Cancer: Find it Before You Feel It

by Sara Rendell

By the time people feel sick from cancer, it can be too late to save them. But **screenings** can find cancer before it makes you sick. *You can fight for your health by learning about screenings.*

COLON CANCER:

What is colon cancer? Colon cancer grows deep inside your abdomen, in the part of your body that breaks food down into feces. This kind of cancer makes you bleed inside your gut.

How can I screen for colon cancer?

First, check for **blood in your stools**, or feces. When you bleed in your gut, it might come out with your stools when you go to the bathroom, but it could be hard to see. Health professionals can test a sample of your feces to see even the tiniest amounts of blood. The second way to look for colon cancer is a **colonoscopy**. This is when doctors look at the lining of your rectum and colon with a tube.

What should I expect from a colon cancer screening? For a stool test, you will need to give your health providers a sample of your stools. They will send it to a lab and let you know if they find blood in it. Before a colonoscopy, you must not eat, so that your colon is clean enough for the doctor to see it and the test will work. Your doctor will give you medication so you don't feel pain. Then, you will lie on your left side while your doctor sends a tube through your rectum to look at your colon. This

takes about 30 minutes. You may feel groggy afterward and have some cramping in your abdomen.

When should I get screened for colon cancer? After age 50, everyone should have their stools tested for blood each year and have a colonoscopy *every ten years*.

BREAST CANCER:

What is breast cancer? Breast cancer grows in one or both breasts. Anyone can get breast cancer, but most of the people who get breast cancer are women. High-dose hormone therapy can increase the risk of breast cancer in transgender women. Combined estrogen-progesterone therapy can increase the risk of breast cancer in post-menopausal women.

How can I screen for breast cancer?

The best way for women to find breast cancer before it's big enough to make you sick is to get an x-ray of the breast. This is called a **mammogram**. The second way to watch out for breast cancer is to feel the breasts for lumps or changes.

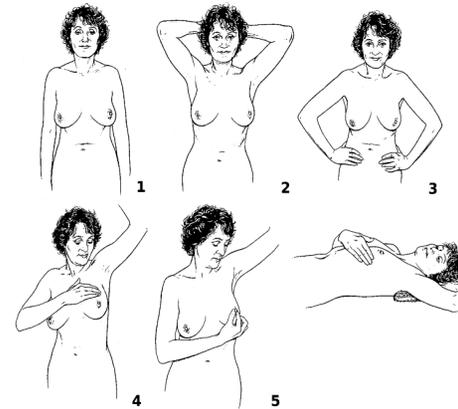
When should I get mammograms?

Doctors recommend you get your first mammogram at age 30, your second at age 40, and then a mammogram every two years after age 50.

What should I expect in a mammogram? You'll take your gown off one shoulder and put your breast in a special x-ray machine designed to look for cancer in breast tissue. Some women say the pressure hurts, but they say it helps if they

avoid coffee, sodas, and chocolate before having the exam.

What's the "self-check"? Touch your breasts to look for lumps or any changes in size or shape. Check your armpits too. Sometimes breast cancer starts as a lump in the armpit. As part of a normal women's health visit, your health provider should feel each breast for lumps and changes. Men can screen for breast cancer by doing this self-check too.



A series of six illustrations showing how to do breast self-check by the National Institutes of Health (NIH)

Which is better? Mammograms are better than self-checks, because they can find cancer when it's much smaller. Take charge of your health by advocating for a mammogram. If you can't get a mammogram, keep checking your own breasts, and make sure your health provider checks your breasts too.

PROSTATE CANCER:

What is the prostate? The **prostate** is the size of a walnut and is above the penis, in between the bladder and rectum in men. Transgender women

can get prostate cancer, but the risk is lowered by hormonal therapy.

How should I screen for prostate cancer? There are two tests for prostate cancer. In the first, a health worker wears a glove with lubricant to put one finger into your rectum to feel the prostate. The health worker checks for abnormal bumps or if your prostate is larger than it should be. If you are avoiding this screening because of trauma due to past sexual assault, please write to Just Detention International (the address is listed on page 11) and ask for their Resource Guide for Survivors of Sexual Abuse Behind Bars. For the second test, health workers draw your blood to measure something called PSA. If the amount of PSA in your blood is high, more tests may be needed.

How can I self-check? Do you need to urinate more often than usual? Do you have trouble starting or stopping urination? Is the stream of urine slow, trickling, or weak? Do you see blood in your urine or semen? Do you feel burning when you urinate or when you ejaculate? Do you feel pain? If the answer to any of these questions is "Yes," you should see a health worker.

How often should I screen for prostate cancer? Men can live for a long time with prostate cancer before it becomes life-threatening. Health workers are trying to find better ways to test for prostate cancer and treat it. *The best thing you can do is watch out for yourself* so you can fight for your own health.

Drug Use and Healthy Parenting

by Lynn Paltrow and Andrew Spiers

Most Americans (including people who are parents) have tried illicit drugs. But as Dorothy Roberts documents in her book *Shattered Bonds*, for some parents, particularly African American ones, evidence of drug use is too often treated as evidence of child abuse. The media has fueled alarm about pregnant women and “crack” cocaine in the 1980s and 1990s and the current panic about pregnant women and opiates. But the truth is that carefully constructed, unbiased scientific research has **not** found that prenatal exposure to any of the criminalized drugs causes unique or even inevitable harm. So what can be done to counter the stigma, misinformation, and punitive policies targeting pregnant and parenting drug users?

National Advocates for Pregnant Women (NAPW), a non-profit organization, wants people to understand what the research really tells us about pregnant women, drug use, and parenting. But facts alone are not enough. People need to hear from the mothers and children themselves. In NAPW’s video, “Project Prevention: Mothers and Children Speak Out,” mothers who have struggled with drugs came together with their children to share their thoughts about their lives.

According to one mother, as a result of stigma, most people “only see one thing. They see a poor, Spanish, white, Black, whatever, drug addict. They don’t see a mother who loves her kids, who would give her life

for her kids.” The children similarly challenged the stereotypes: “When you see your mom being a mother and a father at the same time, that’s when you know she’s a good parent.”

Confusing drug use with child abuse dehumanizes mothers and hurts families. As another mother explained, “All we need is for you to hear us... I continued being the PTA president. I continued to volunteer in the school district, even though I was using drugs.”

The biggest threats to children (and fetuses in the womb) do not come from their mothers but from poverty, barriers to health care, persistent racism, environmental hazards, and prosecutions that confuse being human with harming children. Another mom added, “Do I think we’ve all made mistakes? Yes, most definitely. We’ve all made mistakes. But even *not* using drugs, I make mistakes. I’m human.”

For information about arrests related to pregnancy, contact NAPW at 15 West 36th Street, Suite 901, New York, NY 10018-7910 or www.advocatesforpregnantwomen.org Another organization, Young Women United, is launching a public education campaign called Everyday Struggles, Everyday Strength: Voices of Pregnancy and Addiction to change the way people think of addiction and parenting. And the Family Law and Cannabis Alliance offers information about laws in your area and how to prepare for Child Protective Services visits at <http://flc Alliance.org/>.

What's Inside of Me

by Roxanne Hanna-Ware

What's inside of me screams loudly
But it doesn't make a sound
It hurts the heart
Starts first with me
Threatened fear of being torn apart
From family
Possibly isolates others
Cautions would-be lovers
I am lost
While it has found a home
Roams throughout my chromosomes
It freely shackles my spirit
It persists to make me weak
Still
Me, I'm striving to be strong
Desiring to live long
Striving instead of struggling
I cry silent tears
I fight fatal fears
I pray a thousand prayers
I shed a hundred layers of denial
Hoping
Wishing
Praying
Peace of mind stays a while
It does not...
I am caught
In between thoughts about
What's inside of me
Greedily
It's running through my veins
Sometimes I feel insane
Gave me the gift of shame
I can't even take it back!
No return
To where I got this from
At times I become undone
From the secret
I keep from telling myself
While what's inside of me
Contemplates silently
Leaves me
To sit and wait and question
What my Viral Load might be

Today
Next Month
Next Year
Turned into a new decade
How do I behave
When I long to be touched
The way a woman should?
**Could I trust someone
Or trust NO one**
Live as damaged good
Because
What's suppose to be love
Often runs away to hide
From the question
Leaving only me to ask

Why do I have this inside?
But there's no answer
What's inside of me
It screams loudly
But it doesn't make a sound
As long as ignorance
Is still around
I am found
Screaming silently
Emotions bottled up tight
At times I feel I might
Just **EXPLODE!**
Let out the anger & despair
I often hold
But if my reality
Let my self-truth be told
I AM HERE!
I REFUSE TO BE IN FEAR!
I INTEND TO LIVE!
**I AM WANTING TO RECEIVE
LOVE
RESPECT
THE QUALITY OF WHAT THIS
LIFE
HAS TO GIVE!**

But instead of these words
Spewing out to be heard
What's inside of me
Shouts
Screams loudly
**POSITIVELY HIV!
POSITIVELY HIV!
POSITIVELY HIV!**
Sometimes, I wish I didn't have to listen
Sometimes, I wish somebody would
just...
Listen.
Most often
I am
Hoping
Wishing
Praying
Peace of mind would stay
Set my spirit free to soar
Despair no more
Surviving instead of struggling
With what's inside of me...
I AM HERE!
I REFUSE TO BE IN FEAR!
I INTEND TO LIVE!
**I AM WANTING TO RECEIVE
LOVE
RESPECT
THE QUALITY OF WHAT THIS
LIFE HAS TO GIVE!**

So, Let it be...
Hear me please....
I am living with
What's inside of me

Photographic Windows for the World to See

by Mark Strandquist and Naseem Bazargan

As promised, here is another image in a series called "Windows From Prison," which asked incarcerated persons: "If you had a window in your cell, what place from your past would it look out to?"

We would also like to thank those of you who mailed in a postcard from the last issue. Your responses have left us speechless and inspired.

If you still have a blank postcard and want to fill it out and send it back, we are still taking responses. We hope to showcase some of those postcards in upcoming issues.



I was absconded for forty days from drug court. I was staying with my then sponsor Gary, who allowed me to set up living quarters in his garage. While there I did repairs and cleaning, also scraping and painting the exterior of his house. At the same time I was developing a routine that was displaying some positive results on the surface, I was only creating a more stressful climate the longer I delayed turning myself in. It was the elephant in the room - everywhere I went - at mom's, Gary's, various friends pads. I began to go for walks at Bryan Park and discovered a spot of serenity. It's past the soccer fields beside a man-made pond with a stone border. There is a bench, wooden. It's under a weeping willow. This is where I sorted it out.

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 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 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

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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!