

prison health news

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

Issue 21, Summer 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, Tré and Warren



by M. Khan, "Windows From Prison" Project

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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

Long-term Pain and

by Chasity Williams,

Dear Philadelphia FIGHT,

I am writing to you from SCI Muncy in Pennsylvania. I have been here for two years for violating pre-release by leaving a DOC (Department of Corrections) halfway house (due to being sexually harassed by a staff member). Since I've been back at SCI Muncy, I've been fighting the medical department for proper treatment for chronic pain. I suffer from degenerative disc disease and severe sciatica from a work injury. I've been disabled since May of 2005, receiving benefits for my child and myself through the federal government. My main issue is pain relief and pain management, and I've been denied that here. I do want everyone to know that I became addicted to the drug called Oxycodone. However, that was ten years ago and I am no longer that person.

I've been persistent with my complaints to the medical department, but each time I am shot down by the doctor, who says I am "pain pill seeking" because it's in my medical record. I call that medical negligence. The medical staff here states they don't treat long-term pain. But that's false. They have over 20 inmates housed in the infirmary receiving long-term care. I get so angry and frustrated I just want to throw the towel in and lose this fight, but I am too strong-willed to give up. I always try to think long term and about the next female inmate suffering with me. When's enough enough around here?

I would like to elaborate on an accident I had and the treatment I

Medical Neglect

edited by Warren Lane

received. I fell off the top bunk, banged my head in three different places and was knocked unconscious. I came to unaware of what had happened, although my celly was screaming hysterically because I was bleeding profusely from the base of my skull. The correctional officer arrived at my cell door and asked if I needed medical assistance. My celly said, "Yes, she's bleeding from her head." I couldn't move my right arm, and I had severe pain in my neck.

The nurse arrived and observed that I needed medical help immediately. Mind you, I have a bachelor's degree in nursing. We were trained if anyone you're treating complains of a neck problem, you are to put an immediate neck brace on them and use a back board to transport them. In my case, the nurse assisted in picking me up from the floor on my injured side. He then transported me in a vehicle to the

medical department, where I was observed. I was given an ice bag and put in a room until the doctor arrived the next morning. When the doctor arrived, he assessed me, gave me staples in my head with no numbing meds, and sent me back to my unit.

In severe head-injury cases, you are to be treated accordingly and observed for 24 hours, and a CAT scan or x-ray should be ordered. None of that happened. To this day, I have a numbing sensation in the crown of my head, and it tingles like soda fizzes in a cup when poured. I hope this letter reaches someone who is willing to fight for us on the inside to receive proper treatment without using our history of substance abuse against us. What's important is who you are today, not the demons in your past. Please join me in this fight for our rights. We are human too.

IF YOU COULD CREATE A WINDOW IN THE PRISON WALLS, WHAT WOULD YOU WANT THE WORLD TO SEE?
PLEASE DRAW, DESCRIBE, OR CREATE AN IMAGE THAT REPRESENTS YOUR WINDOW:



R Feb

The Lasting Impact of Brain Injury

by Drew Nagele, MJ Schmidt, and Monica Vaccaro

Each year, there are 2.5 million new traumatic brain injuries in the United States. In fact, it is estimated that 13.5 million people—or 4.5% of the population—are living with some type of acquired brain injury.

The number of people who are living with a brain injury in prisons is far greater than we would expect, and most of these injuries were never diagnosed or treated. Recent research suggests that **about 60%** of people in prison have had an acquired brain injury sometime in their life, most often prior to becoming incarcerated. This is important, because the problems that result from a brain injury make almost all aspects of life harder. Brain injury can make a person more likely to make poor decisions, increasing their risk for getting in trouble with the law and decreasing their likelihood of being successful in everyday life. The effects of brain injuries also can make it harder for a person to succeed in prison education programs or to meet parole conditions.

What is a brain injury?

A brain injury occurs when something happens to disrupt the functioning of the brain. Brain injuries can be caused by an outside force such as a blow or jolt to the head from a fall, a car crash, or a fight—or by a disease, like a virus, stroke or seizures. The most common causes of traumatic brain injuries—those that occur through force—are falls, vehicle crashes, assaults (including gunshot wounds), and recreation/

sports injuries. Blast injuries from improvised explosive devices and other war-related experiences are also brain injuries. Some brain injuries are considered more severe than others. For example, concussions are considered “mild” brain injuries. However, the severity of the injury does not always predict how many problems a person may experience as a result. Some less severe injuries result in lifelong effects. The effect of having repeated mild brain injuries can also be cumulative or “add up” over time.

What problems can it cause?

People most often have changes in their thinking skills. They notice changes in their memory (especially for new information or events) and/or their ability to set goals, plan and organize, get started doing things, and solve problems easily. They can also notice changes in their mood. Some people have trouble controlling their tempers or feel nervous and depressed. There can also be physical changes like headaches, seizures, problems with balance and coordination, and even dizziness.

After a brain injury, people often have trouble on their jobs and in their day-to-day lives. In prison, individuals may be slower to respond to directives, have trouble completing required groups or schooling, and/or have trouble getting along with other people.

Can people get better? How?

People do recover after brain

injuries, but they often have some problems that don’t go away completely. For these residual problems, there are treatments, but these are only available if the brain injury is diagnosed and understood. **Medications** are used to treat headaches, seizures, and some of the more serious changes in mood. **Cognitive rehabilitation therapy** involves figuring out the breakdowns in a person’s thinking and creating strategies to help get around those problems. **Counseling** can be used to help a person understand and accept the changes they experience after a brain injury. This is sometimes done individually and sometimes in **support groups**.

Some simple strategies that most people find helpful after a brain injury are keeping a routine or a schedule, writing things down, and getting some support for big decisions. Getting enough sleep and avoiding alcohol and drugs are also really helpful.

Why are incarcerated people so much more likely to have brain injuries?

A number of the same things that put a person at risk for brain injury also put a person at risk for incarceration. These include being young and male, risk-taking behavior, being a survivor of physical abuse, and having a history of substance use/abuse. Researchers have found that children who have had brain injuries often get into trouble with the law. A brain injury also puts a person at risk for future brain injuries. People

with brain injuries are also more likely to be the victim of a crime.

What is being done?

The Centers for Disease Control and the Health Resources and Services Administration are studying the problem and funding research across the country. Projects in many states, including Pennsylvania, Indiana, Minnesota, and Virginia, are focused on helping to:

- identify and assist both adult and juvenile offenders with brain injury
- provide training to people working in the criminal justice system
- educate people in prison about brain injury
- connect those with brain injury to appropriate services and supports.

If you think you might have had a brain injury (or more than one) at some point in your life that is affecting you now, talk to your health care provider or counselor to find out what help may be available at your facility. For info about brain injury, or if you’re planning for release and looking for services in your area, write the Brain Injury Association of America, 1608 Spring Hill Road, Suite 110, Vienna, VA 22182.

This article was written by members of the Brain Injury Association of Pennsylvania’s team working on the Neuro-Resource Facilitation for Brain Injury project at SCI Graterford to identify inmates who may have had a brain injury, identify their resultant barriers to successful re-entry, and create release plans that include connections with appropriate resources and community supports.

Ending the Spectrum of Violence Against

by Teresa Sullivan

We, as women living with HIV, envision a life free from violence, coercion, and discrimination for all people. We, as women living with HIV, demand an end to the many different forms of violence faced by all women, including physical, emotional, psychological, religious, sexual, institutional, and economic violence, and the trauma that violence leaves in its wake.

—Positive Women's Network, USA

When we hear the word “violence,” the first thing we visualize is the physical abuse of someone. And women living with HIV are indeed vulnerable to physical violence because of stigma and ignorance. This reality was made brutally clear yet again a few weeks ago with the heartbreaking murder of Elisha Henson, who was killed in Texas because of her HIV status. A survey conducted by the Positive Women's Network, USA (PWN-USA) last year found that 72% of women living with HIV who responded were survivors of intimate partner violence. However, for PWN-USA, ending violence against women includes ending a spectrum of human rights violations, including but not limited to physical violence, that women have faced for many generations throughout history.

For example, let's journey for a moment through the 1940s and 1950s in the United States. Many women of this time faced the economic injustice of working for lower wages on factory production lines than the

men they replaced who'd gone off to World War II. In doing this work, these women challenged the traditional ideas that a woman's place was in the home attending to the needs of her husband. But this didn't translate to respect, equality—or physical safety. Within the home, many women not only experienced physical abuse by their husbands—“the physical beat down”—but had to make unhealthy choices to stay in relationships that were abusive, emotionally and otherwise, to keep social status, economic stability or shelter to raise their children. Women often had to depend on their husband's income for their basic needs, such as food and clothing.

Many women also were not able to refuse to have sex with their husbands when they didn't want to. Women's reproductive rights—the right to have children, the right *not* to have children, access to safe abortions—were unheard of in this era. Women's reproductive rights are human rights; viewed through a gender and human rights lens, we can see that violation of these rights is a form of violence against women.

The psychological abuse that women faced in the era I described often caused them emotional and psychological trauma. As a woman who grew up in the 1960s, I personally experienced the trauma that was transferred from the women of the 1940s and 1950s to my generation of women of the 1960s and 1970s. Learning and working from that

Women: The Positive Women's Network

trauma sparked a second wave of the feminist movement. Feminist and other movements continue to be connected to the social justice movement I am part of to this day: the movement to end violence against all women.

In the feminist movement of the 1960s and 1970s, many women transformed from being passive to aggressively fighting for their human rights. The movement originally focused on dismantling workplace inequality, such as denial of access to better jobs and salary inequity, and freedom from sexual harassment and sexual violence. For some, it was just the right to have control over their own bodies. Most of these issues continue to be central to women's justice movements today.

While the economic structure in the United States blocks opportunities for many people, women still face higher hurdles to jump over to make it in today's world. When it comes to healthcare for women who are working or seeking to gain employment with quality healthcare, useful and widely available options are still rare. Women are likely to be the ones who care for their elderly parents or family members with special needs. Their healthcare needs are costly and invisible. Even with the Affordable Care Act, I still see our nation falling short when it comes to upholding the right to quality, affordable, and holistic healthcare for all women. This can stop women from entering the workforce, especially

when a woman and her family are dealing with health concerns. Women of today's generation often feel encouraged to stay in poverty and stay sick in order to get public health benefits, since the prospect of getting healthcare *and* making a livable wage at a job can be bleak.

Experiences across the spectrum of violence against women—from economic to physical and sexual violence and beyond—continue to increase a woman's susceptibility to becoming HIV positive. In circumstances where women are not able to receive the necessary means to survive and take care of themselves and their families, preventing HIV becomes a matter for an ideal world.

If our society truly wants to end violence against all women, we must stop putting a Band-Aid on the issues that women face—and do some sincere surgery on our culture.

Some of PWN-USA's solutions for ending violence against all women:

- Repeal all laws that criminalize HIV, and provide sensitivity trainings to law enforcement, health care workers, violence specialists, and child protection services.
- Build care providers' skills to assess and address signs of violence and trauma.
- Institute comprehensive primary care programs that are informed about trauma in sites serving women and HIV-positive women.

Teresa Sullivan is a member of PWN-USA's Board of Directors.

It's a Right: Health Care for Transgender

by Josh Franklin

What does 'transgender' mean?

To understand what it means to be transgender, we first have to understand gender identity. Gender identity is whether somebody feels on the inside that they are a man, a woman, or something else. Gender identity is different from sex (what a person's body looks like) or sexual orientation (the gender a person is attracted to). When a person's gender identity is different from the gender they were given when they were born, that person is called transgender. Trans people use many words to talk about themselves, including trans, transsexual, MTF or FTM, transman, transwoman, pre-op/post-op/non-op, and person of trans experience. These words mean different things for different people. The only way to know what to call somebody is to ask them.

Doctors can help support transgender people, but they cannot tell somebody what their gender identity is. You are the only person who can say what your gender is. Everybody has the right to live as the gender they feel they are.

What medical options are there for transgender people?

Doctors ask questions about gender identity in order to see what kinds of treatment could help. In counseling, patients can talk about their gender identity and other difficult parts of their lives. Counselors can also offer advice about social aspects of expressing your gender, like clothing and grooming.

Some trans people use hormones. Hormones are in the body naturally, and males and females have different amounts of different kinds of hormones. Doctors can prescribe hormones to help transgender people have a physical appearance that is closer to the gender they feel themselves to be. Doctors can also prescribe medicines that block the effects of hormones that are naturally in the body. These treatments can cause the development of secondary sex characteristics, like breasts and changes in hair growth. They can also cause changes in muscle and fat, as well as emotional changes. The impact of hormones is different for different people. It is important to take hormones prescribed by a doctor to make sure you are taking the right amount and to watch for serious side effects, like blood clots.

Some transgender people also have gender-confirming surgeries. For transgender women, this can include making breasts, removing the penis and testes, and making a vagina. For transgender men, this can mean removing breasts, removing the internal female reproductive organs (the uterus and ovaries) and making a penis. Some trans people also have surgery to make their face look more masculine or feminine.

There is no one right way for transgender people to affirm their gender. Trans people who have surgery are not more transgender than those who do not. It is entirely a personal choice. Doctors can give

People in Prison

advice about different treatments, but only the patient can say what treatment they want. The steps a trans person takes to begin living full-time as their true gender are called "transition." Trans people may get care from doctors, legally change their name and sex, and change the way they dress and groom themselves. Transition can take many years, and it is necessary for trans people's well being.

Being transgender in prison

Prisons often prevent trans people from using their preferred name, dressing in a way that matches their gender identity, or legally changing their name. Many prisons house trans people in inappropriate facilities based on their birth sex if they have not had genital surgery. Trans people face violence and assault, and if they report threats or assaults or that they feel generally unsafe, they may be put in solitary confinement.

It's often hard for transgender people to get access to good health care in prison. Several court rulings say that trans people have a right to transgender-specific healthcare. However, we know that many trans people in prison are not able to get this care, even when the prison has a policy that they should be able to. This is dangerous, especially because it's important to continue treatments such as hormones once you've started. Transgender people in prison may need to file grievances and pursue litigation to get the care they need.

What other health issues should transgender people know about?

Transgender people face all the same health concerns as people who are not transgender, but trans people often don't talk to doctors, because they are worried that their doctor won't understand their gender identity or will treat them badly because they are transgender. Doctors usually want to help, but many times they don't know how to care for transgender people because they have not educated themselves about what it means to be transgender and have not treated many transgender people before.

In addition to general health issues, trans people and their doctors should talk about necessary assessments that are specific to one gender. For example, transgender men should still be screened for breast cancer, even if they have had surgery to remove their breasts. This is one of the reasons it's important for trans people to talk to their doctors about their gender identity, even if the doctor doesn't ask. Trans people have the right to get appropriate and respectful care from doctors who understand their specific issues.

We want to hear from you!

Are you a trans person living behind bars? What are your top three tips and tricks for surviving and thriving on the inside? We will gather your input and print the most helpful responses in the next issue of *Prison Health News*. Write to us at:

Philadelphia FIGHT
Prison Health News
21 S. 12th St, 7th Floor
Philadelphia, PA 19107.

Is There Any Help For My OCD?

by Dean Stone, Buckingham Correctional Center, VA

If I had one nickel for every time I heard of someone here in prison having some odd behaviors or being labeled Obsessive-Compulsive Disorder (or OCD), I'd be able to afford that crack team of lawyers who would get me out of here. But recent articles and books indicate that a great deal of progress in treating OCD can occur even without intensive psychotherapy or medication. People in prison have the opportunity to use the four-step treatment method outlined by Dr. Jeffrey Schwartz in his book, *Brain Lock: Free Yourself from Obsessive-Compulsive Behavior*.

OCD occurs when thoughts spiral out of control, sometimes including all-consuming rituals that we think will avert some imagined catastrophe. There is no realistic connection between the behaviors and the feared catastrophes. OCD is related to a biochemical imbalance in the brain that can effectively be treated without drugs.

Dr. Schwartz describes OCD as the brain sending false messages of distress that other parts of the brain do not recognize clearly as false. The automatic movement part of the brain locks on a pattern and does not shift properly to the next or other thoughts. A common example is washing one's hands 20 times before breakfast. In the movie *The Aviator*, Leonardo DiCaprio spoke a phrase, "I need to see the blueprints," dozens of times. To people with OCD, the realization that these compulsions are caused by a biochemical

imbalance in the brain can come as a great relief.

With this self-help therapy, not only is external behavior changed, but brain chemistry is changed by one's behavior and becomes more healthy. What can be wrong with increased self-control? Why wouldn't this improve the ability to cope with difficult housing conditions while imprisoned? It will also help us have one less hang-up upon release.

The four steps Dr. Schwartz speaks of in dealing with OCD may take weeks or months of hard work. Please see a copy of *Brain Lock* for more details.

- **Re-label:** Seeing one's obsessive thoughts or compulsive urges as what they are: unpleasant and unwanted. Refuse to take bothersome thoughts at face value. They're wrong!
 - **Re-attribute:** Remind yourself, "I'm having this bothersome thought because of a medical problem. It's a biochemical imbalance in my brain."
 - **Re-focus:** Train yourself to turn to more constructive behaviors, such as exercising or reading. Try to do this for just five or 15 minutes to start.
 - **Re-value:** Realize the bothersome thoughts are not worth paying attention to: "That's just a senseless message. I'm going to focus on something worth my time instead."
- Dr. Schwartz's methods can help tens of thousands. Perhaps it will help you and me too.

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 Bos 15144
Sacramento, CA 95813
Online monthly newsletter on hepatitis C events, research, and educational materials (some materials also available in Spanish). One sample issue free to people in prison.

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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*Envelopes stuffed
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