

# prison health news

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

Issue 6, Spring 2006

## Who We Are...

We are on the outside, but we were inside before. We've been where you are now and know what it's like...and survived it. We are ex-offenders 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,  
John, Waheedah, Jeanette,  
James, & Sam



The Prison Health News Cross, by Tyler Kemp, #55423, PO Box 22800, Lincoln, NE 68542-2800

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# write an article!

We have gotten lots of requests for articles already, and we know that everyone who reads this newsletter will have questions or his or her own story to tell.

If you have advice for other prisoners dealing with health issues, write to us. We will feature you in “Words to Live By.”

If you have a question, write to us. We will write you back and may publish an article on your question in *Prison Health News*.

If you want to write an article on something you think is important for prisoners’ health, send it and we will consider publishing it in *Prison Health News*. You can also write us first to discuss ideas for articles.

*If you want your name kept confidential, you can sign your article with your first name or “anonymous.”*

In coming issues, we will cover:

- \* Nutrition,
- \* Exercise,
- \* Getting Support While You Are Incarcerated,
- \* How to Advocate for Yourself,
- \* HIV Treatments,
- \* Hepatitis C Treatments,
- \* Treatment strategies for HIV and hepatitis C Co-infection,
- \* Depression,
- \* Getting Out,
- \* Staying Clean When You Get Out,
- \* Welfare, Food Stamps, and Medical Assistance,
- \* Housing,

# Roll Call for COs:

*By Waheedah Shabazz-el*

*We have given this presentation to every CO in the Philadelphia Prison System. Now we want to pass on the facts about HIV to PHN readers - COs and prisoners - so you know how to keep yourselves safe.*

We know you see a lot of people with HIV at your correctional institution. As many as 7% of inmates test positive, and we all know that more people probably have HIV because many don’t talk about their HIV status while they’re locked up.

We know you’re worried about getting HIV and you have every right to be.

## How Can You Get HIV?

There have always been a lot of rumors about how HIV can be spread, but in reality there are only a few ways to get HIV.

HIV is only in: *Blood, Semen, Vaginal Fluids, and Breast Milk.* For you to get HIV, that fluid has to get inside your body. So people get infected by having unprotected sex, sharing needles if they use drugs, and breast-feeding their babies.

People don’t get HIV through: *Spitting or Coughing*, because HIV isn’t airborne; *Sweat*, because HIV isn’t in sweat; *Touching*, because HIV can’t live on the skin; and *Feces*, because HIV isn’t in feces (it’s Hepatitis A that is in feces).

HIV exposure at your job: For most of the things you will encounter on the job, your risk of getting HIV is really low. *Fights*—If you have to break up a fight, even if there is blood, so long as you don’t have an open cut, HIV cannot get into your body. *Bites*—Even getting bitten doesn’t put you at much risk for HIV. HIV isn’t in spit, and when you get cut blood rushes out not in. So even if an inmate breaks your skin with their teeth, it would be hard for HIV from their body to get inside yours.

# What You Need to Know about HIV

and John Bell, ex-offenders

## Protect Yourself!

But “hard to get” isn’t zero, so we want you to know about how to keep from becoming HIV positive even if you are exposed. If you get exposed to HIV, you can take 1 month of HIV medications-called Post Exposure Prophylaxis (PEP). It is best to start PEP within 2 hours of being exposed. But as long as you start PEP within 48 hours, you won’t get HIV.

If you are worried that you might have gotten exposed to HIV, talk to your supervisor so you can start PEP.

## Take A Stand!

We know that all of you have fears about getting HIV. These are the same fears going through the inmates’ heads. Many people find out they have HIV in prison. They are scared and upset, because they don’t know that there are medications to fight HIV that will let you live a healthy, normal life. Those who do know about HIV meds often won’t access them because they are afraid of the bad treatment they will receive from other inmates.

You can really help with this in your professional roles as COs. Discourage negative behavior from other inmates. If you find out an inmate on your block is HIV positive, keep that information confidential. If an inmate is going to see the HIV doctor, pull him aside one-on-one instead of announcing it on the block. Do whatever you can to protect inmates’ privacy in med lines, so that other inmates don’t see them taking a handful of HIV pills. If you do something special to protect HIV+ inmates’ confidentiality, do the

same thing for everyone. Otherwise you single people out, and other inmates may catch on.

## Keep It Safe!

The inmates with HIV will thank you and that will keep you safer. When you help an inmate get to sick call, you are making the jail safer. When you help an inmate get his meds, you are making the jail safer. When you help an inmate with his/her referral for HIV/AIDS counseling or testing, you are making us all safer.

## We’re Here to Help!

On the last page of this newsletter, there is a list of health organizations that work in prisons. Or you can always write to *Prison Health News* for information. We’re here to help however we can. ❖



John Bell, Philadelphia FIGHT with Commissioner Leon King, Philadelphia Prison System (PPS). Commissioner King told John, “If you are in PPS and have HIV, please go see Dr. D and take your medications. I want you to live.”

# Make Sure You're Staying Healthy:

by Karen Goldstein, MD

Most of us only go to the doctor when we are sick or don't feel well. But part of staying healthy is getting regular check ups, so that you can catch serious illnesses early enough before they have a chance to make you sick. Your primary care doctor should offer you certain tests *depending on your age*. In this article, we will tell you what they are and why you need them, so that you can ask your doctor about having them done.

## What are Routine Health Screenings?

Routine health screenings are the tests that your doctor gives you to make sure that you do not have an illness/disease or are at risk for developing one. Even the healthiest person has a chance of getting sick. Certain illnesses are relatively common, and can be doing damage to your body even *before* they cause symptoms. But many of these illnesses are very treatable if they are caught early on.

Your doctor should offer you screening tests to look for these illnesses or diseases on a regular basis. This means that even if you feel well, you should still have these tests done!

Sometimes, because of illness your family members may have had (like colon cancer) or other illnesses that you may have (like HIV or Diabetes), you can be at increased risk for developing similar or related conditions. If you are at increased risk, your doctor may offer screening either more often or starting at a younger age. Ask your doctor if your particular health issues

put you at increased risk!

## Screening Tests for Women

### Pap Smear (or Papanicolaou test):

*What is it?* A pap smear helps your doctor know if your cervix is healthy. Your cervix is the lower end of the uterus, located at the top of the vagina. With a pap smear, your doctor can look for cervical cancer or signs of abnormalities (like HPV—the human papillomavirus) that can lead to cervical cancer later on.

*How is it done?* Your doctor does a pap smear during a pelvic exam by collecting a small number of cells from your cervix. Your primary care doctor can perform a pap, or you can go to a gynecologist to have it done.

*Who needs it?* Every woman should have a pap smear once a year starting at age 21 years or when she becomes sexually active. Women who have HIV or who have had abnormal paps in the past may need them more often.

### Mammogram:

*What is it?* A mammogram helps your doctor know if your breast tissue is healthy. With this screening test, your doctor can tell if you have breast cancer or abnormal breast tissue. A mammogram can find early signs of cancer even before you can feel a lump in your breast.

*How is it done?* Your doctor will write you a prescription to have a mammogram. Your doctor's office will help you to find a facility nearby to perform the mammogram. That facility will send your doctor the results.

*Who needs it?* In general, women should have a mammogram once a year after they turn 40 years old.

# Routine Health Screenings

Women who have a family history of breast cancer may need to have them at a younger age.

## **Screening Tests for Men**

### **PSA (or Prostate-Specific Antigen):**

*What is it?* A PSA is a test your doctor can do to see if your prostate is healthy. Your prostate is the gland that makes the fluid in semen. With a PSA test, your doctor can check the level of prostate-specific antigen (PSA).

Everyone's prostate makes PSA, but high PSA levels can be a sign of inflammation in your prostate (Prostatitis) or prostate cancer.

*How is it done?* A PSA is a blood test. After you get your blood drawn, the tube of blood will be sent to a lab to analyze. The results will be sent back to your doctor.

*Who needs it?* There is disagreement on who should take this test. You should discuss whether this test is right for you with your doctor.

## **Screening Tests for Everyone**

### **Lipid Panel:**

*What is it?* A lipid panel measures your cholesterol to see if you are at higher risk for heart disease. This test looks at four things: *Triglycerides* (TG), *Low-Density Lipoprotein* (LDL or "bad cholesterol"), *High-Density lipoprotein* (HDL or "good cholesterol") and *Total Cholesterol* (TC). Having high "bad" cholesterol (LDL) or low "good" cholesterol (HDL) can increase your risk for heart disease.

*How is it done?* A lipid panel is also a blood test. Your blood will be analyzed at a lab, and then the results will be sent back to your doctor.

*Who needs it?* Everyone should have this checked at least once after age 20 and then every five years depending on what their levels are. If you have diabetes or a history of heart disease, you may have different goal levels.

### **Colonoscopy:**

*What is it?* A colonoscopy is a test your doctor can do to make sure your colon is healthy. Your colon (large intestine) is the last stop on your digestive tract. It is responsible for absorbing water and other body fluids from your food waste so that it can be eliminated as a bowel movement. With a colonoscopy, you can look for early signs of cancer in your colon.

*How is it done?* In a colonoscopy, the doctor uses a tube-like camera to look at the inside of your colon. Your doctor will write you a referral to go see a specialist who will perform the colonoscopy, and the specialist will send the results back to your doctor.

*Who needs it?* Everyone should have this done after the age of 50. If you have anyone in your family who has had colon cancer, you may need to have this done at an earlier age.

## **Staying Healthy**

It is important to realize that these tests are not perfect! Occasionally they can miss evidence of disease. However, if you don't look, you may not know until it is too late.

Staying healthy is important for everyone, especially if you are HIV positive. Ask your doctor what screening tests are right for you.

**Take charge of your health! ❖**

# General Advice on Getting Out

*-anonymous*

I work in the prison systems in New Jersey. I assist inmates preparing for discharge into the community. I receive many inquiries from inmates already in the community or in Halfway Back programs needing assistance. While I am limited in what I can do for them because they are not my clients, I would like to offer *some general advice* for those currently in the correctional system.

If you're in need of housing, be forewarned there is very little out there. Be prepared that you may have to stay in a shelter. As soon as you are released, the local Board of Social Services is the best place to start. Make an appointment if possible with someone who can offer you information and referrals. If appointments aren't possible, *get there early in the morning*. Speak clearly, have your questions and concerns written down. Be organized and polite. If you are from a particular community (Latino, Black, HIV+, gay) there may be local

agencies that can also assist you in finding services.

Local libraries are also a good source of information. You can look through local newspapers and find information on jobs available. They also have internet access and computers for preparing resumes. Many larger areas have career centers that can assist former inmates in obtaining employment.

If you are fortunate enough to have family to stay with, *find a local food bank service*. This is a good way to assist your family until you get back on your feet.

When you find employment, set up a bank account and a budget. If your money is in the bank, you are less likely to spend it frivolously. Only keep out what money you need to get you through the week.

Lastly, be patient! You are going to have difficulties and frustrations. Reestablishing yourself is not easy, but life in prison is even harder! ❖

## Words to Live By

*-By Raymond G. Gerth, prisoner*

It's near impossible to measure all of the forces that assault an inmate's frame of mind, throughout their sentence, due to the thousands of complex environmental, psychological, and metaphysical variables, which combine to create an emotional storm of immense proportions, under their long dark cloud of confinement.

You cannot estimate the staying power of one's reason, simply by

testing their stamina with experiments of incarceration, which will ultimately change for the worse even the most positive of attitudes.

You cannot weigh the burdens one bears from guilt, sorrow, and dehumanization, with any kind of scale. You cannot check the temperature of one's fury at repeated and senseless integrity and intelligence insults with a thermometer. *(continued on pg 7)*

*(Words to Live By, continued from pg 6)*

You cannot determine the level of one's anxiety by adding equal amounts of counterproductive therapy to the balance.

You cannot assess how apathetic the creative brain becomes after years of tedium with a common rule.

You cannot gauge to any degree the empty vacuum that forms when one is desolate and lonely beyond hope, within the crush of unwanted humanity with any protractor.

You cannot judge the decline of spirituality in anyone after they discover the denial of religious services on any type of value score.

You cannot regulate the tendency towards violence in anyone who is constantly disrespected, day in and day out with some sort of calibrator.

You cannot rate the pressure one undergoes in conditions of overly crowded confinement with areas of volume.

You cannot evaluate the terrible stress one experiences, weeks on end with a tensile strength indicator.

You cannot plumb the depths of anyone's depression with a sounding line, nor fathom the hopelessness that strikes the one who receives an unjust and too long prison term with a simple timepiece.

Yet, pretty much the only psychological therapy that an emotionally distraught person can hope to receive is from a salaried prisons staff member whose driving motive will be to protect both his own paid position, and that of his employer's, for the most part, by making their patient feel at fault. ❖

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*Man with Black Ink Pen,  
by B. Pat, Books Through  
Bars, Contexts Collection*

## **information resources for people in prison**

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

### **Project Inform**

Outreach and Education Department  
205 13th Street, Suite 2001  
San Francisco, CA 94103-2461  
information & newsletters on HIV  
\*free to prisoners

### **Fortune News**

Subscriptions  
c/o The Fortune Society  
53 West 23rd Street  
New York, NY 10010  
newsletter on criminal justice issues  
\*free to prisoners

### **National HCV Prison Coalition**

Hepatitis C Awareness Project  
PO Box 41803  
Eugene, OR 97404  
newsletter & information on hepatitis C  
\*free to prisoners

### **Prison Legal News**

2400 NW 80th St. #148  
Seattle, WA 98117  
newsletter on prisoner rights & court rulings  
\*sample issue \$1. unused stamps OK.

### **Southern Poverty Law Center**

PO Box 548  
Montgomery, AL 36101  
Publish "Protecting Your Health and Safety:  
A Litigation Guide for Inmates"  
\*\$10 for inmates.

### **The Books 4 Prisoners Crew**

PO. Box 19065  
Cincinnati, OH 45219  
Publishes "Inside Out" a prisoner resource  
guide with over 600 listings for prisoner  
support groups and a review of services  
provided by each one.  
\*\$6 for free world folk. Prisoners who  
would like a copy should send one of the  
following--\$0.60 in unused stamps, a  
\$0.60 prisoner money order made out  
to "Books For Prisoners," or 2 clean  
embossed envelopes.

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# **advocacy and support resources for people in prison**

**If you need help while you are locked up, or when you get out, contact:**

## **In Philadelphia, PA**

Philadelphia FIGHT

1233 Locust Street, 5th Floor

Philadelphia PA 19107

(215) 985-4448--no collect calls

Contact: Laura McTighe

## **In New York City, NY**

Women Prison Association  
& Home Inc.

175 Remsen Street, 9th Floor

Brooklyn, NY 11201

(718) 797-0300--for collect calls from  
inside New York Jails/Prisons

(718) 637-6818--no collect calls

Contact: Leah Bundy

## **In New Brunswick, NJ**

Project Connect

PO Box 824

New Brunswick, NJ 08901

999-999-9999--for free calls from

inside New Jersey State Prisons

1-800-433-0254--toll free in NJ

Contact: Nadia Matar

## **In Miami, FL**

Care Resource, Miami

3510 Biscayne Blvd, Suite 300

Miami, FL 33137

(305) 573-5411--no collect calls

Contact: Intake Counselor

## **In San Francisco, CA**

Continuum Springboard

225 Golden Gate Avenue

San Francisco, CA 94102

(415) 823-0414--no collect calls

(415) 823-0415--no collect calls

Contact: Helen Lin or Charlie Wilson

## **In Houston, TX**

Houston Montrose Clinic

215 Westheimer

Houston, TX 77006

(713) 830-3000--no collect calls

Contact: Chris Jimmerson

Every organization on this list provides case management, medical care and support services for people when they get out of prison. Most of these organizations specialize in HIV care. Every organization distributes Prison Health News.

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 a great organization that is missing from this list.

**prison  
health  
news**

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We are grateful for  
financial support from  
Boehringer Ingelheim  
and Orthobiotech

## **subscribe!**

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