

prison health news

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

Issue 15, Winter 2013

Who We Are...

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

We will be talking about health issues. For example, what is good nutrition? Where can you get services and information on the outside? We want to take your health questions seriously and break down complicated health information so that it is understandable.

We're also here to help you learn how to get better health care within your facility and how to get answers to your health questions. Don't get frustrated. Be persistent. In prison, it's often hard to get what you want, but with health information, it doesn't have to be impossible. Join us in our fight for our right to health care and health information.

Read on...

From,
Bernard, Gary, Gena,
George, Hannah, Kyle, Laura,
Naseem, Ralph, Samantha,
Stacey, Stan, Suzy, Teresa,
Theodore, Tré, and Tyrone



As We Wait #1, by Colin Matthes
Justseeds Artists' Cooperative - justseeds.org

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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 more questions about any health issues or anything you read in *Prison Health News*, please write us at:

Prison Health News
c/o Philadelphia FIGHT
1233 Locust Street, 5th Floor
Philadelphia, PA 19107

Interview with by Naseem Bazargan

What is YASP (Youth Art & Self-Empowerment Project) **all about?**

We are a youth-led organization working to repeal the laws that allow young people to be tried as adults [in Pennsylvania]. The current law is if you are tried for anything that can be considered a violent crime, you will automatically be charged as an adult, and you will be held in an adult prison pretrial. Before 1996, you could only be automatically charged as an adult for murder, and all other cases the DA had to petition to get you charged as an adult. [Act 33] made it so that the crimes you could be charged for varies; it could be anything considered violent, and the DA has the discretion on what's violent and what's not. We don't think young people should be charged as adults at all. We want them to repeal the amendment so it could be like it was before 1996. We have facts that show that since 1996, charging young people as adults, it never reduced crime.

And how did you get involved in the work?

I was locked up in adult jail for 18 months at the age of 16, and then my case was dismissed. Me and a couple other people who were locked up and charged as adults came home around '07. We all sat down and came up with a way to challenge the law that let young people be tried as adults.

What advice do you have for our readers?

People should be informed about what's going on as far as the law in our neighborhoods and the laws like Act

Joshua Glenn of YASP

33, what the sentencing guidelines are, what their rights are. If we sit down and talk to most of these young people about the school-to-prison pipeline and how many black people and poor people are incarcerated, how many young people are criminalized, harassed—if we talk about all the facts like stop and frisk, we talk about how schools are designed and how much they spend on suburban public schools versus urban, when we talk about all of those things, young people, it really makes them think, "Wow, there's a bigger system out there that is here for me to fail, and I don't want to go do that." We tell young people what's going on, and then we empower them to fight back.

How should we deal with juveniles who break the law?

Young people need education, they need mentors, and they need guidance. In these urban, low-income neighborhoods, a lot of young people don't even have family support or people in their household helping them deal with their problems. And when they go to school, they don't have counselors or the proper learning they need. They've got overcrowded classrooms. The only time they really get attention is when they go out into the neighborhoods and they're around people that do wrong. We need to invest in education and our communities. And when young people do crime, you have to give them training and help when they come out to make a good transition and get jobs. Young people don't have reentry

programs at all. There is no reentry program for somebody that was 15 and did 2 years and has an adult record. They need to know about the resources that are out there, like the different community-based programs that help ex-offenders.

What is it that helps you continue to be inspired and work toward these goals?

I just think about the urgency of how young black kids are being criminalized. I know it's possible—we just have to reach out to a lot of young people and give them the knowledge and then tell them our personal stories. It's just wrong, and as long as we allow it, it's just gonna be in place. We have the facts. We have a movement challenging it. I just know it's possible that we can change it.

In June 2012, the U.S. Supreme Court ruled in *Miller v. Alabama* that mandatory sentencing of juveniles to life without parole is unconstitutional. If you are a juvenile lifer, it is important to get up-to-date information about whether or not appealing your case might change your sentence. Nationwide, there are about 2,500 juvenile lifers, with Pennsylvania incarcerating the most (480 juvenile lifers). For current policies, advocacy, and to share your personal stories, write:

Campaign For Youth Justice
1012 14th St NW, Suite 610,
Washington DC, 20005.

What's on Your Mind

by Tré Alexander

Life can be difficult to navigate, but it can be more of a challenge if one doesn't have the ability to effectively process the experiences and information that come one's way.

How do you make sense of your experiences and thoughts? Are you seeing things clearly? Could the way you see things be clouded due to people, places and things? Or could your reactions be due to stress or trauma that you've experienced? In this brief article, I want to address **what's on your mind** and highlight your mental health, which is essential to your thoughts, emotions, actions and reactions to the world around you. We are going to discuss **Depression** and **Post-Traumatic Stress Disorder (PTSD)**. **What are they? How do we recognize them and get help in addressing them behind the walls? Well, let's begin!**

What is depression? Most people have experienced sadness at some point in their lives. That sadness can be brought about when a person experiences loss. Clinical **depression** is when someone feels intense sadness but also may feel hopeless, helpless and worthless. These feelings can be so debilitating and overwhelming that the person can lose interest in things they would normally enjoy doing.

According to the National Institute of Mental Health (NIMH), symptoms of depression could include: difficulty concentrating, remembering details, and making decisions; fatigue and decreased energy;

insomnia, early-morning wakefulness or excessive sleeping; irritability; restlessness; loss of interest in activities or hobbies once pleasurable, including sex; loss of pleasure in life; overeating or appetite loss; persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment; persistent sad, anxious, or **empty** feelings; and/or thoughts of suicide or suicide attempts. Sometimes the symptoms of depression can happen in patterns—a person can experience a form of mania with their depression, or the depression can be seasonal.

How is depression detected and treated? The **NIMH** believes that for a person to receive appropriate treatment, they should visit their primary care physician first. The doctor will do a physical exam as well as lab work, because many people are unaware that viruses and even thyroid disorder can cause depression. Once the doctor is able to rule out a physical ailment or medical condition as the catalyst for the depression, the person is referred for a psychological exam. A mental health professional conducts an exam that includes questions about family history of depression and mental health, your history and symptoms of depression, and whether or not you use drugs and alcohol. Once diagnosed, one may be treated with psychotherapy and/or antidepressants.

What is PTSD? PTSD is an anxiety disorder. It can occur when a person has been exposed to or lived

through a dangerous or negative event. The **NIMH** states that a person who is a survivor of physical or sexual assault, abuse, an accident, a disaster, or many other serious events can develop PTSD.

PTSD can also occur when an event hasn't directly happened to you but affects you. For example, someone close to you suddenly passes away, or someone close to you is injured or harmed. The **NIMH** places the symptoms of PTSD into three categories. First, **Hyperarousal**, in which a person can be easily startled, feel constantly on edge, or even have outbursts of anger. Second, **Avoidance**, in which a person may avoid people, places or things that trigger memories of the traumatic event. The person can feel depressed or emotionally numb, have feelings of guilt, and/or even stop doing tasks and activities they used to enjoy. The last category is **Re-Experiencing**, in which the person can relive the event over and over again and have terrible dreams and bad thoughts.

How is PTSD detected and treated? To be diagnosed with **PTSD**, a person must have symptoms in all three of the above categories for at least a month, and those symptoms must make it difficult for a person to carry out their normal everyday tasks or routines. To treat PTSD, a person would have to see a counselor (preferably a psychotherapist) or be placed on medicine, or both. The style of treatment would vary based on the person's individual needs and whether or not there are other issues involved, like drug and alcohol addiction, abuse, or domestic violence, for example.

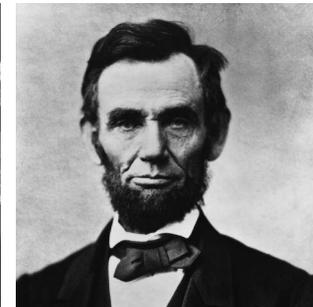
How do you address your mental health behind the walls? It's important for someone who has experienced trauma to talk with someone from the mental health department and be evaluated by an onsite counselor or therapist. Talk to them about **what's on your mind**, the type of thoughts you have, family history of mental health, your physical health, your drug and alcohol history, and what you believe triggers

your stress or anxiety. Discuss with them how to initiate or develop the appropriate coping skills in dealing with your trauma. Dealing with your mental health will aid you in becoming more stable and able to live a happier life.

**What do these two people have in common?
They both suffered bouts of depression!**



Beyoncé Knowles
in Central Park, 2011
Photo by Jonathas Davi



Abraham Lincoln,
16th President
of the United States

HIV and Mental Health

by Suzy Subways

If you have HIV, you know that it can come with a lot of stress. Starting when people are first diagnosed, it's normal to feel overwhelmed, afraid, angry, sad, and/or anxious. But you don't have to keep feeling that way.

Serious mental health conditions, such as bipolar disorder, post-traumatic stress disorder (PTSD), schizophrenia, and other disorders, can increase a person's risk of getting HIV and make it harder to get HIV medications and support. If you have a mental illness, there are options for treatment.

It may be hard to tell your doctor about your mental and emotional health, especially in prison. But it's important to tell medical staff—it is their job to evaluate your condition and give you quality care. Whether or not you receive adequate care for your mental health, you will need skills to build your resilience and care for yourself.

The feelings you have are not right or wrong; they just are. But feelings come and go, and you have choices about how you respond to your feelings.

Fear and anxiety: It can be scary not to know what to expect after you've been diagnosed with HIV or how others will treat you if they find out you have the virus. Learn as much as you can about HIV. HIV is now a very treatable disease, and most HIV positive people can live long, healthy lives with treatment. If you have

friends and family on the outside, stay in touch and

ask for support. If your facility has a support group for people living with HIV, join. Helping others who are in the same situation may remind you of your strength and lessen your fear. Talk to your doctor about medicines for anxiety if the feelings don't lessen with time or if they get worse.

Anger: If you feel angry, don't be afraid to admit that to yourself. Many people are upset about how they got HIV and can be angry at themselves and others. If there is someone you can trust to talk to about these feelings, talk to them. Write a letter to a friend or relative on the outside, or just write in a journal for yourself. Exercise can relieve some tension and anger.

Trauma and PTSD: PTSD is a mental health condition that's brought on by a terrifying event. People with PTSD may have flashbacks, nightmares, severe anxiety, and uncontrollable thoughts about the event. Having experienced trauma is a known risk factor for behaviors that put one at risk for HIV. The HIV diagnosis itself can be a trauma.

Depression: Research shows that people living with HIV are more likely to have depression. Depression affects people's ability to take their HIV medication as directed, and it impacts quality and length of life. Sean Strub, founder of *POZ* Magazine, who almost died of AIDS in 1996, said in a 2004 interview, "Depression has been more invasive to my health and more frightening to me than AIDS has ever been." It is

important to be able to notice symptoms of depression early. These can include changes in appetite, changes in sleep, feeling sad, feeling guilty or worthless, thinking about death or suicide, your body slowing down and not working as fast as usual, agitation, not finding pleasure in stuff you usually like, not taking your HIV meds, and some others.

Some medications used to treat HIV can cause or worsen depression, especially efavirenz (Sustiva). So it is best to find out what side effects your HIV meds and antidepressants might have. Also research how they interact with each other—for example, does one medication lower the levels of another medication in your blood?

Stress: Under excessive stress, your CD4 (T-cell) count can go down. Elizabeth Lombino, a social worker who counsels people living with HIV, writes about a client who would ask herself: "Is this situation worth me losing a T cell over?" It helped the client stop worrying and protect her health by relieving stress. Stress also impacts our bodies by causing tight muscles, upset stomach, and trouble sleeping. But we can use our bodies to help relieve the stress, starting with a deep, cleansing breath. Try to get enough rest and eat well. Lombino also recommends: Exercise; Light stretching and yoga; Quiet time; Looking at a calming picture; Closing your eyes and imagining a calm place, like the beach; Humor; Prayer; Writing; Therapy; and Reading a good book.

Wellness behind bars: To help you handle any of these challenges, you may want to seek out a counselor, psychologist, or chaplain, if there is one at your facility. Pen pal programs could connect you with someone to write letters with. You can use self-help books to build your skills and resilience. You can get through this.

Pen Pal programs:

WriteAPrisoner.com
P.O. Box 10
Edgewater, FL 32132
Black & Pink (for LGBTQ people.
See page 11 for address)

Books:

[The Mindful Way through Depression](#) by Mark Williams, John Teasdale, Zindel Segal, and Jon Kabat-Zinn
[Anger: Wisdom for Cooling the Flames](#) by Thich Nhat Hanh
[Forgive for Good](#) by Dr. Fred Luskin
[The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth](#) by Glenn Schiraldi
[Feeling Good: The New Mood Therapy](#) by David D. Burns, MD



Artwork by Selvyn Tillet
Safe Streets Arts

Surviving the American Prison

by Bro. Khalfani Malik Khaldun

I came to prison in 1987. I was 17 years old. I have developed a PhD in the contradictions and deteriorating living conditions in Indiana's prison system. Prison health care that once catered to a prisoner's well-being is non-existent. Today, prisons are privatizing health care, and money over genuine care is the primary concern.

There are real concerns, with high blood pressure, hepatitis C, diabetes, deteriorating eyesight, heart attacks, and many cases of severe mental illness. One comrade named Abu Fletcher developed diabetes in his late 30s. He later developed gangrene in both legs, and they had to cut them off. Six months after his surgery, he died. This man was once the epitome of robust energy and youth. Poor health care killed this brother.

In 2004-2008, while I was in 23-hour solitary confinement, three young mentally ill prisoners committed suicide. One of them in particular, Kevin Mitchell, who lived next door to me, takes special mention. He was out of his psych medications and repeatedly asked to be seen by the medical department. He was denied by prison guards. He threatened to commit suicide but wasn't taken seriously. He then set a fire in his cell and put himself in the middle of the fire. By the time the shift supervisor/ranking officials got to him, he was dead. I tried to talk him down, but he was too far gone.

The smell of his burned flesh made me vomit

up my breakfast. I said a silent prayer for him.

I wrote the local press and exposed what happened. I also wrote his mom, expressing my heartfelt sorrow about her loss, and I helped her understand how important it was to get a lawyer and file a wrongful death suit against the Indiana Department of Corrections. I also wrote her an affidavit detailing what all went down at Wabash Valley Prison on the SHU unit. Shortly afterwards, a federal mandate was ordered from the court to remove all mentally ill from close confinement.

How I contacted the press? I got a list from the law library of newspapers/news stations, prepared a solid statement for release, and my outside contact e-mailed it to them. I chose reporters who have shown an interest in similar issues or prison stories. Prisoners should always write in the first person. Be honest and precise. Be sure to proofread for mistakes/improper spellings. Doing



Artwork by Jose Rhenick
Safe Streets Arts

Experiment

this, you'll be taken seriously. Your words should be direct and persuasive.

Many of the men who were my introduction/educators into prison life when I came in so young, I had the unfortunate reality to watch them grow old and sadly deteriorate into crippled old men. Poor prison health care killed two more of my comrades. Brother Quarter and Brother Bogie-Bey had severe chest pains but were sent back to their cells. These men died from massive heart attacks at the hand of uncaring health care administrators and disrespectful staff.

Prison is a naturally stressful environment. My remedy for years has been:

- 1) Create an effective exercise program that includes cardio routines
- 2) Cut down on foods with salt and sugar—as we get older, they are bad on the body
- 3) Communicate with family and friends who will be aware of your health situation
- 4) Study all prison medical policies to educate yourself on what your rights are to adequate health care
- 5) Contact a lawyer to assist in the legal support you need to hold them accountable

Prisoners are “wards of the state.” We are held against our will in the care of the department of corrections. They have a duty to ensure we are well in their care. What I have seen occur here isn't supposed to be happening. The reality is they will kill you or let you die. Period. Become

pro-active in your own medical situation—if not, I might be writing about your passing next.

I am trying to leave here with my sanity and health intact. I have already lost my hair, a couple teeth, and I refuse to lose anything else. Peace and blessings, comrades on the inside.

In solidarity,
Bro. Khalfani Malik Khaldun
#874304 (Leonard McQuay)
GCH/17-2C
PCF 4490 W. Reformatory Rd.
Pendleton, IN 46064

She's My Angel

by Michael McDermott

In my mind, I see her standing there
With the face of an angel so sweet
and fair

No matter the circumstance, she's
always been there

Showing her concern, her love and
her care

She gives her all, and her all she
gives

With a heart so sincere, she always
forgives

No mountain too high nor river
too low

To any extreme, for her I would go
She's a true friend and angel indeed
She's the only friend that I will ever
need

And even though right now we are
far apart

She's always in my dreams
And deep in my heart.

Passing the Torch: John Bell 1946-2012

by Laura McTighe



In September 2012, the *Prison Health News* community lost John Horace Bell, AIDS activist, mentor to a generation of currently and formerly incarcerated people, co-founder of *PHN*, and our

friend. We know that many of you reading this article have not met John, but you do *know* him through his work and his continued influence on all of us at *PHN*. Those of you with internet access may want to read one of the many testimonials in his honor: <http://fight.org/about-fight/fights-history/john-bell/>. For the rest of you, we wanted to share a few *PHN*-specific memories.

When John and I were first starting *PHN*, he insisted that we design the newsletter in the half-sheet format we still use. He knew that our readers who were battling stigma on the inside would need to be able to quickly hide *PHN* in a pocket if the wrong person was reading over their shoulders, and they couldn't do that with a full-sheet newsletter.

When it came to writing articles, John always reminded us that our best articles read like letters from a loved one to their significant other in prison. John asked us to write from our hearts, to explain health information as clearly and succinctly as possible, and to

remind people that taking care of their health was an investment in the futures they would some day lead beyond the walls.

When we were relaunching *PHN* in 2010, John explained that providing accurate information was only one of our tasks as a prison health newsletter. Our readers were often fighting for their lives in deeply dehumanizing systems. Accurate information meant little if you could not effect change to get standard of care treatment. So we began to profile prison justice struggles across the country, in addition to sharing tried-and-true health advocacy tips in every issue.

But what was perhaps most remarkable and important about John was that he never accepted credit for any of this. His thanks was in seeing this newsletter come to print, in reading the letters you would write to us each month, and in seeing the *PHN* editorial staff push themselves to build the national community of currently incarcerated people he always envisioned was possible.

We all will mourn John in our own ways. But he would have wanted us to remember him by continuing to live and work in the way he showed all of us was possible—to come together across our divisions, to comfort one another in our vulnerability, to demystify the political processes that harm our communities, and to work toward establishing and maintaining a world without AIDS, walls and cages. And, as John always added, to have fun while doing it.

information resources for people in prison

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

Black and Pink

c/o Community Church of Boston
565 Boylston Street
Boston, MA 02116
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
a 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
newsletter on criminal justice issues; to subscribe, send your first name, last name, ID number, correctional facility, address, city, state, zipcode
*free to people in prison

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;
\$10 for a year's subscription

Just Detention International

3325 Wilshire Blvd, Ste 340
Los Angeles, CA 90010
support, resources and advocacy to address sexual violence behind bars; survivors should address Legal Mail to Cynthia Totten, Esq.
*free to people in prison

Partnership for Safety and Justice

825 NE 20th Avenue, #250
Portland, OR 97232
support directory with health and legal organizations, prison book programs, resources for LGBT people, and more!
*free to people in prison

Prison Legal News

P.O. Box 2420
West Brattleboro, VT 05303
Phone: (802) 257-1342 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 2420
West Brattleboro, VT 05303
*\$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



Crying Face, YASP Art Gallery
Artwork created by young men and women in the Philadelphia Prison System

For more information, contact:
Youth Art & Self-Empowerment Project (YASP)
2231 North Broad Street, Suite 200
Philadelphia PA 19132
Phone: (215) 223-8180
Email: Yasproject@gmail.com

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
215 N Jeff Davis Pkwy
New Orleans, LA 70119
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

Edited By:

Naseem Bazargan
Teresa Sullivan
Suzy Subways
Laura McTighe
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!