prison health news
-better health care while you are in and when you get out-
Issue 22, Fall 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

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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

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Aggravating Chronic Illness
by Bro. Khalfani Malik

For years, I have made a point to preserve my health through exercise and trying to eat right. In 2003, while I was housed, or should I say buried alive, inside the Special Confinement Unit for 9 years, I organized a collective group of conscious prisoners to sign a petition for pull-up bars to be installed on that unit. They approved it, and now we had pull-up routines added to our daily workouts.

After using the bar for about 90 days, and trying to out-do my fellow comrades, straining and going hard—like 10 sets of 50 reps—I began to develop an excruciating pain in the wall area of the right side of my pelvis. Then, I was exercising twice a day. My group of men, “my comrades,” dubbed our exercise team U.U.G., Universal Urban Guerrillas.

One day, I experienced a nasty blood discharge inside my jock strap shortly after finishing 10 sets of 50 reps, which took me at least one hour to finish. The blood slightly startled me, causing me to demand to be seen by the unit’s nurse. After this initial interview, I would learn that I had developed a hernia. I instantly began a journey to learn about this chronic illness.

A hernia is usually a sac formed by the lining of the abdominal cavity (peritoneum). The sac comes through a hole or weak area in the fascia, the strong layer of the abdominal wall that surrounds the muscle.

Here are some descriptions of common types of hernia:
- Femoral hernia appears as a bulge on the upper thigh and is more common in women than in men.
- Hiatal hernia occurs in the upper part of the stomach.
- Incisional hernia can occur through a scar if you have had abdominal surgery in the past.
- Inguinal hernia appears as a bulge in the groin. This type is more common in men than in women. The bulge may go all the way down into the scrotum.
- Umbilical hernia appears as a bulge around the belly button. It occurs when the muscles around the navel don’t close completely.

For a long time, my hernia has been dormant and not giving me any problems. However, for the past six days, the pain from my hernia has been killing me. It seems that I am having flare-ups when I am stressing or when it is really cold outside. It never hurts me during my workouts. Straining can cause them to grow and develop. Chronic constipation can cause them to develop as well.

People in these U.S. prison plantations must be very mindful and careful in the prevention of the inguinal hernia. Try not to strain during exercising. Be careful not to strain when engaging in masturbation.

I can state that I have been experiencing some terrible pain. This hernia is a serious illness, and life-threatening complications are possible. For years, my hernia was the size of a small marble. Due to my exercising and stress, my hernia has enlarged to twice its original size. Correct breathing and stuff such as yoga can help to minimize the swelling and pain and help blood to circulate throughout the body correctly.

A surgical procedure must be conducted to alleviate the pain and to remove that hernia. The hernia must be removed early, or it could cause me a lifetime of suffering. The hernia must be treated as a chronic illness.

We must all become conscious of our physical and mental health. Take care. All power to the people. Peace be unto you.

Illness: Combating the Pain of a Hernia

Khaldun

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**B Vitamins: Why We Need Them to Be**

**by Sara Rendell**

VITAMIN B1 AND VITAMIN B2: Vitamin B1 and vitamin B2 are two B vitamins that help our bodies get energy from the food we eat.

What happens when your body lacks these vitamins? When you don’t get enough vitamin B1 or vitamin B2, you can have mouth sores, lips sores, skin rashes, and/or a sore throat. Your brain might not function as well as it should. Having low Vitamin B2 can cause severe dementia, forgetfulness, or confusion.

What foods are they found in? You can get vitamins B1 and B2 from milk, yogurt, eggs, and meat.

How do you find it in supplement form? Take vitamins B1 and B2 as part of a vitamin B complex or as part of a multivitamin. Look on the bottle to make sure they are included.

What about people living with HIV? People with HIV might not be able to absorb as much of the B vitamins that they need. If you have the virus, you should take a supplement that has B vitamins.

VITAMIN B9 (FOLIC ACID): Folic acid, also called “folate,” is a B vitamin.

What does it do for the body? Folic acid keeps your brain cells and blood cells strong. You need folic acid to have a healthy brain and thoughts. You also need folic acid to keep your skin, hair, and fingernails healthy. In pregnancy, the embryo (which will grow into a baby) needs folic acid to form brain and nerve cells.

What happens when your body lacks folic acid? If you don’t have enough folic acid, you can become depressed and forgetful, and you may even develop dementia.

Pregnant women need folic acid, before you even know you are pregnant. Not having enough folic acid, even very early in the pregnancy, can cause defects in the baby’s brain and spinal cord.

What foods is folic acid found in? It can be hard to get enough folic acid just from food. For example, each day you would need to eat two cups of cooked spinach, or four cups of green peas, or 6 cups of romaine lettuce, or 7 slices of toast. If you can get any breakfast cereals that come in a box, read the nutritional facts on the box to check for folic acid.

How do you find it in supplement form? Most multivitamins have folic acid in them—make sure it says it has 100% daily value of folic acid. If you are pregnant, be careful taking multivitamins that are made specifically for pregnant women. Too much vitamin A is dangerous for a pregnancy. “Prenatal” vitamins are made for pregnant women.

How much folic acid should you take? Whether you get it in your food or in a vitamin, you need 400 micrograms (mcg) of folic acid every day. If you are thinking of becoming pregnant, you need 600 micrograms of folic acid each day starting 1 month before you get pregnant. Take 600 micrograms of folic acid every day for your entire pregnancy.

How about people living with HIV? Some people with HIV experience depression. Taking 400 micrograms of folic acid every day can help keep your mood up.

VITAMIN B12 (COBALAMIN): Vitamin B12 is another B vitamin, like folic acid.

What does vitamin B12 do for the body? Brain cells, nerve cells, and immune cells need vitamin B12 to stay strong. Vitamin B12 keeps your brain working and your nerves healthy. Vitamin B12 keeps you from getting sick and helps you get better fast when you are already sick. Your blood cells need vitamin B12 to be able to deliver oxygen to your body.

What happens if you don’t get enough Vitamin B12? You can get sick more often and stay sick longer. You can lose sensation, feel tingling in your hands and feet, and have difficulty walking and moving. You can experience dementia, paranoia, depression, and personality changes. You can feel tired, weak, or light-headed.

What foods have Vitamin B12? You can get vitamin B12 from eating eggs, meat, milk, and yogurt. Vegetarians may not get enough vitamin B12. When you are 51 or older, it is harder for your body to absorb vitamin B12 from food, so you need to get most of your vitamin B12 from supplements.

How do you find supplements with vitamin B12? You can get vitamin B12 from any multivitamin or from a “vitamin B complex,” which has all the B vitamins your body needs.

**Healthy**

What about people living with HIV? CD4+ cells are immune cells that fight to keep you healthy. HIV attacks your CD4+ cells. HIV also keeps you from absorbing vitamin B12 from your food. Many people who have HIV also have a vitamin B12 deficiency. A vitamin B12 deficiency makes an HIV infection worse, because you need vitamin B12 to rebuild CD4+ cells. If you have HIV, protect yourself by taking vitamin B12 supplements.

WHEN TO GO TO THE DOCTOR: It’s a good idea to check with a doctor before taking vitamins or other nutritional supplements. In fact, you may need to get them from a doctor if your facility doesn’t carry them in commissary. If you can’t get nutritional supplements from commissary or medical staff to make up for what’s missing in your food, and you believe this is due to deliberate indifference to your medical needs, you may need to file a grievance. As for any type of medical neglect, if you have a loved one on the outside, ask them to call the medical director/healthcare administrator and ask what they know about the situation and whether they can help. There may also be an organization in your area that could advocate for you (see page 12 of Prison Health News).

*Information on supplements is from the Centers for Disease Control and Prevention website, www.cdc.gov.*
Dining Hall Boycott in Pennsylvania

by Incarcerated Citizens Coalition

From June 16 to 23, men at State Correctional Institution (SCI) Coal Township in Pennsylvania initiated a 1-week, peaceful boycott of the Inmate Dining Hall in response to the implementation of the Department of Corrections’ (DOC) “efficiency diet” at the prison. The men supported one another by sharing food and commissary items on the units. The boycott was overwhelmingly successful on the West Side of the prison, where over 70% of the men participated, with only 20 to 25 individuals per unit/wing going down to the dining hall per meal.

The “efficiency diet” severely reduced the portions on the men’s trays. Older men were suffering hunger pangs. The meals’ main portions were deliberately placed in the small slots in the food trays to further reduce the portion amount.

The men were also protesting the disregard for basic rights and privileges they were entitled to by law and DOC policy, the withholding and censorship of mail, failure to respond to grievances, lack of medical care and a doctor, the illumination of general population cells throughout the night by a red light which disrupted men’s sleep and contributed to depression and anxiety, excessive telephone rates, and the uncomfortable atmosphere in the visiting room.

The men at SCI Coal released a list of 22 Requests for Change, which was published in a local newspaper and can be reviewed online at: http://decarceratepa.info/22demands.

The men were supported by family, friends, and organizations on the outside, who called SCI Coal and the DOC Central Office, supporting the men’s concerns and stand. Several men also filed grievances requesting that if the efficiency diet was caused by budget concerns, as alleged by staff, then the Staff Dining Hall should also have their entitlements reduced.

At the conclusion of the boycott, the administration dug in its heels and ignored the men’s requests and concerns. Follow-up boycotts were considered by the men but never got off the ground, due to the demoralization of many of the men following the prison administration’s failure to grant any concessions. Unfortunately, many of the men could not see that change takes time and continual struggle, and when they saw no results, many slumped back into indifference.

The administration subsequently retaliated against some of the men it believed were organizers of the boycott, especially the men who filed grievances, and transferred them to other prisons. Despite this, the boycott was successful in demonstrating that under certain circumstances, prisoner unity in a peaceful manner is possible. To the participants, it was a great experience in human solidarity in an environment that does everything possible to strip people of their sense of humanity and sanity.

The Affordable Care Act and You!

by Naseem Bazargan

The Affordable Care Act (ACA), otherwise known as Obamacare, created two new ways to get affordable health care: 1) the health insurance marketplace, and 2) Medicaid expansion. First, each state has a health insurance marketplace with plans for people with incomes between 138% and 400% of the federal poverty line.

Second, each state was given the option to expand Medicaid to include adults ages 19 to 64 with incomes below 138% of the federal poverty line. That means a single adult who does not claim anyone else on their taxes would qualify for Medicaid if they made under $16,105 in 2014 (this exact amount will be different next year). Not all states did expand Medicaid, so whether or not you now qualify depends on where you live. Medicaid expansion includes coverage for mental health problems and substance use disorders.

How does this affect people in prison?

It is estimated people in jail, prison, and on probation or parole make up almost 35% of those newly eligible for Medicaid under Obamacare. This could mean you! While you are incarcerated, the county or state is responsible by law for paying for your medical care, but you may still benefit from the marketplace or Medicaid. The Marketplace: If you are detained pretrial, you can still sign up through the marketplace and be insured until you begin your sentence.

You can sign up for a health plan in the marketplace between November 15, 2014 and February 15, 2015. Special circumstances may qualify you for enrollment outside of these dates.

Medicaid: If you are incarcerated and are hospitalized for longer than 24 hours, you can sign up for Medicaid to help cover the costs. If you are set to be released in the coming months, you can sign up for Medicaid while you are still in prison so that you have health insurance when you’re out. For Medicaid, you can sign up any time of the year.

What if I am an undocumented immigrant?

Unfortunately, Medicaid will not cover you if you are not legally in the United States. However, if you are an undocumented pregnant woman, you may qualify. Talk to your social worker or advocate.

How do I sign up?

According to healthcare.gov, there are three ways to sign up:

1) Directly through your state Medicaid office;
2) With a Marketplace paper application that you fill out and mail in; and
3) Online, at either HealthCare.gov or your state’s Marketplace website. There are advocates, social workers, and health care navigators who are trained to help you with this process. Seek out their help! The paperwork can be complicated and grueling. Don’t let that stop you!
Hepatitis C (HCV) is one of the most common health problems for people in prisons and jails. A recently updated estimate showed that about 17% (almost 1 in 5) of people in state prisons have been exposed to HCV. Most people who are exposed develop chronic (long-term) HCV. People living with chronic HCV may develop severe liver scarring called cirrhosis or liver cancer, though it usually takes years before these problems develop. Fortunately, the hepatitis C virus is completely curable for most people, so many of the deaths and other medical problems from HCV are preventable.

Older treatments for HCV cured about 50% to 75% of people and involved a full year of interferon-based treatment. Interferon is an injectable medicine that is effective but also causes severe side effects, especially when taken for a full year.

The good news is that there’s a revolution in HCV treatment happening right now. Around 90% to 95% of all people who have access to the new medicines can now be cured, most in just 2 to 6 months, and most will not need to take any interferon.

NEW TREATMENTS FOR HEPATITIS C

Two new drugs were approved last year: Sovaldi (aka sofosbuvir) and Olysio (aka simeprevir). Used in combination with ribavirin and/or interferon for just 12 to 24 weeks, they have higher cure rates than older treatments, with fewer side effects, and are much simpler to take.

The most recent breakthrough just occurred on October 10, 2014. The FDA approved Harvoni, a combination of sofosbuvir and ledipasvir. It is the first FDA approved interferon-free treatment for genotype 1, the most common strain of HCV (and formerly the hardest to cure). Harvoni is just 1 pill a day for only 2 to 3 months, and 95% to 100% of patients in the research studies were cured.

By the end of 2014, the FDA is also expected to approve another new drug combination that cured 95% to 100% of patients with genotype 1 in research trials without the use of interferon.

These developments mean that most patients living with HCV are now able to be cured without interferon, regardless of their genotype, with only 8 to 12 weeks of treatment. All new HCV treatments work whether or not you have been treated before, and they work even if you are already beginning to develop cirrhosis. They can be used in people living with HCV who also have HIV (called “co-infection”). Older treatments were less effective for some African Americans, but new medicines work the same regardless of race.

BUT CAN YOU GET THE NEW MEDS IN PRISON?

While these new developments are exciting for everyone, access to HCV treatment can be a challenge. The new drugs are all very expensive, and everywhere you look—in prisons and in the community—people are asking, “How will I pay for treatment?”

In the community, many insurance programs are denying coverage unless you have significant liver scarring (stage 3 or stage 4 fibrosis). There are programs available to help people outside prison pay for medical care, including patient assistance programs and clinical trials. If you’re preparing for release, ask a case manager or release planner.

Partially due to the high cost, the new medicines have been slow to enter most prison systems. While some prisons are using them, they are typically reserved for those who need them sooner, people with stage 3 or higher liver scarring who can’t tolerate interferon. Many prisons are not using the newest treatments yet. Where treatment is available, most prison inmates are being treated with older medicines until the prices come down or more options are available. In most places, you must also have a minimum sentence length of at least a year to be eligible for treatment. Jails are not able to provide treatment in most cases.

A LONGER LIFE FOR YOUR LIVER

If you can’t get HCV treatment right away, there are some things you can do in the meantime to stay healthy and get ready for treatment later. First, please know that hepatitis C progresses slowly, so many people have time to wait for treatment if they do not yet have serious liver damage. It’s important to see your doctor regularly and monitor the health of your liver. To check for liver damage, people in prison might be able to request tests such as liver enzyme tests and APRI Score. Some people need a liver biopsy, which can show how much liver scarring you have. A doctor can help you determine which tests are appropriate for you and interpret the results.

To keep your liver as healthy as possible, the most important thing is to avoid alcohol. Other important things include drinking plenty of water, eating as well as you can and exercising, getting vaccinated for hepatitis A and B, and avoiding cigarettes and other substances.

If you’re in prison and you have hepatitis C, you may have access to treatment right now. Ask your prison healthcare providers about your options. If you’re advised to wait, ask questions so that you understand why treatment is being denied or delayed. Keep track of your medical records, and take them with you at discharge. If you are not getting treatment that you feel is necessary, follow procedures at your facility to get additional answers.

For more information, write to:
National Hepatitis Corrections Network
911 Western Ave,
Suite 302
Seattle, WA 98104.
Don’t Just Survive—Thrive!

by Lisa Straw

I am transgender and have spent the last 20 years in prison. I have learned how to survive and how to thrive. For me, the most important issue is to make wise decisions as far as the people you associate with. Transgender people face a lot of violence, and there are people who are insecure about us.

Just like anyone who’s in prison, transgender people need to stay busy, whether it is with school, a job, or vocational. You need to grow mentally.


This story may be of some help to your readers. For 20 years, I have kept a complete journal of all medical issues, whether it is dental, labs, tests, doctor visits, or sick call. Each time, on any of these medical visits, I have written down the date and my weight and blood pressure. When talking to medical staff, I have written down everything that was said. If labs or tests were ordered, I wrote it down.

Recently, I had to file a grievance on medical issues. Since I kept the journal, I was able to have the date and request medical records to send me the paperwork.

This information was very important, as it helped me show that the doctors were not doing what they had ordered. Once I wrote the grievance on the issue, it was granted at the first level.

For me, it is a major victory, because prison health care in California is not adequate. And being that I am a transgender woman, the care is even worse.

The medical issue granted was a mammogram. Women as well as transgender people, either MTF or FTM, should have a mammogram each year once they turn 40.* It doesn’t matter if you are in prison or not.

In California, access to hormones is a right for transgender people. It’s not a gift. And if you are a transwoman in your fifties, you should be on a regimen as a female in menopause. We too go through menopause. I have lived as a transwoman since age 18. I am now 56.

The one thing that has gotten me far in life is to always have confidence and be proud of the person I am. What others think or feel about who I am doesn’t matter.

**PAY ATTENTION to people and surroundings.**

**STAY BUSY and active each day.**

**BE INVOLVED in your health and well being!**

*Editor’s Note:
The U.S. Preventive Services Task Force now recommends that mammograms be done only from age 50 to 74, every two years. But the American Cancer Society still recommends annual mammograms starting at age 40.

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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 Box 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.

- **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**
  PO 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
155 E. 149th Street
Bronx, NY 10451
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.

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!