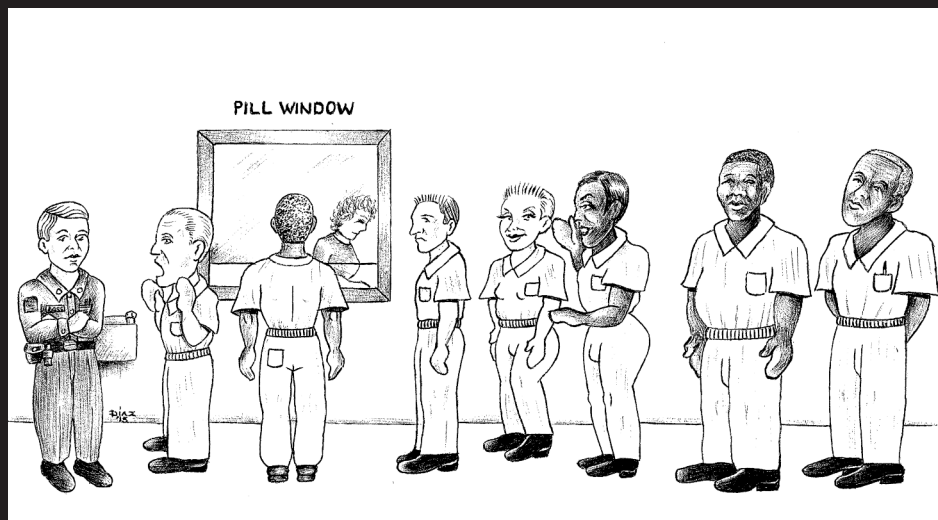


prison health news

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

Issue 24, Spring 2015



Pill Window by James D. Diaz

Who We Are...

We are on the outside, but some of us were inside before... and survived it. We're here to take your health questions seriously and make complicated health information understandable. We want to help you learn how to get better health care within your facility and how to get answers to your health questions. Be persistent—don't give up. Join us in our fight for the right to health care and health information.

Read on...

From
Elisabeth, Laura,
Suzy, Teresa and Tré

In this Issue:

Who We Are.....	1
Write an Article!.....	2
Understanding the Connection between HIV & Incarceration.....	2-3
New Meds for Hard-to-Treat Hepatitis C.....	4-5
Healing the Addicted Brain.....	6-7
Presentation.....	8-9
Texas Immigrants Clamor for Health.....	10
Information Resources for People in Prison.....	11
Advocacy and Support Resources for People in Prison.....	12
Subscribe!.....	12

write an article!

We know that everyone who reads this newsletter will have questions or their own story to tell.

If you want to write an article on something you think is important for prison health, send it and we will consider publishing it in *Prison Health News*.

Tell us your story of struggling to receive quality health care, either for yourself or others. Do you have tips and tricks for staying healthy and taking care of yourself behind the walls that could be useful to others in the same position? Or perhaps you are an artist or a poet and want to share your work with *Prison Health News* readers.

You can also write us first to discuss ideas for articles.

If you want your full name kept confidential, you can sign your article with your first name or "Anonymous."

Please keep in mind that we may make small changes to your article for length or clarity. For any major changes to your work, we will try to get in touch with you first.

To submit your work, or if you have questions about any health issues or anything you read in *Prison Health News*, please write us at:

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

Understanding the

by Laura McTighe

We know that HIV and incarceration overlap. One in seven people with HIV will pass through our prisons and jails this year. But knowing *that* HIV and incarceration overlap doesn't tell us *why*. Understanding why is critical if we are to end AIDS.

Two Crises, Same Communities

If we look at statistics on HIV and incarceration, we see that they are both affecting exactly the same communities. The Black community has been hit very hard by both.

Why is that the case? There are a lot of myths that surround HIV in prisons—that prisons are hotbeds for HIV transmission, that folks are contracting HIV in prison and bringing it home to their partners... These myths are simply not true. As many as 90% of HIV-positive people in prison already had HIV at the point of their arrest. That means that most people *are not* getting HIV in prison.

To understand how HIV and incarceration are tied together in the Black community, we have to look *beyond* the prison walls.

Making a Health Crisis

The mass imprisonment affecting the Black community is a result of racism. Black Americans are much more likely to be arrested for drug possession or sales than white Americans, even though they use drugs at the same rate. White youth are actually more likely to sell drugs than Black youth, according to several studies written about in the *Washington Post* last year.

Connection Between HIV & Incarceration

Back in the 1970s, about 200,000 people were incarcerated in the U.S. There were even calls to halt the construction of new prisons. Now, 40 years later, we have more than 2 million people in prison. How did that happen?

Under the "War on Drugs," politicians in the late 1970s began pushing imprisonment over drug treatment. Laws were designed to restrict people's rights once they are released. These policies exclude people from jobs, housing, and participation in society.

Just as the War on Drugs was gaining speed, the AIDS epidemic broke. AIDS is linked to behaviors that can transmit HIV. But people are more likely to get HIV because of the ways that government policies and institutions like prisons work. Prisons disrupt family and social networks and weaken emotional, financial and political support systems in communities outside prison.

Imprisoning Entire Communities

The War on Drugs has been a war on relationships. It's a war on people's parents, their spouses, their partners and their caretakers. These are the relationships that hold together strong and vibrant communities. These are the relationships people depend on for support in times of need. In the wake of a partner's imprisonment, a mother may suddenly be saddled with the impossible burden of making ends meet to keep a roof over her children's heads and food in their

bellies. If sex work is her only source of income, she is going to do what she has to do to care for her children. Sex work will put her at risk for HIV. But long-term health consequences like HIV might not even register in her mind, because she's dealing with a pressing crisis.

More and more people have been put in the position of making such impossible decisions. And because of the racism of the War on Drugs, HIV has most impacted communities of color, particularly Black communities. That's why mass imprisonment is a major reason for the disproportionate impact of HIV on Black communities.

Decarceration Is HIV Prevention

Right now, HIV treatment is thought of as our first line of prevention. People who are HIV negative take pills to prevent contracting HIV. People who are HIV positive take pills to prevent passing HIV on to others. But what does this model of HIV prevention miss? I would argue that the single most important strategy for controlling HIV in prison is reducing incarceration itself.

Let's imagine a world where prisons fade into the background, where the 2.3 million people currently incarcerated return to their loved ones, where families can begin to heal, where barriers to employment are removed, where people have access to the supportive services they need... What would we see then?

We can end AIDS. But *only* if we end prisons.

New Meds for Hard-to-Treat Hepatitis C

by Teresa Sullivan and Angela Kapalko

Recent advances in medications to treat hepatitis C (also called HCV, for short) today give you and your doctor more options to consider when deciding on a treatment plan. These new medications make the treatment regimen shorter in duration, easier to tolerate, and more effective. Many people in prison are still given the older treatments for HCV, interferon and ribavirin. One particular strain of HCV, **genotype 1**, is especially hard to treat using the older medications. Most African Americans with hepatitis C have genotype 1, and interferon-based treatment is less effective in African American patients than in white patients. So it is particularly important for African-Americans and those with genotype 1 to have access to the new medications. Newer HCV drugs have similar cure rates for Black and non-Black study participants.

A turning point for hepatitis C treatment:

In October 2014, the FDA approved a more effective treatment for hepatitis C called **Harvoni**. This new drug is now available to individuals with HCV genotypes 1 and 4, including those who may or may not also have HIV. It has an overall cure rate of 96% for clearing the hepatitis C virus. The more important news about Harvoni is that people who take it do not have to go through the harsh side effects of interferon. This new drug takes the sting out of treatment for HCV.

Harvoni is a combination of two medications, ledipasvir and sofosbuvir. Harvoni is a once-a-day pill taken for 8 weeks or 12 weeks. Those with advanced liver damage or cirrhosis and who have failed hepatitis C treatment in the past may need to take Harvoni for 24 weeks. Although this is not on Harvoni's label, HCV treatment guidelines support the use of Harvoni along with ribavirin for a 12-week duration, instead of 24 weeks, in these cases.

In December 2014, the FDA approved **Viekira Pak**, which is specifically for treating people with genotype 1 hepatitis C. **The Pak contains three medications** (4 total pills) in one package, taken twice a day with food. Like Harvoni, it does not include interferon and its side effects. Based on the patient's disease and subtype of genotype (1a or 1b), it is taken with or without ribavirin. Most patients will take Viekira Pak for 12 weeks, but a small group of people with advanced disease will take it for 24 weeks. Patients need to practice adherence to the medication, as this is key for successful treatment. Viekira Pak has an overall cure rate of 97% for curing hepatitis C. Like Harvoni, Viekira Pak was studied in people who also have HIV, and was shown to be just as effective as it is for people with just hepatitis C.

New meds are cost-effective, even in prison:

The new medications for hepatitis C can cost almost \$100,000 for 12

weeks, so most prisons are not providing them yet. But genotype 1 hepatitis C affects roughly 75% of those with HCV in the United States. People in prison have a human right to have access to the new HCV treatments. Evidence that the new treatments are cost-effective in prison can help advocates make sure they become available to incarcerated individuals. A recent study reported that treating people in prison who have HCV with sofosbuvir along with interferon and ribavirin saved money in the long run, even though it costs much more than the older treatments alone. This is because sofosbuvir and the other new treatments are so much more effective, **they prevent costly health problems** like uncured chronic hepatitis C and liver failure. They only save money, though, if patients are not re-infected with HCV after they are cured.

To prevent re-infection:

Do not share needles, cookers, cotton balls, or any intravenous drug tools.

Jailhouse tattoos can run a high risk of infection or re-infection for hepatitis C, because equipment may not be clean.

Use condoms.

To stay healthy while waiting for treatment:

If you are unable to receive treatment for HCV and do not have serious liver damage, it is still important for you to see your health provider and keep your regular visits

to keep checking on your liver. Hepatitis progresses slowly, and you may not see liver damage for 20 years after your HCV infection. However, early treatment is the best option, because it will give you the advantage of clearing the virus, especially if you have access to the new advanced drugs for hepatitis C.

If you will be released too soon to get hepatitis C treatment while you're incarcerated, you can contact one of the organizations listed on the back of *Prison Health News* now to help you create your home plan and make sure you get treatment once you're released. If you are not returning home and you have questions about hepatitis C treatments, you can write to us:

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

Angela Kapalko is the Co-Director of the Hepatitis C Clinic at Philadelphia FIGHT Community Health Centers and has successfully treated countless patients co-infected with HIV and hepatitis C.

Teresa Sullivan is an educator and community organizer and is the co-coordinator of the TEACH Outside class at Philadelphia FIGHT.

Philadelphia FIGHT is a leader amongst health organizations that specialize in treatment for co-infection with HIV and hepatitis C.

Healing the Addicted Brain

by Merlene Miller

Addiction is a disorder of the brain. It results from and leads to a deficiency of dopamine, a chemical in the brain that plays a significant role in feelings of pleasure and well being. We all want to feel good. We all seek physical and emotional comfort. Most of the actions we take are chosen to produce good feelings or to relieve bad feelings. We eat, have sex, work, and play because these actions produce a release of dopamine in the brain. We differ in what gives us satisfaction, but we are all motivated by chemical actions in the brain that nature uses to keep us alive, motivated, functioning, and reproducing.

There are four brain chemicals that play a significant role in who becomes addicted. Serotonin acts to produce endorphins; endorphins inhibit the production of GABA; and GABA inhibits the production of dopamine. The end result we are seeking is adequate dopamine in the reward center of the brain; but it is the proper interaction of all four chemicals that produces that result. If any of these is in short or excess supply resulting in inadequate dopamine, we may feel anxious, depressed, restless, empty and have vague or specific cravings.

There are many causes of what we call Reward Deficiency Syndrome (inadequate dopamine in the reward center of the brain). By far the most frequent is genetic. It is something we are born with and manifests itself in many ways long before addiction occurs. Other

causes are malnutrition, extreme stress, and excessive use of mood-altering substances. Whatever the cause, we seek something, anything, to fill up the emptiness and feelings of distress. And once we find something that works we keep using it. If it is alcohol or drugs, we are in high risk of becoming addicted because once the brain gets what it needs from an outside source it stops producing the natural feel-good chemicals in the brain. And when the mood-altering substance is not available the brain screams out for what it needs.

The key to managing addiction long term requires replenishing the supply of dopamine. The most effective means of doing this is with amino acids. Brain chemicals are made from amino acids. There are two ways of nourishing the brain with amino acid supplements, which are available over the counter. One is to determine which of the four brain chemicals is in short supply and take supplements

that produce that chemical: D-phenylalanine for endorphins; tryptophan or 5-HTP for serotonin; L-phenylalanine or tyrosine for dopamine. I do not recommend that you take anything to increase the production of GABA because GABA inhibits the production of dopamine and, remember, our goal is to increase the amount of dopamine. The second way of nourishing the brain with amino acids is by taking a supplement that has been formulated to produce the appropriate amount of each of the four chemicals that interact to produce dopamine, such as SynaptaGenX.

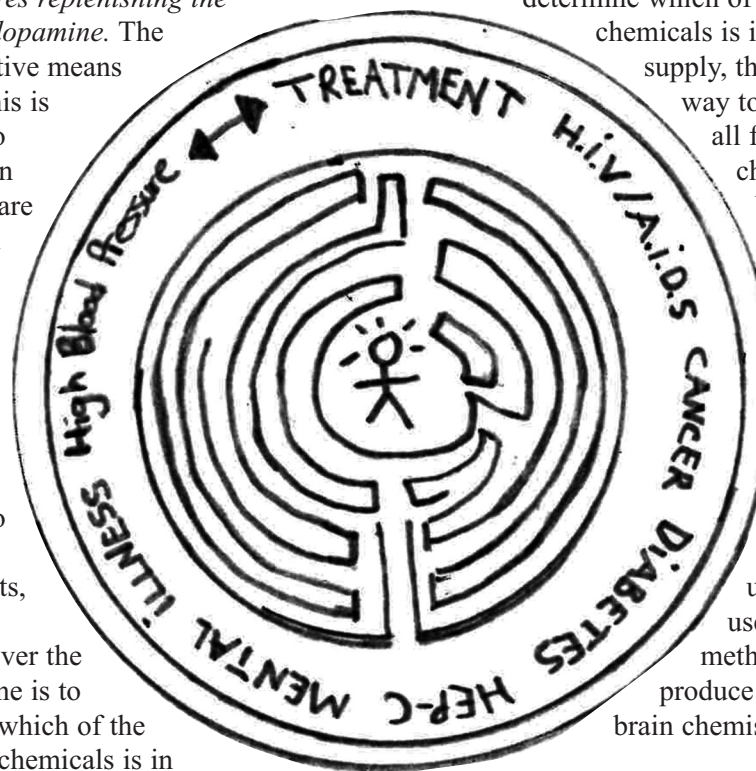
Since there is no definitive way to determine which of the four chemicals is in short supply, this is a great way to ensure that all four brain chemicals are balanced. Even if you are unable to access amino acid supplements while you are locked up, you can use other methods to produce healthy brain chemistry.

Nutrition is very important. A high protein diet is important for a person recovering from addiction because proteins contain all the essential amino acids. If possible, supplement with a protein powder if your diet is low in protein. Exercise has been found to change brain chemistry and is almost always available in some form. Playing, laughing, and having fun are very important as are support groups, such as Alcoholics Anonymous, where you can find other people who will support you in your effort to maintain sobriety.

If you are getting out, there are even more options to consider for reducing cravings and increasing feelings of well being, such as massage, brain wave biofeedback, acupuncture, essential oils, pets, enjoying water (swimming, bubble bath, hot tub), touching, sex, and interaction with family and friends. If you desire to be healthy and sober, utilize as many of these options as are available to you to make your life more pleasant, increase feelings of well being, and help protect your sobriety.

More information on maintaining a healthy sobriety can be found in Staying Clean and Sober: Complementary and Natural Strategies for Healing the Addicted Brain by Merlene Miller, MA and David Miller, PhD, available from:

*NuPathways
6745 Gray, Suite J
Indianapolis, IN 46237.*



Which way do you go when seeking treatment in the 'health care' maze? by M. Prince

Presentation

by Fatima Malika Shabazz

My name is Fatima Malika Shabazz. I am an African American transwoman currently incarcerated in the gulags of California. It is great that we can get feminizing hormone treatments in the system now. But there is still the problem of presentation. That is, being able to present every day as a woman, beyond the breast growth that comes along with being on hormones.

Two years ago, this facility was designated as a transgender hub, for medical reasons, mostly because we get hormone shots. Because of this, I am at a Level 2 facility when my level is 1. But I am not allowed to present as a woman in regard to makeup or style of dress. If I alter my clothing, I am subject to having it confiscated. If I wear makeup (homemade), I am subject to being written up for altering my appearance. All of the canteen items are made for men. We are being denied the right to live as women, and we are being denied the right to properly prepare ourselves for life on the outside as women, because of this forced masculinity.

We are constantly harassed in this facility. Being told, “You ain’t no woman!” is disrespectful. Being patted down coming out of the dining hall is degrading. Being considered mentally ill because I identify as a woman is also degrading.

We get hormones and bras because of a lawsuit, not because they really want us to have those things. We are not provided with female items in the canteen, because we are not considered women. The state of California has no clear policy for how prisons and prison staff should treat transgender people, and it does not seem to be making any real effort to create one.

The medical department is not concerned with transgender-specific care. And even the mental health department does not fully comprehend what we go through psychologically in our daily lives. When will the mental trauma we suffer through every day be properly attended to?

Why does the prison system not pay for sexual reassignment surgery? This can be deemed a medical need, not much different from me needing to have orthoscopic surgery 18 months ago. These are very big mental



Life's Options by D Sharon Pruitt

roadblocks. I go to bed every night wishing I were more physically presentable as a woman. I wake up feeling that way. I go through my day feeling that way, every day, all day.

Being denied the opportunity to make that a reality is mentally destroying me. And not recognizing that it is mentally destroying me means that the Department of Corrections is not properly taking care of my mental health, which I perceive as a violation of my 8th amendment rights. Denying me what is needed to properly prepare for living as a woman in society is a violation. And allowing the staff to treat me and any transgender person in their care as degenerates unworthy of respect is also cruel and unusual punishment.

I'll offer a few things that may be of use to the readers:

- Always be yourself. Even if people don't agree with your lifestyle, they can respect you for being who you are. That has been a big plus for me.
- I'm sure you are around a lot of attractive men, and some of them may have conversations from time to time. Many people in prison have no problem with gay or transgender people and are very comfortable being around us or talking openly, but that does not mean he is date- or boyfriend-approachable. When you push that boundary, you tread on dangerous ground. Use your gaydar, girl.

- Always show respect to not only the people around you, but to yourself as well. You have to teach people how to treat you. Watch your mouth. If you feel as if something someone says to you or calls you is derogatory or would be disrespectful to a member of your family, then take care not to use that language yourself. Not doing so gives you legs to stand on when you tell people not to speak to you in negative terms.
- In conflicts with staff, use your best tool—the almighty ball-point pen. It's their best weapon against you. Learn how to use it against them.
- If you have to create makeup, here are a few tips. For nail polish, paint is great. Try to get a good water-based paint, and after you put it on, coat it with floor wax. Yes, floor wax. This works best on your toes, but you also need to coat them a lot of times for it to harden well enough to wear for a while. For lipstick, find a grease pencil in the color you want, grind it up well, then mix it with a tube of chapstick. Let the chapstick harden. Some of these things take a little trial and error to get them right, but once you do, it's beautiful to be able to have a little girly thing going on.
- Bed-time. Find a big, long T-shirt and make yourself a nightgown.

I hope this helps, my sisters!

Texas Immigrants Clamor for Health

by Suzy Subways

Immigrants held in two federal Texas facilities run by profit-driven private companies are refusing to tolerate neglect of their health and unsafe conditions.

In February, people imprisoned at the Willacy County Correctional Center set fire to several of the giant tents their thousands of bunks were squeezed into. They were protesting poor medical care, insect and spider infestations, and overflowing toilets—conditions the American Civil Liberties Union (ACLU) documented last year.

“Basic medical concerns are often ignored or inadequately addressed,” the ACLU reported in 2014. Dental care at Willacy consisted of tooth extraction—and no dentures. One man at Willacy became too weak and confused to walk without help but was refused laboratory tests. After a few weeks, a visiting doctor told him he had hepatitis C. Two years later, he had still not received any treatment.

Most of those incarcerated at Willacy are doing time for entering the U.S. illegally, which the Obama administration prosecutes as a crime. Originally, Immigration and Customs Enforcement (ICE) detained people there for deportation, but ICE closed the facility because of medical neglect and widespread abuse. The federal Bureau of Prisons decided this would be just fine for those convicted of crimes. It gave a contract to the same company, Management and Training Corporation, to continue to operate Willacy.

The February uprising left Willacy inoperable, and the Bureau of Prisons finally ended its contract. Twelve private prisons still hold people convicted of immigration offenses.

Families in Detention

At Karnes County Residential Center, mothers are detained with their children while seeking asylum. For almost a week at the beginning of April, about 70 mothers refused food and work to demand their freedom. The refugees have been interviewed by immigration officials and shown a credible fear of violence if deported. But since the Obama administration has cracked down on asylum seekers, they are being held indefinitely or for thousands of dollars in bond.

“Our children are not eating well, and every day they are losing weight,” the mothers wrote in a letter to ICE. “Their health is deteriorating. We know that any mother would do what we are doing for their children.”

Barbara Hines of the University of Texas Law School told *Democracy Now* that the Karnes facility, run by the GEO Group, has “severe problems with medical care” in addition to the horrors of locking up children. “The first case,” she added, “was a child that had brain cancer. And ICE and the facility knew that she had brain cancer. They refused to provide any medical care.” The child was freed after a community outcry. One mother was ordered not to let her baby crawl, Hines said.

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.

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 206
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.

prison health news

Edited By:

Elisabeth Long
Laura McTighe
Suzy Subways
Teresa Sullivan
Tré Alexander

*Envelopes stuffed
and sealed with care
by Warren Lane and
the Prison Health
News group at ICJ*

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!**