

PRISON HEALTH NEWS UPDATES

Call for Submissions

Thank you to those who have been writing to us with answers to the questions we have been asking on the back page. We are looking for help again in compiling an article about what it's like to live with cancer in prison. We are specifically interested in hearing from readers about how it has been for them to go through chemotherapy while on the inside. If you have had this experience, what was it like for you? Were you able to lean on people for support? If so were those you were able to lean on other people in prison or medical staff? If you did not have support, what were you able to do to manage this intensive medical process on your own? What strategies got you through cancer treatment? Was there anything you were able to do that allowed you to feel better? For those whose cancer went into remission, what was the treatment process like for you? For those whose cancer did not go into remission, what are you currently doing to attend to your medical care? Your insight on these experiences will help us create an article that is more deeply rooted in the experience of having cancer on the inside. Thank you in advance! You can send your responses to:

Prison Health News
c/o Books Through Bars
4722 Baltimore Ave.
Philadelphia, PA 19143

PHN Transition

Dear Readers,

Thank you everyone who wrote to us about the advisory board! As you may have noticed, this issue is extra long. It is a double issue, instead of two separate issues for Summer and Fall. We will go back to our normal format of four issues a year starting in the Winter. In the meantime, we will continue to work on becoming an independent organization. This involves spending our time building infrastructure and securing funding. This is also our last issue under Philadelphia FIGHT. We are grateful to FIGHT for providing such a supportive home over the years to *Prison Health News*. Please remember to see our new address below because we will no longer be able to receive mail at the old one.

Thank you for reading!

Seth, Suzy, and Lucy

SUBSCRIBE!

For subscriptions write to us at:

Prison Health News
c/o Books Through Bars
4722 Baltimore Ave.
Philadelphia, PA 19143

Please write to us if your address changes.

All subscriptions are **FREE**

Edited By:

Lucy Gleysteen
Seth Lamming
Suzy Subways

Envelopes stuffed and sealed with care by volunteers of Philadelphia FIGHT

Prison Health News

Issue 40 Summer/Fall 2019

IN THIS ISSUE

Telemedicine.....	2-3
An Interview with Teresa Sullivan.....	4-6
An Overview of Psychiatric Meds.....	6-9
Living with Chronic Kidney Disease.....	10-11
Giving Is Living.....	12-13
The Re-Entry Bill of Rights.....	14-16
High Blood Pressure.....	18-19
Resource Guides for T/GNC People.....	20-21
HIV Latent Reservoirs.....	22
How to Access Your Medical Records.....	24-25
Resources and Support.....	26-27
Updates and Subscribe!.....	28



Artwork by Leah Jo Carnine

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

Lucy, Seth, and Suzy

WRITE AN ARTICLE OR SEND US YOUR ART!

Would you like to see your art, writing or poetry in *Prison Health News*?

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? 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. Please make sure it is clear on the envelope that your letter contains a submission. You can submit your work to this address:

Prison Health News
c/o Books Through Bars
4722 Baltimore Ave.
Philadelphia, PA
19143

SOME PROS AND CONS OF TELEMEDICINE

BY LUCY GLEYSTEN

What Is Telemedicine?

Telemedicine is the exchange of health information through the use of electronic communication. Telemedicine often involves the use of either phone or video consultation. It is used for diagnosis, treatment, maintenance, and prevention of diseases and illness. In order for medical providers to use telemedicine, they must make the audio and video encrypted, meaning no one except the medical team will be able to see what is on the screen or hear the audio. Telemedicine visits are not audio or video recorded, but your medical provider will still document the visit in a medical record.

In addition to using telemedicine to talk to a medical provider, it can sometimes include a physical exam through the use of high-definition cameras, monitors, electronic stethoscopes, and other computerized health tracking equipment.

Why Is Telemedicine Used?

Telemedicine allows for the patient and healthcare provider to interact in real time, often from a distance. There is a reduced cost burden for the prison system, because they do not need to coordinate transport and pay for the security and other logistics involved. Medical specialists who might not live close to the prison are able to see patients who they would not ordinarily be able to see. Prisons usually are not equipped to provide specialty care for all the health concerns that people in prison experience. For example, telemedicine has been used to connect people in prison who are living with HIV to doctors who are specialists in treating HIV. Some medical providers might not want to drive far

Black and Pink

614 Columbia Rd.
Dorchester, MA 02125
An open family of LGBTQ prisoners and "free world" allies who support each other. Free newspaper and pen pal program for incarcerated LGBTQ people.

Men and Women in Prison Ministries

10 W. 35th Street, 9th Floor
Chicago, IL 60616
For those returning home to the Chicago area, they can answer questions about re-entry, faith, health, and other organizations that can help.

PEN Writing Program for Prisoners

PEN American Center
588 Broadway, Suite 303
New York, NY 10012
Provides incarcerated people with skilled writing mentors and audiences for their work. Write for a free *Handbook for Writers in Prison*.

Hepatitis Education Project

1621 South Jackson Street, Suite 201
Seattle, WA 98144
Write to request info about viral hepatitis and how you can advocate for yourself to get the treatment you need.

Prison Legal News

Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: \$5, unused stamps are OK. Subscription: \$30/year.

Protecting Your Health & Safety: A Litigation Guide for Inmates

325-page manual explains legal rights to health and safety in prison, and how to advocate for those rights when they are violated. A publication of the Southern Poverty Law Center. Make a \$16 check or money order out to *Prison Legal News*.

Prisoner Diabetes Handbook

A 37-page handbook written by and for people in prison. Free for one copy.

Criminal Legal News

Monthly magazine on criminal justice issues and related civil litigation topics. Sample issue: \$5. Subscription: \$48/year.

Write to this
address for the 4
resources on the
right:

PLN
P.O. Box 1151
Lake Worth, FL
33460

Write to us if you know about a great organization that is not yet listed here.

Information and Support Resources

Center for Health Justice

900 Avila Street #301
Los Angeles, CA 90012
Prison Hotline: 213-229-0979
Free health (including HIV and mental health) hotline Monday to Friday, 8 a.m. to 3 p.m. Those being released to Los Angeles County can get help with health care and insurance.

AIDS InfoNet

International Association of Providers of AIDS Care
2200 Pennsylvania Ave., NW,
4th Floor East
Washington, DC 20037
Free factsheets on HIV prevention and treatment in English and 10 other languages. Please ask for "Factsheet 1000." You can also request summaries of HIV and hepatitis C treatment guidelines, which tell doctors what care to provide in different medical situations.

POZ Magazine

212 West 35th Street, 8th Floor
New York, NY 10001
A lifestyle, treatment and advocacy magazine for people living with HIV/AIDS. Published 8 times a year. Free subscriptions to HIV-positive people in prison.

Justice Now

1322 Webster St. #210
Oakland, CA 94612
For women, including trans women, in California prisons only. They provide legal services around women's healthcare access, assistance with compassionate release, and manuals for reproductive health and navigating the medical system for women in CA prisons. Their collect call line (for women in prison in CA) is 510-832-4357, 1 p.m. to 4 p.m., Tuesday-Friday.

Jailhouse Lawyers' Handbook

c/o Center for Constitutional Rights
666 Broadway, 7th Floor
New York, NY 10012

Write for a free copy of *The Jailhouse Lawyer's Handbook: How to Bring a Federal Lawsuit to Challenge Violations of Your Rights in Prison*.

National Prisoner Resource Directory

Prison Activist Resource Center
PO Box 70447
Oakland, CA 94612
Free 24-page national resource guide for people in prison. It contains contact information for other organizations that can provide free books and information on finding legal help, publications, resources for women and LGBT people, and more.

SERO Project

P.O. Box 1233
Milford, PA 18337
A network of people with HIV and allies fighting inappropriate criminal prosecutions of people with HIV for nondisclosure of their HIV status, potential or perceived HIV exposure, or HIV transmission.

Just Detention International

3325 Wilshire Blvd, #340
Los Angeles, CA 90010
If you have experienced sexual harm in custody, write to ask for their Survivor Packet, which includes a self-help guide for survivors and info on prisoners' rights and how to get help via mail and phone. Survivors can write via confidential, legal mail to Cynthia Totten, Attorney at Law, CA Attorney Reg. #199266 at the above address. Please note that they do not provide legal representation or counseling services.

to a rural area to see people in prison, but they are willing to see them through the use of telemedicine. There is a shortage of mental health providers in the United States, particularly a shortage of psychiatrists. Using telemedicine might reduce the amount of time you would normally have to wait to talk to a provider about your psychiatric meds.

What Are Some Challenges with Using Telemedicine?

Video visits might feel impersonal because you are talking to someone through a screen without physical contact. The medical provider will not be able to physically touch you, and it will be harder to understand each other's non-verbal communication cues, such as body language or facial expression. In using technology, there is the possibility that it won't function how it's supposed to. Often the biggest issue is network connection. This means that if the internet is being slow, it might impact your visit. It's also less likely that you'll have continuity of care. This means that it is possible that every telemedicine visit involves meeting a new doctor. This is different from in-person visits, where you are more likely to see the same medical provider.

Response from a Reader about the Use of Telemedicine

I have only had two telemedicine visits in my 18 years of incarceration: one time with a psychiatrist, and one time I needed to get checked for skin cancer on my back. The latter was a disaster, and the former extremely uncomfortable and somewhat demeaning. Since the one for skin cancer came first, I'll start there. I waited three months while the process of approval took place. Then, when I finally got an appointment, the camera did not work, so the doctor could not get a close-up of the spot on my back, so I had to wait a full month more to be re-seen, at which time once the teleconference was established and I correctly identified myself, I was dismissed within 30 seconds! "Benign," that is what he said. "Nothing to worry about." I'll explain why that was so uncomfortable momentarily.

My regular psychiatrist was in limbo somewhere and my three-month appointment time had come, so I had to see a psychiatrist from another facility. The screen at first showed the psychiatrist, asking if I could hear him. I could, but he could not hear me, so he got up and left, and I heard him tell someone to reboot the whole thing. So I waited about five minutes or so, and he came back and we could hear each other — with another annoying problem. All through the teleconference with him, the screen kept freezing up. Now, the reason I said it is dehumanizing is because 90% of the conversation between two people is nonverbal communication. Without body language, you are taking the most fundamental human aspect of a conversation away. We are not robots, we are humans. We are not video screens, we are human! Humans need body language and human contact.

—Ronald Leutwyler

“THERE’S PEOPLE LIKE MYSELF AND OTHERS OUT HERE FIGHTING FOR YOU”

AN INTERVIEW WITH ACTIVIST AND LONGTIME PRISON HEALTH

NEWS EDITOR TERESA SULLIVAN

BY SUZY SUBWAYS

Teresa Sullivan, who has been a vital part of keeping Prison Health News going for the past ten years, is leaving the editorial collective. We are overwhelmed with gratitude for her wisdom and guidance over the years, and we are so excited to support her amazing work in the world moving forward. From teaching classes at Philadelphia FIGHT to her leadership role in the Positive Women’s Network, a social justice organization of women living with HIV, Teresa helps so many people grow stronger and smarter. In this interview, we asked Teresa to tell us more about her work and vision.



Suzy: What is the work you do with TEACH Outside at Philadelphia FIGHT?

Teresa: I am the lead coordinator for TEACH Outside, which was designed for people living with HIV who are formerly incarcerated, coming home back to the community, to educate themselves about how to live with the virus. It’s grounded in activism. When we’re facing something that impacts people living with HIV, we can mobilize around it and become activists, go to demonstrations, go to the White House, go to lobby day once a

year. There’s power in being connected back to the community and being part of a movement that’s bigger than just one person. I’ve been doing the TEACH program for ten and a half years.

My mentor, John Bell, saved many lives, including mine, as a person living with HIV. When I was incarcerated, they gave me the wrong medication, and I wound up in the ER and almost died. And I had my son call John Bell, and he came up to see me. And he made sure I got my medication corrected. He invited me, when I came home, to sign up for the TEACH program. Having a place to come after you leave is so important for you to be able to build community and to find out that you’re not alone. You don’t have to do this alone—John Bell taught me that. And when John passed away, I took on that leadership in the TEACH class.

When you finally get copies of your medical records, there will be words and, of course, medical terminology that you may not have heard before or even understand. My best advice to you would be that you send a nurse a communication asking to have things explained to you while answering all of your questions. You may want to ask questions such as the following:

- Are there test results or other information that medical staff never told me about?
- How will these records help me keep track of what tests I’ll need?
- What exactly are these medications I am taking, and what are they for?
- Are there other treatment options available for me? What are they?

I believe that it’s better to have the records pertaining directly to what it is you are being treated for, so you can stay on top of your own health care. We are our own best advocates, and we have to stay informed of what is going on inside of our bodies. This will allow us to make fully informed decisions about our lives while we are incarcerated.

There is also another reason to obtain copies of our medical records. You may need them to use as supporting documents for a lawsuit against the medical department at your facility. Getting the records now will prevent the possibility of your records possibly being “lost” when you actually need them.

I knew a man who, from his first day in prison, would pay for copies of everything that medically involved him. While he was collecting these documents for his personal records, he was also making sure that nothing would disappear from his files. That way, when he ultimately filed a civil suit against the prison we were in, it didn’t matter what was in his medical file, because he and his attorney had what they needed to prevail in court. That is another reason to keep copies of medical records on the streets for safekeeping, if possible.

I take a pen and paper with me when I see my doctor, to take notes of things he says so I can remember them later. This also helps me to remember the questions that I will have for him by having them written down. If there is something that shows up via a recent blood draw, I can make a note of that and write down the exact spelling of this new find.

If you ever have questions about your health that aren’t being addressed, you may want to go to the law library and ask for the address of your state medical board, and complain about your doctor. If the nurses are giving you the runaround as well, then you should contact your state nursing board and complain to them as well. These organizations hold their certifications to practice in their fields. If they are failing you as a practitioner, then why shouldn’t their lack of professionalism be challenged at the certification levels?

This is your life! Don’t let incompetence make you suffer any more than you already have to deal with. Jails and prisons are stressful enough, so why put up with more stress if you don’t have to? Get your medical files and be your own advocate.

HOW TO GET YOUR MEDICAL RECORDS

BY TIMOTHY HINKHOUSE



Artwork by Leah Jo Carnie

Being in prison away from our families and friends takes a toll on us, which can lead to unexpected illnesses. We have to navigate our way through the jail/prison health care processes in order for us to get the treatment we need and in a timely manner, so we can live to see another day.

I had wanted to get a copy of my last blood work from my medical file so I can closely monitor my HIV viral load, CD4s, my liver function, etc. When I wrote to our medical department, this is a direct quote of what was written back: "Release of information contained in an inmate's health record shall occur only when properly requested upon receipt of a fully completed authorization form signed by the inmate. A complete signed CD-28 should also accompany the request. In compliance with the Oregon Revised Statutes (ORS) 192563, the Oregon Department of Corrections will apply charges

to each request for health care records. \$1.25 for each page for pages 1 through 10, and then \$0.25 for each additional page thereafter."

To give some clarity, a CD-28 is the equivalent to an inmate writing a check to cover this expense as long as there are funds in our trust accounts. I have to say that the prices are expensive, which is discouraging to some inmates, because I can get a legal document copied in the law library at \$0.10 per page. Make sure that you send a request to your medical department asking them how to obtain a copy of your medical records, so you will know what the costs are and the paperwork you will have to fill out.

Suzy: I remember you saying you were cured of hepatitis C. Is there anything you'd want to share about that for our readers?

Teresa: Keep fighting if you're not receiving the new treatment for your hepatitis C. Know that there are legal avenues that you can take. Go to that library if you're currently incarcerated, read up on it. Don't let them say because you're incarcerated they can't do it. You just keep pushing, and get your family involved, on the outside, if you have family. Or a lawyer. Or you can talk to the doctor up there, and see what the doctor thinks, up in the medical ward. But keep trying, because human rights is part of your medical care. You don't lose that just because you become incarcerated. They're supposed to take care of your health regardless of what it is. And don't let them say, "Oh, we're going to wait till it gets really bad." That's backward thinking. You take medicine before it gets real bad. We're talking about hepatitis C—that can be cured at any stage.

Suzy: What work have you done with Positive Women's Network?

Teresa: I've done a lot of things with PWN. From electoral campaigning, getting out the vote, being part of political trainings, a fellowship. And as time went on, I became the vice chair of the board. PWN is the only network of women living with HIV, run by women living with HIV, founded by women living with HIV. The whole entire board is women living with HIV. We support each other, we support women and allies and other people living with HIV, but our endgame is to make sure that we're educating and mobilizing women living with HIV, underneath the umbrella of these six policies: economic justice, reproductive justice, trans justice and rights and equity, women-centered care, HIV prevention justice, and against HIV criminalization.

Suzy: What is your vision for a better world?

Teresa: When I see the injustice in this world being taken seriously, and when the people in the places of power are able to actually hear the voices of the people that they're supposed to serve, and they actually do it, that's a just world. And it's not just in one silo, one state, one country—I'm talking about globally ending injustice.

Suzy: How can we get to that better world from where we are today?

Teresa: Another mentor of mine, Vanessa Johnson, used to tell me, "If we tear down something, we must have something to replace it with." Think about what you want to replace it with before you dismantle it. It needs to be better than what we had. And it needs to be achievable. We have to see something better, and we have to be at the same table, together, to decide that. Make people stop making decisions for other people's lives without actually having those people in the room or having what they think is right on the agenda.

Suzy: What motivates you as an activist?

Teresa: It motivates me because it impacts not just me. It impacts those that I love. I have grandchildren, I have great-grandchildren. I'm not going to sit

back idly and do nothing, and be one of the people who say, “Oh, that’s a shame, this is happening.” I’m going to be one of the people who say, “Oh, this is a shame—let’s do something about this.” And actually be real proactive doing it, even when it feels really hard. And if it’s a situation where I feel uncomfortable, sometimes we need to feel uncomfortable.

Suzy: Can you say more about that?

Teresa: An example is when we talk about racial justice, and being in the room with Black and Brown bodies, and white/Caucasian people who feel real uncomfortable because we’re speaking our truth. I’ve watched people feel real uncomfortable—the reaction of the white people in the room was, “Oh, that’s not me,” or being offended or crying. Those are times that you need to feel uncomfortable, because if we don’t have those hard conversations, nothing’s going to be achieved. Black people shouldn’t have to be talking about how can I change and end racism. No, white people need to. And do their part.

Suzy: Do you have any other words you’d like to share with our readers?

Teresa: For those sitting in their cells, thinking all is lost and that there’s nowhere to turn and that no one cares about you, know that caring for yourself is the first step you need to do. And know that there’s people like myself and others out here in the world fighting for you. When your voice cannot be heard, we will be that voice for you. Stay strong, hold on.

A BRIEF OVERVIEW OF PSYCHIATRIC MEDICATIONS AND WHAT THEY DO

LUCY GLEYSSTEEN

Below is a brief overview of psychiatric medications, what they are typically used to treat, their purpose, and common side effects.

Antipsychotics

The primary purpose of antipsychotics is to treat psychosis. Psychosis can involve the presence of delusions or hallucinations. They can also be used in combination with other drugs to treat other conditions.

Used to Treat: Schizophrenia, schizoaffective disorder. Typical antipsychotics can be used in combination with other drugs to treat attention-deficit hyperactivity disorder (ADHD), severe depression, eating disorders, post-traumatic stress disorder (PTSD), obsessive compulsive disorder (OCD), generalized anxiety disorder



Artwork by Rose Jaffe

WHAT IS A LATENT HIV RESERVOIR?

FROM AIDSINFO.NET, A PROGRAM OF THE U.S.
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Key Points

- A latent HIV reservoir is a group of immune cells in the body that are infected with HIV but are not actively producing new HIV.
- Finding ways to target and destroy latent reservoirs is a major challenge facing HIV researchers. Researchers are exploring different strategies for clearing out reservoirs.

What is a latent HIV reservoir?

A latent HIV reservoir is a group of immune cells in the body that are infected with HIV but are not actively producing new HIV.

HIV attacks immune system cells in the body and uses the cells' machinery to make copies of itself. However, some HIV-infected immune cells go into a resting (or latent) state. While in this resting state, the infected cells don't produce new HIV. HIV can hide out inside these cells for years, forming a latent HIV reservoir. At any time, cells in the latent reservoir can become active again and start making more HIV.

Do HIV medicines work against latent HIV reservoirs?

HIV medicines prevent HIV from multiplying, which reduces the amount of HIV in the body (called the viral load). Because the HIV-infected cells in a latent reservoir aren't producing new copies of the virus, HIV medicines have no effect on them.

People with HIV must take a daily combination of HIV medicines (called an HIV treatment regimen) to keep their viral loads low. If a person stops taking their HIV medicines, the infected cells of the latent reservoir can begin making HIV again and the person's viral load will increase. That's why it's important to continue taking HIV medicines every day as prescribed, even when viral load levels are low.

Are researchers studying ways to target latent HIV reservoirs?

Finding ways to target and destroy latent reservoirs is a major challenge facing HIV researchers. Researchers are exploring different strategies for clearing out reservoirs, including:

Using gene therapy (which means manipulating genes to treat or prevent disease) to cut out certain HIV genes and inactivate the virus in HIV-infected immune cells.

Developing drugs or other methods to reactivate latent HIV so that the HIV can be destroyed by the immune system or new HIV therapies. This means of eliminating latent HIV reservoirs is sometimes known as the "shock and kill" or "kick and kill" strategy.

Typical Antipsychotics

Typical antipsychotics are also known as first generation antipsychotics. Their use has declined over recent years because they have more severe side effects. However, since they are less expensive than atypical antipsychotics, they are still frequently used.

Typical Antipsychotics

- Thorazine (chlorpromazine)
- Trilafon (perphenazine)
- Stelazine (trifluoperazine)
- Serentil (mesoridazine)
- Prolixin (fluphenazine)
- Navane (thiothixene)
- Moban (molindone)
- Mellaril (thioridazine)
- Loxitane (loxapine)
- Haldol (haloperidol)

Side Effects:

- Twisting, repeated movements (dystonia)
- Restlessness
- Tremor, muscles feeling stuck (Parkinsonism)
- Muscles in face and body feeling stiff and moving without being in control (tardive dyskinesia). This can be permanent. You might take a medication like Cogentin to treat these side effects.
- Other common side effects might include drowsiness, dry mouth, or weight gain

Atypical Antipsychotics

These are the most commonly prescribed medications for treating psychosis.

Atypical Antipsychotics

- Abilify (aripiprazole)
- Clozaril (clozapine)
- Geodon (ziprasidone)
- Risperdal (risperidone)
- Seroquel (quetiapine)
- Zyprexa (olanzapine)

Side Effects:

- High blood pressure
- Weight gain
- High cholesterol
- High blood sugar (metabolic syndrome)
- If you are on Clozaril (Clozapine), you need blood work every month to count your white blood cells.

Stimulants

They can help regulate disorganized thought processes. Stimulants increase alertness, attention, and energy.

Used to Treat: Attention-deficit hyperactivity disorder (ADHD)

- Adderall XR (amphetamine)
- Concerta (methylphenidate)
- Dexedrine (amphetamine)
- Evekeo (amphetamine)
- Focalin XR (dexamethylphenidate)
- Quillivant XR (methylphenidate)
- Ritalin (methylphenidate)
- Strattera (atomoxetine hydrochloride)
- Vyvanse (lisdexamfetamine dimesylate)

Side Effects:

- Difficulty falling or staying asleep
- Loss of appetite
- Stomach pain
- Headache

Antidepressants

Antidepressants work by balancing chemicals in the brain called neurotransmitters that affect mood and emotion. They work to improve mood, sleep, appetite, and concentration.

Used to Treat: Primarily used for depression and anxiety. Can also be used to treat insomnia, ADHD, and nerve pain.

Selective Serotonin Reuptake Inhibitors (SSRIs)

SSRIs are a commonly prescribed antidepressant. They can ease depression by increasing levels of serotonin in the brain. Serotonin is a neurotransmitter, or chemical messenger in the brain that is believed to have an effect on mood.

SSRIs:

- Celexa (citalopram)
- Lexapro (escitalopram)
- Luvox (fluvoxamine)
- Paxil (paroxetine)
- Prozac (fluoxetine)
- Zoloft (sertraline)

Side Effects:

- Drowsiness
- Nausea
- Dry mouth
- Insomnia
- Diarrhea
- Nervousness
- Dizziness
- Sexual problems (difficulty reaching orgasm or difficulty maintaining an erection)

Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs)

SNRIs work slowly by increasing the amount of norepinephrine in the brain. Like serotonin, norepinephrine is a neurotransmitter, or chemical messenger in the brain that is believed to have an effect on mood.

SNRIs:

- Pristiq (desvenlafaxine)
- Effexor (venlafaxine)
- Cymbalta (duloxetine)

Side Effects:

- Nausea
- Dry mouth
- Insomnia
- Dizziness
- Sexual problems (difficulty reaching orgasm or difficulty maintaining an erection)

Tricyclics (TCAs)

An earlier form of antidepressants. They are effective but are usually replaced with antidepressants that have fewer side effects. They affect brain chemicals (increasing serotonin and norepinephrine) to ease depression symptoms.

TCAs:

- Anafranil (clomipramine)
- Asendin (amoxapine)
- Elavil (amitriptyline)
- Norpramin (desipramine)
- Pamelor (nortriptyline)
- Sinequan (doxepin)
- Surmontil (trimipramine)
- Tofranil (imipramine)
- Vivactil (protriptyline)

Side Effects:

- Blurred vision
- Dry mouth
- Constipation
- Weight gain or loss
- Low blood pressure
- Rash
- Hives
- Increased heart rate
- Sexual problems

of color. Miss Major recently retired from TGIJP, but the organization continues to do amazing work on a daily basis. TGIJP is able to provide some legal assistance to transgender people incarcerated in California.

TGIJP has published a few free, online resources to share with transgender people who are currently incarcerated. These resources can be printed and mailed to transgender people in prison. “Still We Rise” is a prison resource guide that contains information on nationwide newsletters, information on legal rights to accessing hormones, HIV medication, advocating for healthcare while incarcerated, and more. This resource guide also contains basic information about gender-affirming hormone therapy so that incarcerated folks who have taken hormones or want to start taking hormones can better understand dosages, side effects, and changes to expect while on hormones.

TGIJP also publishes the “Transgender/Gender Nonconforming Guide to Parole Preparation.” This resource guide provides advice specifically for transgender folks preparing for parole. Transgender people have a harder time establishing housing and employment after incarceration. In addition, many transgender people have strained relationships with blood family which make their parole cases more challenging. Harassment and violence during incarceration can further complicate parole cases.

The TGIJP parole guide stresses the importance of your personal statement, how you have grown while incarcerated, and your support systems and plans for re-entry. It can be helpful to begin building supportive relationships as soon as possible. These relationships could be with friends or chosen family on the outside or with organizations such as TGIJP or a pen pal. Any friends, community groups, or organizations you may have connections to can assist your case by providing letters of support. They might also be able to speak about how they have seen you learn and grow during your incarceration, help you write and edit your personal statement, or help research ways to get you connected to health care and other support upon re-entry. Trans folks are beautiful, powerful, and resilient. Our stories are powerful and need to be told!

Resources described here, such as the “Still We Rise” prison resource guide and the “Transgender/Gender Nonconforming Guide to Parole Preparation” can be obtained by writing to:

TGI Justice Project
370 Turk St #370
San Francisco, CA 94102

RESOURCE GUIDES FOR CURRENTLY INCARCERATED TRANSGENDER, GENDER VARIANT, AND INTERSEX PEOPLE

BY CALEB CHRIST



TRANSGENDER GENDER-VARIANT & INTERSEX JUSTICE PROJECT

In 2005, lifelong transgender activist Miss Major Griffin-Gracy joined the organization's leadership to help fulfil their mission to support transgender women of color in the prison system. Miss Major's leadership has uplifted the lives of many currently and formerly incarcerated transgender women

The TGI Justice Project (TGIJP) is a group of transgender, gender variant, and intersex people inside and outside prisons, jails, and detention centers. They work to create community and share resources with transgender, gender variant, and intersex (TGI) people navigating incarceration, re-entry, and surviving in communities that are highly policed. TGIJP works with community members and legal experts to end human rights abuses and police violence against TGI people in prisons, jails, detention centers, and beyond.

TGIJP was created in 2004 to provide legal services for transgender and gender variant people incarcerated in California.

Monoamine Oxidase Inhibitors (MAOIs)

MAOIs target a substance in the brain that decreases serotonin, norepinephrine, and dopamine which are all chemical messengers that are thought to impact mood.

MAOIs

- Emsam (selegiline)
- Marplan (isocarboxazid)
- Nardil (phenelzine)
- Parnate (tranylcypromine)

Side Effects:

- Dry mouth,
- Nausea
- Headache
- Drowsiness
- Insomnia
- Dizziness, or light-headedness
- Skin reaction
- Involuntary muscle jerks
- Low blood pressure
- Reduced sexual desire
- Weight gain, Difficulty starting urine flow
- Muscle cramps
- Prickling or tingling sensations in the skin
- There are many foods you cannot eat if you are taking this medication. Be sure to speak with your prescriber

Benzodiazepines

Benzodiazepines increase the amount of GABA in your brain. GABA is a chemical messenger that decreases unwanted activity in the brain. Benzodiazepines are very addictive. If you have been taking benzodiazepines for a while, you cannot stop abruptly. The withdrawal from benzodiazepines can be deadly.'

Used to Treat: Anxiety and panic disorders

Benzodiazepines

- Ativan (lorazepam)
- Klonopin (clonazepam)
- Xanax (alprazolam)

Side Effects:

- Drowsiness
- Confusion
- Dizziness
- Trembling
- Impaired coordination
- Vision problems
- Grogginess
- Feelings of depression
- Headache

Mood Stabilizers

Used to treat intense, repeated shifts in mood. It usually takes several weeks to begin working.

Used to Treat: Bipolar disorder, schizoaffective disorder, borderline personality disorder and sometimes in combination with other medications, used to treat depression

Mood Stabilizers

- Lithium
- Depakote
- Depakene (divalproex sodium, valproic acid, or valproate sodium)
- Lamictal (lamotrigine)
- Tegretol (carbamazepine)

Side Effects:

- Dizziness
- Drowsiness
- Fatigue
- Nausea
- Tremor
- Rash
- Weight gain
- Agitation
- Mood swings
- Loss of coordination
- Abnormal thinking
- Impaired memory and poor concentration

***Lithium can also impact kidney and thyroid function. Lithium can be toxic if there is too much of the drug in your blood stream. If you are taking lithium, you need to get blood work regularly.

LIVING WITH CHRONIC KIDNEY DISEASE

BY SETH LAMMING

Chronic kidney disease (CKD) is a common health problem in the United States. CKD happens when the kidneys do not work as well as they should. The health of your kidneys is closely related to the health of your heart and the health of your blood vessels. When you hear about foods and activities that are healthy for your heart, they are also good for your kidneys. This article will provide some basic information about the kidneys, CKD, and some ways you can look out for your own kidney health.

The kidneys are two organs about the size of a fist that are shaped like beans. They are located below the ribs on the back side of your body. You have one on your left side and one on your right side. They serve the important role of filtering blood and maintaining the fluid and salt balance inside the body. The kidneys take waste products out of the blood and dispose of them in urine.

When you are thirsty, the kidneys receive signals from your body to conserve water. The kidneys also help your body absorb calcium for your bones and make red blood cells, the cells that carry oxygen through your blood.

While the kidneys are extremely important, they are also fragile and can get damaged easily. Chronic kidney disease is so common that about one in every seven people have it. In CKD, the kidneys do not filter blood as well as they should. People who have diabetes or a heart condition like high blood pressure are more likely to develop CKD. If you are overweight or have people in your family who have had CKD, you are also at a higher risk for developing CKD. CKD is most common among African Americans and Native Americans, due to lack of access to health care, stress, and other factors.

There are usually no symptoms associated with CKD until it progresses to later stages. As CKD gets worse, signs might include swelling in your legs or feet, peeing less, anemia (low blood cells), feeling tired, having high blood pressure, or getting bone fractures more easily. Many people do not know they have CKD until it gets worse. When CKD gets worse, every organ system is affected. In its final stage, called kidney failure or end-stage renal disease, the kidneys no longer filter blood. People who have kidney failure need to get their blood filtered by a machine a few times every week, sometimes more. This process is called dialysis.

There are ways to check for CKD before it causes health problems. If you have diabetes, high blood pressure, or another risk factor for CKD, it is a good idea to get your kidneys tested at least once every year. Your health care provider can do a blood test and urine test to look for evidence of damage to your kidneys and to see how your kidneys are working. They can do a blood test to look for creatinine, a waste product that you are supposed to pee out. They can also look for protein in your urine, because healthy kidneys do not make protein in urine. These two tests are usually the first ones your providers look at.

What causes high blood pressure?

We don't fully understand why people develop high blood pressure, but we do know that there are many factors that increase your risk. These risk factors include **aging, obesity, a high salt diet, high alcohol consumption, physical inactivity, diabetes, and high cholesterol**. Also, if a family member has high blood pressure, you are at higher risk.

How can I control my high blood pressure?

If you have high blood pressure, set a blood pressure goal with your health care provider, usually less than 130/80. Studies show that any decrease in your blood pressure helps your health. The first step in controlling your high blood pressure is diet and exercise. **Aerobic exercise**, like walking or running three to four times a week, can lower blood pressure.

Diet tips for controlling high blood pressure include:

- **Trying not to eat much salty food**, like chips and salted nuts
- **Only adding salt to your food if you can't eat it otherwise**
- **Weight loss** if your doctor has said you are obese
- **Avoiding fatty foods**, like chicken skin and cheeseburgers
- **Drinking 1% or skim milk if available, instead of regular milk**
- **Eating fruits and vegetables** (rinse salt off canned vegetables)

The best way to start a change in your lifestyle is to pick one change that you can start today—for example, exercising. You don't have to change everything at once. If that change goes well for several weeks, think of adding another change.

The main kinds of medications that lower blood pressure are:

- **Diuretics (water pills):** drugs like hydrochlorothiazide that make you pee more than usual to get rid of water and salt
- **ACE inhibitors and angiotensin receptor blockers (ARBs):** drugs like lisinopril (Zestril), valsartan (Diovan) and losartan (Cozaar) that can help prevent kidney disease and are often given to people with diabetes
- **Calcium channel blockers:** drugs like amlodipine (Norvasc) that relax your blood vessels to lower your blood pressure
- **Beta blockers:** drugs like metoprolol (Toprol, Lopressor) that reduce the amount of work the heart has to do and are often given to people who have had heart attacks

One of these medications may be prescribed if exercise and diet aren't enough to get your blood pressure under control. If one medication isn't enough, the doctor may add a second or third medication. If you have diabetes or high cholesterol, it's important to take care of those too. With exercise, diet, and sometimes medications, you can bring your high blood pressure under control!

UNDERSTANDING AND TAKING CONTROL OF YOUR HIGH BLOOD PRESSURE

BY PRIYANKA ANAND AND NEIL MENON

This is an updated version of an article that appeared in our Winter 2017 Issue.

Most people have heard of **high blood pressure**, also known as **hypertension**. Almost half of all adults in the United States have high blood pressure, so this is very common.

What is high blood pressure?

Blood pressure is the pressure of your blood pushing against your blood vessels. When you have your blood pressure taken, the doctor or nurse will give you two numbers: your **systolic blood pressure** and your **diastolic blood pressure**. Your systolic blood pressure is your highest blood pressure, when your heart is contracting, and the diastolic is your lowest blood pressure, when your heart is relaxed. For example, if your blood pressure is 120/80 (“one-twenty over eighty”), you have a systolic blood pressure of 120, and a diastolic blood pressure of 80.

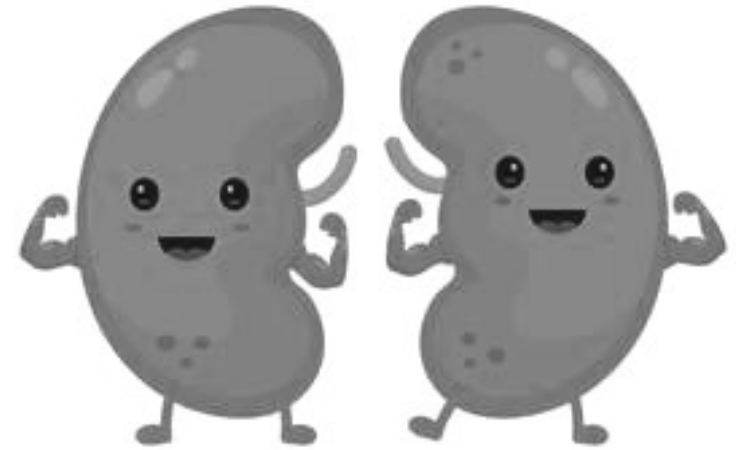
Normal blood pressure is a systolic blood pressure **less than 120** and a diastolic blood pressure **less than 80**. Someone whose blood pressure is routinely **130/80** or higher when resting has high blood pressure. The higher your resting blood pressure is, the more your health is at risk.

To be diagnosed with high blood pressure, you need to have two or three blood pressure measurements that are high, measured at separate doctor’s visits. This is because your blood pressure goes up if you have just been exercising or you are nervous at the doctor’s office.

Why is high blood pressure bad for you?

Our blood travels through our body in blood vessels. As it travels through the body, blood carries nutrients and oxygen to all the different parts of our body. We can think of our blood vessels as hoses, and our blood like the water in a hose. Our heart is a pump that sends the blood around our body, providing water pressure. We need some pressure in the hose to make sure that the blood goes to all the places it’s supposed to, but where there is too much pressure, it can damage the hose. High blood pressure can result in **damage to our kidneys** and **strokes or bleeds in our brain**. It also puts strain on the pump (our heart). This is why high blood pressure puts us at risk for **heart disease, heart attacks, and heart failure**.

Most people who have high blood pressure feel perfectly healthy. But having untreated high blood pressure puts us at a higher risk for heart attacks and strokes as well as kidney disease over time. This is why high blood pressure is so dangerous—it is often referred to as a “silent killer.”



There are good treatment options for CKD. If you catch it early, you can take medications to slow down the progression of the disease. These medications include “ACE inhibitors” such as lisinopril and “angiotensin receptor blockers” such as valsartan. These two types of medicine lower your blood pressure and ensure that the kidneys continue filtering blood at a normal rate. People also take diuretics (water pills) such as furosemide that make you pee a lot. This helps you get rid of extra salt and water, so your body does not retain as much fluid. When your body retains fluid, you might see swelling in your limbs or your hands and feet. People also might take medicine that helps the body make more blood, and they may take supplements such as calcium and iron.

The best ways to keep your kidneys healthy are to eat a balanced diet and try to be active. Eating more fruits and vegetables and drinking plenty of water are great ways to improve your health. If you have high blood pressure, keeping your blood pressure in a normal range with medication and a low-salt and low-fat diet can help. If you have diabetes, making sure that your blood sugar is in a good range for you will also help your kidneys stay healthier. If you can get put on a “diabetic diet” or other special diet, that can help.

If you have been diagnosed with kidney disease, you will need to follow up with a health care provider. It is important to take medication so that your kidneys can continue working properly. Have your doctor explain what your medications do, and how to take them. Ask them to teach you about signs that your CKD is getting worse. If possible, talk to a nutritionist or a nurse about what you should eat to help your kidneys stay as healthy as possible.

GIVING IS LIVING

BY LEO CARDEZ

“Only a life lived for others is a life worthwhile.” —Albert Einstein

“Life’s most persistent and urgent question is, ‘What are you doing for others?’”
—Rev. Dr. Martin Luther King, Jr.

Could the secret to a better life be as easy as helping others? The published scientific research is compelling:

- According to a study in *Social Science & Medicine*, people who volunteer every week are more likely to describe themselves as very happy.
- Research shows an 18% lower rate of death among people who are caregivers in their family, versus non-caregivers.
- A meta-analysis of 14 studies in 2013 showed that organizational or formal volunteering reduced the death risk of people aged 55 or more by 24%.
- Tutoring can boost your stamina, memory, and physical flexibility while reducing depression.
- Dopamine, endorphins and serotonin levels (“happy brain chemicals”) increase after acts of giving. We’ve all had that feeling of euphoria when we gift something that someone else truly likes.

Sounds easy enough: You get when you give. Here are some tips for getting started:

- First, realize you’re probably not that nice, or at least admit you could be even kinder.
- Resolve to do better, to help others without benefit or attention.
- Pray or meditate, sending love and compassion to your friends and family, and slowly enlarge this group to include more people.
- Battle moral dilemmas by doing the right thing. Follow your small voice, and do the hard work. My dad used to say, “The hard choice and the right choice are often the same one.”

Sometimes, we need a clearer roadmap. Here are some specific tasks you can start on today:

- Look and listen for opportunities to help. Resolve to help at least one person every day.
- Find volunteer opportunities. Does your facility offer volunteer positions in a hospice or as GED tutors, chapel volunteers, etc.?
- If you follow a certain faith practice, go to services to enjoy fellowship with others.
- Read fiction or self-help nonfiction. It can help change the way you view people.
- Gaze at stars or nature. It promotes prosocial behavior (the intent to benefit others) by humbling oneself in seeing the grandness of the universe or natural world.
- Give until it hurts. Be generous. It will (and should) be a little uncomfortable at first, but it will get easier and more fulfilling with time. The benefits can be even more satisfying when you give anonymously or when you give to someone you don’t know or particularly like.



Artwork by Micah Bazant

Some of us came home to housing. Some of us were homeless. Some spent 7 months trying to get an approved home plan while wasting away in halfway houses.

Some of us struggle finding positive support from family and friends, while others came home to mentors, wives, husbands, and so many open arms.

Even after being out for years we struggle.

I struggle to keep me and my children together.
I struggle to afford more than a room.
I struggle to find a job I'm NOT overqualified for
I struggle to feel human, not looked down upon

I AM

we the people.

I want you to remember that we need to change people's environment if we want to change their future.

That we are so much more than our past.

That people need community, not condemnation.

That we need more support to become what we dream of.

That the world is wrong about us. That we've already come so far.

That we are learning to forgive ourselves.

And so should you.

That we can make differences in the lives of others. But we need a chance to prove our worth.

That we are powerful!

The Re-Entry Think Tank connects formerly incarcerated people with artists and advocates. Think Tank Fellows spent two years interviewing over 1,200 Philadelphians with criminal records about their lives, dreams, and demands for a more just world. As a group poem and declaration, this has been read in Philadelphia's city hall, detention centers, museums, legal clinics, and community spaces across the city.

This is no easy task. It may feel a bit unnatural or go against your very fiber, especially in prison. Kindness can easily be mistaken for weakness, which others may try to exploit. Have faith in the process. When you are trusting and helpful, you can teach and inspire others to become the same. We take social cues from people around us. You can change the expectation of what an incarcerated person is or how they're supposed to act.

Every day at lunch, I ask myself, what have I done for people who aren't me today? The way I spend the rest of my day depends on that answer. I saw some small, yet powerful, changes in my demeanor. My family says I look happier, more peaceful and rested. I overheard someone describe me as kind and generous (first time ever). I'm far from truly selfless—that may be impossible, but the bottom line is that in helping others I may save myself.

This article is dedicated to my sister, Toni, the most giving, compassionate, loving person I know, who taught me that giving back and doing good is not about how you live, but why you live.



Skunk with Gift by Jack Grauer

RE-ENTRY BILL OF RIGHTS: A BLUEPRINT FOR KEEPING US FREE

BY THE PHILADELPHIA RE-ENTRY THINK TANK

We the people.
The other side of America.

The 70 million plus with criminal records.

We exist in multitudes. We lead many lives.

We are all ages

We are 16,
57,
35 years old.

We are not criminals.

We are survivors.
Scholars.
Artists.
The leaders you need.

Your Fathers, Mothers, Daughters, Sons, friends and family.

We are human beings. We deserve a chance to prove our worth.

We work, volunteer, mentor and use our knowledge, experience and skills to
give back to the community.

Where am I?

You see me in the mall,
We sat next to each other at the movies,
We shared a smile once in a line at the grocery store,
the bank,
the church pew.
But you put an X on my face.
You turned me into a number.

See ME

I want a beautiful future.

Are you part of it?

Let's talk close.
If I was your child, would you treat me differently?

I am not a slave to my past
I refuse to be intimidated by your misperceptions.
Understand the value I have to contribute.
Do not be paralyzed by data,
I am real, not numbers.

I will not subject myself to fear or anxiety, but walk boldly. I will prosper.

Let me be free.

Believe in me, and I will be the best parent I never had.
I will mobilize communities. Will be a catalyst for change. Will make history.
Will achieve all of my goals. Will be a role model for the youth!

We've done our time.

Let us become who we want to be.

My mom always told me hurt people will hurt others.

But healing for me is harder than you think.

Sometimes I feel like I'm reading a story that isn't mine.

I need those around me to listen, to lend an ear, to try to understand the
root causes of violence and crime.

To help me get support and resources.

Today, I can be a wounded healer.

I want to apologize.

To listen to the people I've harmed, to volunteer, to speak out, to teach, to
learn, and understand that not everyone is ready to heal.

We are hurt, we have harmed, and we have the power to help others heal.

But it's not black and white.