

Now that we're all volunteers, each copy of *Prison Health News* costs only about \$1 to print and mail. But with almost 5,000 readers, that adds up. We'd be grateful for any contributions you or your loved ones on the outside can send. Checks should be made out to Media Mobilizing Project (our fiscal sponsor), with "Prison Health News" in the memo line. Money orders are great too!

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Artwork by J. D. Frandsen

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# Prison Health News



*We Have Never Asked Permission* by Glori Tuitt with Forward Together

## 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  
The PHN Team

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## 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  
4722 Baltimore Ave.  
Philadelphia, PA  
19143**

## UPDATE TO OUR READERS

This is the first issue that Prison Health News is doing as its own independent organization! We have been working hard to build a base on the outside to support the work that PHN does. This includes responding to health questions, writing articles, contacting writers in prison, applying for grants, and mailing logistics. It has been an exciting and busy time. We received a grant from the Sparkplug Foundation that covered the entire cost of this issue. We feel deeply committed to continuing to send out Prison Health News for free, and that has involved some extra work to secure funding. On the back of this issue, you will find information about ways that people can donate to PHN.

We want to share with you what has been happening with the health questions. If, at some point in the past few years, you sent a letter to our old address at 1233 Locust or 1207 Chestnut, it may have been lost or not responded to. We are so sorry that this happened. Prior to the past few months, PHN was a part of Philadelphia FIGHT. As staff came and went, there would be long periods of time without anyone trained or available to work on letters. Over time there were many letters that were answered and many that were not. We apologize for this.

Now, instead of one or two people working on letters, PHN is all volunteers. We now have a more limited set of criteria for what we can do, because most of us are not medical professionals, we don't have unlimited capacity, and sometimes the resources that folks ask us for we don't have access to. For all health-related questions, there will be a delay between when you send it and when we are able to respond.

### **Black and Pink**

6223 Maple St. #4600

Omaha, NE 68104

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 to them 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.

### **Prisoners' Self Help Litigation Manual, 4th Edition**

928 pages, \$54.95. Clear, practical advice on the rights of people in prison related to conditions of confinement, civil liberties, procedural due process, the legal system, how to litigate, conducting effective legal research, and writing legal documents.

**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.

## Prison Yoga Project

P.O. Box 415

Bolinas, CA 94924

Write to ask for a copy of the book, *Yoga: A Path for Healing and Recovery*, free of charge on request.

## 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 26-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.

Below is information to consider when sending us your health questions:

### Here's what we CAN do:

- Provide medical factsheets
- Send information about medications
- Offer information about options for testing and treatment
- Send general information about specific conditions

### Here's what we CANNOT do:

- Answer more than 2 questions in one letter
- Interpret health test results
- Suggest a diagnosis for your symptoms
- Provide analysis for complex cases
- Provide legal advocacy
- Send books
- Offer pen pal referrals

Another change is that if we receive "Return to Sender" mail of our newsletter, we will cancel the person's subscription to Prison Health News. We send out about 5,000 copies, and we cannot track down each person or whether they have been transferred or released. If you are no longer getting a subscription, or if you have been transferred, please write to us, and we will be happy to add you back onto the mailing list. We are sorry for the inconvenience this might cause people who have been transferred. We are doing this because we were spending hundreds of dollars on sending out issues that were just getting returned.

Thank you for reading,

The Prison Health News Team



Artwork by Ramon Siles

# HEALTHY EATING: NON-DIET HACKS AND TIPS

BY LEO CARDEZ

At Prison Health News, we try to avoid talking about diets, in part to be accepting of all body types, and also because changing eating patterns is more healthy than dieting. I'm going to focus on healthy eating tips you can use in almost any prison. Some might work for you, and others might work for other readers, so don't feel like you need to try them all.

1. Water is your friend. Drink a cup of water before you walk to chow, another during your meal, and another after. Doing this can fill you up, help with digestion, and help clean your teeth.
2. Slow down. Eat mindfully. Focus and enjoy the meal. Chew your food at least five times before swallowing. Try eating vegetables and protein first off your tray.
3. It may help to keep a food journal and write down everything you eat, as long as this doesn't increase your stress. The idea is that being more aware of everything you're eating will help you get more control over what you are eating.
4. Here's another tip that may work well for some of us but not for others: Create a daily meal and snack schedule to plan what you will eat. Stick to it.
5. Find a healthy eating buddy to hold each other accountable and for support and encouragement.
6. Try to eat the opposite of traditional meal portions throughout the day. Have a large breakfast, reasonable lunch, and smaller dinner.
7. Prepare your cell-made snacks and meals in advance. For example, if you plan to have a snack or meal later that day, set them aside in the morning.
8. Some people find it helpful to eat all their meals in an 8-to-10-hour window, not eating the other 14 to 16 hours each day. This is often referred to as intermittent fasting. Intermittent fasting, or limiting your eating to certain windows, draws on 20 years of medical research and literature, encompassing a large number of studies, and has been proven to be safe, effective, and highly beneficial. It's been associated with longer life span, weight loss, maintaining a healthy weight, and may help prevent cancer, heart disease, and Alzheimer's.
9. Create small daily goals, and start the day with personal affirmations. For example, "Today, just today, I won't eat any bread or processed sugar." Review this every morning and mix it up.

preferences. It should also be noted that as a matter of policy, romantic relationships between inmates and/or staff are illegal, as is sex, consensual or otherwise. However, if trans women want to continue to be housed in men's prisons as a matter of preference, they would continue to have that option, as would trans men.

The long-term goal is to ensure that trans people would know that the option exists for them to utilize at any point while serving their sentences, and secondly that a safer option is at their disposal, because it is an actionable policy. It is the desire of those working on the language of the bill that having this policy in place and ensuring that it is actionable would reduce the possibility of violence being committed against them, including the high possibility of being housed against their will with someone with a history of homophobic or transphobic violence. The bill would reduce the possibility of transgender people being murdered in prison simply for being trans.

As a trans woman, I am acutely aware of these elements of violence. I personally, however, cannot attest to what situation exists for trans men who may desire utilizing this option in the same way. It may very well be plausible that trans men would feel safer remaining in women's facilities, which would be their prerogative. It is the concern of the cohort that no incarcerated trans person be placed in a situation that would make them feel less safe. With these concerns in mind, we are working very carefully to make sure the language of this bill reflects the concerns of all parties impacted by this bill.

Please be aware that this is still a monumental work in progress, but as we progress, I will duly keep everyone informed. And if you are considering doing something like this in your state, I'm of the opinion that you should. All trans people are entitled to live with respect and dignity, and if this will provide a modicum of that, why not pursue making it happen?



My Cup of Tea II by Anna "Joe" Vanderford

# TRANSGENDER HOUSING IN PRISON

BY FATIMA MALIKA SHABAZZ

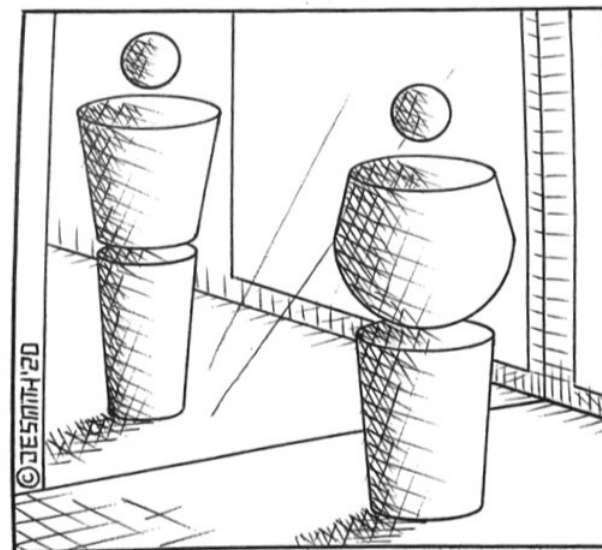
Hello everyone:

Since it's been so long since I've written an article for Prison Health News, it makes sense that I introduce myself. My name is Fatima Malika Shabazz. I am a formerly incarcerated African American Transwoman. The last time I wrote anything for Prison Health News, it was due to a civil action I filed against the California Department of Corrections. Since that time, I have been released on parole; I have also been heavily involved in advocacy and activism surrounding either reforming or eliminating bad department of corrections policies related to the trans population.

Currently I am a part of a cohort here in California working on changing the policies regarding housing transgender inmates. Under the current policies, individuals housed in any of the 35 California prisons are done so based on their gender assigned at birth. This has proven problematic for many transgender inmates who identify either as trans-male or female regardless of their physical presentation, as well as those who present as non-binary. As a result, there have (over the years) been many incidents of violence against trans inmates, including murders by homophobic and transphobic cell mates, incidents that we believe could have been avoided had the department had policies such as California Senate Bill 132 in place.

If activists are successful in getting our vision of the bill passed, Senate Bill 132 would allow trans people to choose the type of facility (male or female) they want to be housed in based on their gender identity, as opposed to gender identified at birth. This bill (should it pass), comes at a timely moment, as there has been an increase in violence against incarcerated trans women. The violence has escalated especially since former Department of Corrections Secretary Scott Kernan negotiated away the safety of LGBTQ inmates by eliminating Sensitive Needs Yards. These were housing units in California prisons that traditionally held people who were in danger of facing violence in general population. Examples included informants ("snitches"), LGBT people, and people who were at risk of sexual assault.

The vision for this (at least from my perspective) is that trans people would be able to live in safer, more inclusive spaces that correlate more accurately to their personal gender identities. It must be noted, however, that this is not intended to be a hard and fast written in stone type policy—it is, in fact, meant to provide an option. Point of fact is that some trans women might rather be housed in men's facilities, due to their personal dating



Artwork by Joshua E. Smith

You can do it! Think positively and envision hitting your weight and health goals. Put up a list or poster of your goals somewhere so you can see it every day.

Many of our readers know what's good for us and what isn't. Here's a refresher based on the USDA MyPlate food guide, which replaced the famous Food Pyramid in 2011:

- Vegetables are so healthy you can eat as much as you like. If they are canned, you may need to rinse the salt off. In a research study, rinsing didn't have much effect on the sodium in canned green beans, but replacing the canning brine with water before heating lowered the salt content.
- Cornbread, low-fat popcorn, oatmeal, and whole wheat flakes breakfast cereal are great sources of fiber and other nutrients.
- Canned fish, including tuna, is high in protein, but you may need to rinse any extra salt off. You can also rinse cottage cheese to lower the sodium. When rinsing tuna or cottage cheese, the iron content is not lost, but some of the calcium is lost.
- Dried fruits like apricots or raisins can be great if you're craving something sweet.

Lastly, remember to be kind to yourself if you slip up and don't follow this regimen perfectly. Not to sound cliché, but creating and keeping a healthy lifestyle is a marathon, not a sprint. It's about the journey, not the destination. Make 2020 the year of you. Take care of yourself.

# MANAGING DIABETES IN PRISON

BY TIMOTHY HINKHOUSE

I conducted an interview with my neighbor, J. Parker, who is a man I have known for several years. He is a 51-year-old man who has been diagnosed with diabetes for the past 13 years of his life. He has had lots of things on his plate that he has had to face in his lifetime in addition to diabetes. He has been incarcerated for the past 25 years, and he has an out date of 2023. This makes him worried about how he will take care of his diabetes, eat healthy, and still keep his positive outlook on life. In prison, everything has been taken care of for you. Out in the free world, we have to take care of ourselves, which can be scary for someone getting out after spending over half their life in prison.

All those years ago, when he found out that he was diagnosed with diabetes, Mr. Parker was in the Intensive Management Unit (IMU). This is a super-max housing facility. During this time, he was going through all kinds of issues with his body, such as having sores on his face that wouldn't heal, for example. Then medical staff decided to order a complete blood work-up, including a hemoglobin A1c test, which determines if there is diabetes mellitus in an undiagnosed patient.

Mr. Parker could not remember with certainty what his original A1c number was. He did know that at his first finger-stick test, his glucose level was 579 mg/dL. The ideal glucose numbers for a person with diabetes are in the range of 70 to 130 mg/dL. The target A1c number is 6.5% to 7%.

I had asked him about what it was like when he first started taking insulin shots. He told me, "When I first started taking insulin shots, it would affect my sleep and wake me up in the middle of the night. I would feel as if there was someone taking their thumb and pressing it into my brain, which was very painful. My vision was also affected while I was awake, which was very scary to not have control over my vision [This is also known as microvascular damage]. The pains that I experienced in my head felt as if my head was caving in on itself."

I asked if there were any additional physical differences that he may have noticed. He told me, "There really isn't anything that I've noticed when my blood sugar was low. I did think there was a connection between my hormones and my attitude."

Mr. Parker told me that every time he had an opportunity to read up about diabetes, he would take full advantage of this educational opportunity. He went on to say, "This has made me more aware of my feelings, emotions, and the thoughts I'll have that seem to be connected to this illness." This chronic illness has him testing his blood sugar three times a day, with the first before breakfast. This is one of two times he will take an insulin shot. Before lunch, he will again test his blood sugar to monitor his levels. Then in the evening before dinner, he will test his blood sugar levels for the last time that day, and he will take his second insulin shot then too.

I asked Mr. Parker how he or medical staff keep track of his glucose readings. He said they get logged onto his medical chart as the permanent record. He went on to tell me that he has a blood draw every three or four months, which tracks his A1c number. He was proud that his last test showed it being around 6%, which is really good. He told me that when he gets a blood draw he also has to submit a urine sample to find out if his body is dumping mass amounts of glucose in his urine. Until I read about this in the 8th edition of Pharmacology for Nursing Care by Richard A. Lehne, I didn't know this happens.

your destination without fully remembering the process of getting there), or it can be more severe and involve forgetting one's own identity. Everyone at some point in their lives has experienced dissociation, but it is more frequent and severe for those who experience complex trauma. This is one of the brain's ways of coping with feelings of fear, anxiety, and shame—or achieving emotional safety. However, it can be problematic when dissociation occurs so frequently that a person is unable to feel positive emotions or process their more difficult feelings.

## Impact on Self-perception

Self-perception is how a person feels about themselves. Complex PTSD can cause a constant feeling of guilt, shame, and responsibility for the trauma that occurred. Over time, this can create a self-image in which a person views themselves as incapable, inherently bad, unworthy, or unlovable.

## Impact on Worldview

Complex trauma can affect a person's understanding of the world as a safe place. This can cause someone to be on high alert at all times, looking for danger, even when they are in a situation where danger might not be present. This might look like a belief that people are essentially bad, or the world is essentially unsafe. Beliefs stemming from this could include, "Nothing good will ever happen to me," "No one is safe outside at night," etc.

## Impact on the Body

CPTSD and PTSD in general are associated with significant negative health effects including chronic pain, digestive issues, weight gain or loss, hypertension, and cardiovascular issues. We say about trauma that it "lives in the body," meaning that our body holds reminders of our emotional states. For instance, a person who experiences a lot of hyperarousal (easily startled, always on guard, quick to fight or run, heart racing, sweatiness, difficulty paying attention) might hold that in the body in the form of muscle tension. This is a very simplistic description of trauma's relationship with the body, but a whole field of study called Somatics is dedicated to better understanding the relationship between our mental health and its bodily effects and experiences.

## What are strategies for managing the impact of PTSD?

- If possible, engaging in individual therapy, group therapy, or both.
- Spending time figuring out what activities help you feel soothed, calm, and in control. These are called "grounding techniques" and can look like mindful coloring, writing in a journal, praying, running, stretching, breathing rhythmically, humming, dancing, tapping, holding something soft or weighted, or playing with a fidget toy.
- Developing safe relationships and seeking support. Think or journal about: Who am I with when I feel like my best self? Who am I with when I feel calm, soothed, joyful, engaged? What qualities about these relationships give me these emotional freedoms?
- Identify triggers (situations that lead to painful reliving of memories or emotions).
- Be gentle with yourself and speak reassuringly to yourself.
- Owning your right to have boundaries AND developing the communication skills to clearly and healthily set a boundary with someone *and keep it*.

# COMPLEX PTSD

BY LUCY GLEYSTEN AND BRITTANY MITCHELL

## What is complex trauma, or complex PTSD?

Complex trauma is a trauma that is repetitive, occurs over a period of time, and is frequently interpersonal in nature. Complex PTSD most often develops in childhood and can include experiences of abandonment at an early age, physical abuse or neglect, sexual abuse, emotional abuse, living in a neighborhood that has high levels of violence, being impacted by war, repetitive and invasive medical procedures, or other experiences of being in a traumatic environment for a prolonged period of time. Not everyone who has had traumatic experiences develops complex PTSD. However, those who do might experience certain difficulties that can be painful to live with.

## What is the difference between complex trauma and regular PTSD?

When people hear the term PTSD (post-traumatic stress disorder), the first thing that often comes to mind is the experience of having suffered a traumatic event such as being in combat, exposure to gun violence, or experiencing a natural disaster. This type of trauma is called single incident trauma. Such experiences can contribute to having nightmares, flashbacks, anxiety, fear, depression, anxiety, emotional withdrawal, numbness, hypervigilance (having your senses on high alert), avoidance of reminders of the traumatic event, irritability, guilt, and shame. This article will focus on complex PTSD. There is a lot of overlap between single incident and complex PTSD. While the two types of trauma have a lot in common, complex trauma often involves the set of symptoms below that were classified by Judith Herman in her book *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*.

## Relational Impact

Complex trauma can deeply impact one's sense of self and how they relate to others. If, as a child, a person learns that it is unsafe to have closeness with others, that will impact relationships in the long term. This can create a strong sense of loneliness, isolation, and feelings of disconnection.

## Emotional Impact

Complex trauma can create challenges in emotional regulation. This could mean that it might be difficult to control and process feelings of anger, sadness, disappointment, or other forms of emotional distress. Those who have CPTSD might have a difficult time with self-soothing. Sometimes a person's tolerance for handling difficult emotions can be very low. People with complex trauma are more likely to use substances like drugs or alcohol or engage in other self-harm.

## Impact on Consciousness

Individuals who've experienced complex trauma might experience difficulty with memory and attention. Sometimes when a traumatic event occurs, our body's capacity to cope might be overwhelmed, resulting in an emotional and social "shutting down" process called dissociation. Dissociation is a mental process that involves disconnection from emotions, memories, body, or sense of self.

Dissociation exists on a wide spectrum, and it is possible to dissociate a little bit (i.e., daydreaming or walking somewhere and suddenly arriving at

Mr. Parker tells me that his life depends on his eating as healthy as he can—like all the fruits and vegetables he gets. This is easier for him because of his job being in the kitchen. Staying away from baked bread coming out of the ovens takes will power. His consumption of pastas and potatoes is usually half of the servings given here. This is also important in controlling his weight and avoiding high blood pressure. I did ask what was his kryptonite that he can't avoid eating. He told me that hot apple fritters fresh from the oven is what he can't leave alone. He will eat three in a row and live in regret when he checks his blood sugar the next time. Chocolate ice cream is his close second favorite thing.

This chronic illness is a real inconvenience, Mr. Parker tells me. "What I mean is that when I am at work in the bakery and my body tells me that my blood sugar needs to be checked ... I have to stop what I am doing for at least the next 25 minutes, which distracts me from my rhythm. I then have to walk across the prison to the medical department to check my glucose levels."

"After I've stuck my finger and get the reading from the glucometer, the nurse has to draw up the right amount of insulin before I inject myself with a needle. There are two types I take, which are a short-acting dose and a long-duration dose. I then have to walk back across the prison to get to work. I have to eat a snack like a piece of fruit or sandwich before I get back to work. One thing that really bothers me about this illness is that my coworkers see me sitting down and eating when they are working. This really bugs me about what they are thinking when they see me doing this."

I asked what kinds of side effects he experiences, if any at all. To my surprise, he didn't have as many as I would think. The only real complaints were dry mouth and an aggressively ravenous appetite. "This is where I stuff my face as fast as I can swallow the last bite of food I took." When he eats like this and others are watching him in judgement, his words to me are, "The people that see me eating like this should mind their own business." Everyone reading this should remember that what we eat and how we eat it is our own business, and this should not make you feel self-conscious about that.

Mr. Parker wanted to share with me an important tip to pass on to you. He told me, "Pay attention to how full your stomach gets when you are eating. The best way to fill your stomach so that feeling will last—and this is the healthier choice—is to eat all of your vegetables and fruits. Another thing is to stay hydrated and drink lots of water all day long. Before you start eating, look at what you are eating. Cut out the calories of any carbs and focus on eating proteins and fibers, which last," like what was previously mentioned. One last tip for you is to keep on hand peanut butter, a piece of fruit, or a Top Ramen soup to eat if you can't immediately access medical attention. Your body will tell you when there is something wrong and it needs medical attention. Listen to it! This little bit will boost your levels until you can get your glucose levels checked.

Here is some parting wisdom that I want you to use while you are incarcerated. Mr. Parker says, "When dealing with medical personnel or security staff, I want to encourage you to be polite. Staff don't want to deal with someone who is unpleasant, no matter how urgent you think your issue(s) are." What is the old saying? You can catch more flies with honey than you can with vinegar. Words to live by.

## EATING HEALTHY WITH DIABETES IN PRISON

BY DONNA BALLARD

With me being diabetic and in prison, it's hard to eat healthy. To eat healthy in prison, you really have to go hungry. They serve us a lot of bread, corn, tortillas, and potatoes. We eat a lot of starches and white food that turns to sugar. We have to learn to eat only half of what they serve. If you eat your veggies, it's a start. Some meats.

You get a lot of sodium from commissary food, and starches and fatty foods. There are ways to eat better, but it's always small portions. Now, if you go to the store, you can get stuff for yourself that will help you. At the store, you get peanuts, energizer mix and M&M's, mix it together to make a snack mix. You can snack on it all week. Jalapeño peppers, meats—some things are good. Check the labels for contents. I hope my sharing has helped.

## UPDATE ON DESCOVY FOR PREP AND TREATMENT

BY SETH LAMMING

In October 2019, the Food and Drug Administration approved a new medicine, Descovy, for pre-exposure prophylaxis (PrEP) to prevent HIV. PrEP is a drug regimen that people can take daily or on a particular schedule to prevent getting HIV from sex. PrEP has not been proven to be effective in preventing HIV transmission through needle sharing. Descovy (made up of emtricitabine and tenofovir alafenamide) and Truvada (made up of emtricitabine and tenofovir disoproxil fumarate) are the only two medications that can be used for PrEP. They are both frequently prescribed as treatment options for people who have HIV. Descovy and Truvada are both nucleotide reverse transcriptase inhibitors, which means they stop HIV DNA from being copied from its RNA blueprints. This stops HIV from replicating. Most people in prisons and jails are not prescribed these meds for PrEP. The “logic” is that people in prisons and jails do not need PrEP because they are not allowed to engage in sexual activities while incarcerated.

Descovy is not actually a new medication, even though it just got approved for use as PrEP. It was first released in 2016 for HIV treatment, and it contains an updated antiviral ingredient called tenofovir alafenamide, a newer version of tenofovir than the version in Truvada. Truvada has been around since 2004 and was approved as a medicine for PrEP in 2012. Descovy and Truvada are both made and sold by a drug company called Gilead Sciences. While the release of a new drug that can both treat and prevent HIV is a positive move towards ending HIV, advocates have some issues with the drug company's actions.

First, Descovy has not not been approved for use by cisgender women or transgender men. Whenever a new drug is approved for public use, it has to go through clinical trials before the medicine is available to the public. Clinical trials are a series of tests that prove a medication is safe and effective and show possible side effects. Clinical trials for Descovy only tested the effectiveness of the medication in cisgender men and transgender women. In other words, Descovy has not been proven to stop HIV from replicating in vaginal tissue. Gilead's decision to not include cisgender women and transgender men in clinical trials has caused outrage among HIV/AIDS activists across the country. Critics have stated that Gilead did not want to spend money on clinical trials for women because men who have sex with men form the bulk of the market for PrEP, in the United States anyways...

Second, Gilead is claiming in its advertising that Descovy is safer and more effective than Truvada. All medications have the ability to cause side effects. A medical provider's decision to prescribe medication takes the risks and benefits into account. If the health benefits of taking a medication are greater than the risk of side effects, then it is worthwhile to take a medication. Clinical trials showed that Descovy is less likely to cause kidney damage and bone weakening than Truvada. However, Descovy has a higher risk for causing weight gain and cardiovascular disease than Truvada. What does not sit right for many people is that Truvada will lose its patent in 2020. Advocacy groups have criticized Gilead's messages about Descovy being safer and more effective than Truvada as an attempt to get consumers to switch over to the newer medicine, which will be more expensive (\$1,758/month). When Truvada's patent runs out soon, other drug companies will be able to make generic, off-brand versions of the same medicine and sell them for a lower price.

There is currently a class action lawsuit directed at Gilead in the midst of accusations that Gilead delayed development of Descovy in the early 2000s despite the fact that they knew Truvada had long-term side effects that could damage bone and kidney health. Advocates believe that Gilead did this in order to continue making money off of Truvada while its patent was still in effect. The class action lawsuit mainly deals with people who are taking Truvada for HIV treatment—not for HIV prevention. However, ads on television and social media have created some panic about the safety of Truvada for PrEP. This might discourage some people who are at high risk for HIV from taking PrEP.

Although PrEP is not an indication for most people to take Truvada or Descovy on the inside, many may be taking these medications for treatment. At your next medical visit, you can ask the medical provider when the last time your kidney function, liver function, and comprehensive metabolic panel labs were done. These are the most basic tests that should be performed routinely when you are taking lifelong medications.