

## PRISON HEALTH NEWS UPDATES

- For this issue we had to combine the spring and summer issues. We apologize about there only being three issues this year. We got behind due to the COVID-19 pandemic, and we're all volunteers.
- We are currently in the process of fundraising. Prison Health News relies on donations to cover the costs of printing and mailing each issue to our readers across the country. If you or anyone you know on the outside would like to donate, checks can be made out to **Movement Alliance Project** and the memo should say **Prison Health News**. Donations to Prison Health News can also be done through the website <https://prisonhealthnews.wedid.it/>

Write to Prison Health News at 4722 Baltimore Ave Philadelphia, PA 19143 and we will do our best to answer your health questions. Below is information to consider when writing to us for health information.

### 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

Many thanks to the PHN Advisory Board for their wisdom and insight:

**Ignacio H. Carrillo**, currently incarcerated in Illinois  
**A. Maxwell Hanna**, currently incarcerated in Oregon  
**Elisabeth Long**, San Francisco  
**Fatima Malika Shabazz**, Los Angeles  
**Lisa Strawn**, San Francisco  
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**Prison Health News**  
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**Philadelphia, PA 19143**

# PRISON HEALTH NEWS



Artwork from Justseeds

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## 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

## 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. You can submit your work to this address:

**Prison Health News  
4722 Baltimore Ave.  
Philadelphia, PA  
19143**

## HEPATITIS C CAN BE CURED—LET'S MAKE IT HAPPEN

BY FRANKIE SNOW AND SUZY SUBWAYS

Getting access to hepatitis C testing and treatment continues to be an unfair fight for those in prison. About one-third of people living with hep C in the U.S. are incarcerated, but most states don't offer testing in prison to let people know if they have the hep C virus. You may need to ask for a hep C test—and then ask again to make sure you get your test results. Most people who have hep C don't know it, so testing is very important. Sometimes the symptoms don't show up until a person's liver is badly damaged, which may be many years after they got the virus. Prison health officials often don't want to test for hep C because they might have to pay for treatment if the test comes back positive. Everyone who has chronic hep C, meaning they've had it for more than six months, must be given medication.

Before COVID-19 came along, hep C was the No. 1 killer out of all the infectious diseases. But drug companies are allowed to set whatever price they want to charge for the medications to cure it, because we live in a society that values profit over people. The cost of treatment and money-minded politicians have meant that many corrections departments across the U.S. have refused to pay for the treatment to save people's lives. The medications, which cure almost all cases of hep C, are called direct-acting antivirals (DAAs). The cost of DAAs is different from state to state, ranging from \$10,000 to \$30,000, according to Mandy Altman of the National Hepatitis Corrections Network.

Eplusa (its generic name is sofosbuvir/velpatasvir) and Mavyret (glecaprevir/pibrentasvir) are two different treatment regimens that can cure all the different types of hep C. Medical providers may prescribe one of these, or other drugs, based on what is best for your care.

**Jailhouse Lawyers' Handbook**  
National Lawyers Guild - Prison Law Project  
PO Box 1266  
New York, NY 10009-8941  
Write them to ask for a free copy.

**Coalition for Prisoners' Rights Newsletter**  
P.O. Box 1911, Santa Fe NM, 87504  
Monthly newsletter about current events important to people in prison. Send them a SASE for every month's issue you are requesting, up to 12 at one time, with their address in the upper left corner.

**National Resource Center on Children and Families of the Incarcerated**  
856-225-2718  
<https://nrccfi.camden.rutgers.edu/resources/>  
This is a resource for those with family members on the outside. They do not respond to mail, but your loved ones can find their resources on their website. They have fact sheets and a directory of programs in the United States and around the world that offer services for children and families of the incarcerated.

### **Prison Legal News**

Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: \$5. 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, while supplies last.

### **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: 213-320-8829  
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 free copy of one of the following books: Yoga: A Path for Healing and Recovery, Yoga: un Camino para La Sanacion y la Recuperacion, or the prison yoga book for women, Freedom from the Inside.

## POZ Magazine

1001 Avenue of the Americas, FL 12  
New York, NY 10018  
Magazine for people living with HIV/AIDS. Give your full name and address, and state that you are HIV positive and cannot afford a subscription.

## Black and Pink

6223 Maple St. #4600  
Omaha, NE 68104  
Black & Pink distributes a free national newsletter to incarcerated LGBTQIA2S+ members and incarcerated members living with HIV/AIDS around the country. Each issue includes pieces submitted by incarcerated members, relevant news, history, opinions from our non-incarcerated community, and a calendar.

## Transforming Re-Entry/MWIPM

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, and help obtain personal documents, such as birth certificates. They pay the fees for obtaining personal documents.

## 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 living with HIV working to end HIV criminalization, mass incarceration, racism and social injustice and to improve policy outcomes, advance human rights and promote healing justice.

## 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.

## Hepatitis Education Project

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

Altman says that prison systems have a lot of ways they can make DAAs affordable. We need to pressure more states to do these things:

- Some state prisons are getting special discount prices offered by a national drug program called 340B.
- Other states have negotiated together for a “group” purchasing rate with drug companies.
- Some individual states have made agreements with drug companies directly.
- Louisiana and Washington have negotiated with drug companies for an unlimited supply of medication for a flat fee.

If we make sure everyone who has chronic hep C gets the medication to treat it, this will save lives—and this can also make hep C less common by taking it out of circulation.

## How to Advocate for Hepatitis C Treatment

The COVID-19 pandemic has caused medical care in prisons to slow down, but it's still very important to get testing and treatment for hep C. Many people with hep C in prison are taking steps to advocate for their health care and sharing the strategies that have worked.

The National Hepatitis Corrections Network recommends reaching out to health organizations like theirs to get more information about hep C symptoms, treatment, and prevention so you can learn how best to take care of yourself while waiting for treatment. It's also important to learn your right to treatment and what policies already exist in your state. Since 2016, lawsuits filed by people in prison have won major victories in getting the hep C cure to more people inside. “State-run prisons systems are at the mercy of the state legislature when it comes to the healthcare budgets,” Altman says. “Patients who have a family member or friend who can do research for them on litigation and cases can be helpful, or patients can write to the NHCN [1621 South Jackson Street, Suite 201, Seattle, WA 98144] for more information and resources. We suggest that patients who are interested in litigation request information about hepatitis C litigation in their state from the local American Civil Liberties Union or from their law library.”

Before seeking out an attorney or joining a lawsuit in your state, it is important to have documented denials for treatment and to file a grievance once this occurs. Before filing a grievance, you'll need to put the request on paper and get a denial of the request on paper. If they deny you the medication based on cost, the stage of severity your disease is in, or the amount of damage your liver has, this is deliberate indifference to a serious medical need, which is a violation of the 8th Amendment of the U.S. Constitution. The prison may respond to your grievance by saying you are being treated already because medical staff are monitoring your condition with blood tests. This is still deliberate indifference, because with chronic hep C, there's only one way to treat it—with direct-acting antivirals.

The American Civil Liberties Union (ACLU) has an office in every state and Puerto Rico, and you can write to the ACLU office closest to your facility. If they can't represent you, ask them to recommend a lawyer. If there is no class-action lawsuit in your state yet, you can reach out to lawyers in other states who have filed class-action suits. They might be willing to send you the

paperwork they filed in those cases, which can help lawyers in your state pursue a class action. A class-action lawsuit is more powerful than an individual lawsuit, because any policy change ordered by a court applies to everyone in that state's prison system.

### Updates on Litigation for Hep C Treatment

It can help your case to include examples of court victories in other states. This is called a legal precedent. So it's important to keep up on what's going on in the courts.

First, the bad news. Courts do not care about medical neglect, and they make it hard to prove deliberate indifference. The U.S. Supreme Court is very conservative now, with three justices appointed by Donald Trump. In April, it decided that the Tennessee Department of Corrections is allowed to refuse hep C treatment to anyone who doesn't have severe, irreversible liver scarring [see *Atkins v. Parker*, No. 19-6243 (6th Cir. 2020)]. This echoes a decision in Florida, where an appeals court ruled that refusing treatment to the majority of people with hep C counts as "minimally adequate medical care" under the 8th Amendment [see *Hoffer v. Secretary, Florida Department of Corrections*, 973 F.3d 1263 (11th Cir. 2020)]

But in other states, lawsuits have won and saved many lives. Here are some examples:

- In 2018 in Indiana, a federal court found "no medical reason to divide individuals by 'priority' or to ration the use of DAAs," and that prison officials had acted with deliberate indifference [see *Stafford v. Carter* No. 1:17-cv-00289-JMS-MJD]
- In October 2020, Missouri settled a class-action lawsuit by agreeing to give the hep C cure to thousands of people in its prisons instead of just five people as it had before. The settlement also requires prison officials to educate incarcerated people about hep C and give them their test results and free access to their medical records [see *Postawko v. Missouri DOC*, No. 17-3029 (8th Cir. 2018)]
- In a class-action lawsuit settlement in October 2020, the Nevada Department of Corrections agreed to give the hep C cure to 2,400 people in prison by October 2023 [see 3:19-cv-00577-MMD-CLB]
- In Connecticut, a class-action lawsuit won a settlement that resulted in 475 people getting the hep C cure in prison as of January 2021, with more to come [see *Barfield v. Cook* 3:2018-cv-01198 (ctd)]
- The Maine Department of Corrections agreed to a settlement in which all people in prison with chronic hep C will be treated
- In March 2021, North Carolina settled a class-action lawsuit, agreeing to give the hep C cure to 2,100 people in its prisons over the next five years, starting after the COVID-19 pandemic shutdown ends [see *Buffkin v. Hooks* 1:18-cv-00502]

In addition to the 8th Amendment, the North Carolina lawsuit argued that the state's policy of denying treatment until the disease progressed violated the Americans With Disabilities Act. The complaint stated, "DPS discriminates against Plaintiffs and the Plaintiff Class in violation of the

which is important to note because you will require breast cancer screenings in the future.

- Hair and skin differences. Your facial or body hair will become finer. Any receding hairlines or balding on top of the head will stop. Your skin will also become softer and less oily.
  - Decreased sperm count. Estrogen drugs and spironolactone can lower sperm count, making it potentially more difficult to produce biological children.
- To develop the right treatment plan for you, talk with your doctor about what you'd like to gain from feminizing hormone therapy and your preferred timetable. You can adjust your dosage accordingly.

### How should you prepare? Health risks to know

The lower your dose of feminizing hormones, the slower the changes you'll see in your body. However, this doesn't necessarily mean that higher doses cause faster changes, and they may even endanger your health.

In fact, high doses of estrogen can increase the risk of blood clots, stroke, and estrogen-related tumors, according to a 2018 study. That's why blood tests are important before going on feminizing hormone therapy.

"Every person is unique based on their own health factors and their family history," says Amy Weimer, MD, a primary care physician in transgender care at UCLA Health. "But at the very baseline, we typically check blood count and a liver and kidney panel, then may check tests for cholesterol or diabetes or occasionally hormone levels as well."

Blood clots are a risk with estrogen therapies, says Joshua Safer, MD, an endocrinologist at the Center for Transgender Medicine and Surgery at Mount Sinai Hospital. However, they're not common. A 2017 study found that blood clots form within roughly 2 of 1,000 people on feminizing hormone therapy.

Those taking spironolactone must also know their baseline potassium levels. Spironolactone is known as a potassium-sparing diuretic, meaning it prevents the body from having low potassium levels. The drug blocks the hormone aldosterone, which causes the kidneys to pass fluid while keeping potassium.

In some cases, potassium could build up to higher than normal levels in a condition called hyperkalemia, though it is also rare. You should check in with your doctor if you experience the following symptoms of hyperkalemia:

- Muscle weakness, numbness, or tingling
- Nausea or vomiting
- Heart palpitations
- Shortness of breath
- Chest or muscle pain

Weimer also says there are a few medical cases where feminizing hormone therapy may be harmful to your health, such as if you have signs of breast cancer, colorectal cancer, or any cancer sensitive to estrogen.

### Takeaways

While feminizing hormone therapy comes with some health risks, for some people, not receiving this treatment can be even more harmful. "It is, for many people, a life-threatening condition to continue without access to hormone therapy," Weimer says.

## TO TRANSGENDER WOMEN WANTING TO TAKE HORMONES

BY MS. JUICY QUEEN BEE

I've been on my treatment for over 3 years. Here are some tips:

1. Wait, don't rush—let the process take its course.
2. The doctor is actually doing what you go through on the street, checking your mental health to find out what psychological help you may need and to make sure you are prepared.
3. Most people think getting on the hormones they're going to get the result they want ASAP, but it may take some patience, or it may not be exactly the result you want.
4. When you start taking estrogen, you may find that your mood swings change and your emotional state changes.
5. The older you start, the higher you are at risk for certain health issues.
6. If you take certain medications, you may not be able to take hormones until they replace them, or you may need to take the medications differently.

### **Feminizing hormone therapy: A guide to the medications, body effects, and health risks you should know about**

*Adapted from Insider Health, reviewed by a medical expert in October 2020*

Feminizing hormone therapy can involve taking estrogen and anti-androgen hormones. An anti-androgen is any drug that blocks the production of male sex hormones, mainly testosterone.

"We're increasing estrogen levels while also decreasing testosterone levels," says Ravi Iyengar, MD, a doctor at Rush University Medical Center with expertise in transgender medicine.

Ultimately, the target is to lower the patient's testosterone levels to that of the typical cisgender female range, which is around 30 to 100 ng/dL. The following medications are usually used:

- **Estradiol.** This estrogen hormone is taken in a pill, gel, patch, or injectable form. Daily oral doses of estradiol fall around 2 to 4 mg daily, according to a 2019 study, though the dose can increase up to 8 mg. Users take the dose for as long as they want to see feminizing effects in their bodies.
- **Spironolactone.** The most commonly used androgen blocker for feminizing hormone therapy, spironolactone is taken orally once or twice a day, at doses of 100 to 200 mg.

### **How might your body change? What to expect**

"In general, hormone therapy is not quick to act. It's a process, and it does take a couple of years," Iyengar says.

Here is a general timeline and description of the changes you might expect from feminizing hormone therapy:

- **Body fat redistribution.** Body fat moves toward the hips, legs, cheeks, and face to create a more feminine fullness.
- **Breast growth.** Fat will also appear on the breasts, and you may be able to form an "A" cup or a small "B" cup, though results are highly variable and can differ for everyone. You will also develop mammary and ductal tissue,

ADA by withholding medically necessary treatment that will likely cure their disability, while not withholding medically necessary treatment from individuals with different disabilities." Other lawsuits by incarcerated people have used the ADA this way, with hepatitis C as the disability. An article by Greenwald et al published in *Public Health Reports* last year suggests that people in prison can also use the ADA with substance use disorder as the relevant disability, if the prison requires a period of sobriety before providing hep C treatment. "A categorical refusal to treat persons until they reach a minimum length of sobriety is an example of disparate treatment," Greenwald et al write.

Showing deliberate indifference can be difficult, because defendants will argue that the hep C cure isn't necessary for people who aren't terribly ill already. But there are precedents for showing that officials knew about dangers to your health and still put you at risk for future harm. Denial of medication in early hep C can lead to liver damage that cannot be reversed and a lifelong risk of liver cancer. In *Helling v. McKinney*, 509 US 25 (1993), the Supreme Court ruled that unsafe conditions that pose a risk of injury in the future violate the 8th Amendment.

*We at Prison Health News are not lawyers and cannot give legal advice, but we hope to offer food for thought.*

## COVID-19 AND VACCINATION UPDATE

BY LILY H-A

On February 27, 2021, the Food and Drug Administration (FDA) approved a third COVID-19 vaccine, developed by Johnson & Johnson (J&J, sometimes called "Janssen") under the same shortened process as the other two currently approved vaccines (Pfizer-BioNTech and Moderna).

The J&J vaccine only requires one dose instead of two, and doesn't need ultra-cold refrigeration, so it's easier to distribute. It also uses slightly different technology from Pfizer and Moderna's vaccines. All three vaccines work by making the cells in your body produce harmless proteins that look like parts of the coronavirus, which teaches your immune system how to recognize and destroy the actual coronavirus if it enters your body. Pfizer and Moderna's vaccines use a messenger called mRNA to do this, while J&J's uses a deactivated virus called an adenovirus. This deactivated virus cannot infect you, and is not the same as the coronavirus.

The J&J vaccine was just as safe as the other two vaccines in clinical trials, and had slightly milder side effects. It may not be quite as effective as the other two, but it is hard to compare since the trials studying the vaccines were designed differently and took place at different times during the pandemic. The J&J vaccine was 66% effective in preventing any COVID-19 symptoms in a clinical trial, and 85% effective in preventing severe symptoms. The Moderna and Pfizer vaccines were 95% effective in preventing symptoms in clinical trials.

# COVID-19 AND VACCINATION UPDATE

## (CONTINUED)

But, all three vaccines were 100% effective at preventing hospitalizations and death, meaning nobody who got any of the three vaccines in the trials was hospitalized or died from COVID-19.

Since the J&J vaccine was released, there have been a small number of reports of a rare type of blood clots in people who got the vaccine. Because of this, on April 13, the Centers for Disease Control and Prevention (CDC) and FDA recommended a pause on vaccination with J&J while they investigated. They found that there were 15 cases of these rare blood clots and 3 deaths in the millions of people who got the J&J vaccine. This means about 2 out of every million people who got the vaccine got these blood clots. Most of these cases were in women younger than 50. After looking at the evidence in detail and having several meetings, on April 24, the FDA and CDC recommended starting vaccination with J&J again, but with a warning on the label about the risk of blood clots. They emphasized that the risk of dying from COVID-19 is much higher than risks from the J&J vaccine, so the benefits of getting vaccinated still outweigh the risk by a lot.

A vaccine that was approved in other parts of the world, but not in the US yet, called the AstraZeneca vaccine, also had cases of blood clots reported in about 1 in 100,000 people who received the vaccine. Because of this, some countries paused or put limits on vaccination with the AstraZeneca vaccine.

Health authorities are still watching carefully for major health problems from the Pfizer and Moderna vaccines as well, and so far those vaccines still seem very safe.

### Effectiveness of the vaccines in the real world

Now that many people have been vaccinated, studies of how the vaccines work in the real world (beyond the large clinical trials) are starting to come out. A recent CDC study showed that the vaccines were 90% effective in preventing people from testing positive for COVID-19. This means it can keep you from getting and spreading the virus to unvaccinated people, as well as keep you from getting sick. These results are similar to those from other studies coming out across the world.

There have been rare cases of people getting COVID-19 even after being fully vaccinated, which was expected since the vaccine does not offer 100% protection. Most of these cases have been mild or with no symptoms. On May 13, the CDC announced that fully vaccinated people have minimal risk of catching the virus and lower risk of transmitting it to unvaccinated people. They announced that in many settings, people who are fully vaccinated can stop wearing face masks and social distancing, but that vaccinated people in jails and prisons (including staff) should continue to wear a well-fitted face mask. This is because the risk is higher in settings where lots of people are crowded together ("congregate settings"), like jails,

on the chessboard of life. I feel that I am just a number to the government and they see me as dispensable at any time. This makes it even more difficult to trust the mental health treatments offered.

Next is how other people like me receive treatment. Therapy and counseling amounts to about a 30-minute visit once a month. The daily mantra of "Take your meds or receive a ticket" is backed by the demand to answer four basic questions to assess your mental health status. The answer to their questions is programmed into me. Yes, I sleep at night; no, I don't plan to harm myself or others; yes, I've been eating food; and no, symptoms are not getting better or worse. It doesn't help that there aren't groups that are meant to rehabilitate SMI individuals. We should all be allowed a space to discuss our troubles and seek peer support. We should have assigned counselors that can help assess if we are ready to be released. Many times the case is that SMI inmates catch ticket after ticket for petty offenses like smoking or being out of place and get sent to more and more restrictive custody levels. Time gets very hard very fast.

With all this being said, I have come up with solutions to help me cope. One coping mechanism is to build a daily routine. Knowing you have goals to achieve on a day-to-day basis, even as simple as reading a book, will give you a sense of accomplishment and help time go by much faster. For me, that hobby is writing. Writing beats laying around and staring at the ceiling. I've spent hours and hours doing this, and nothing changes—so, trust me, find a better way to do time. Something else you can do is find someone you can confide in. If you don't feel like you can trust anyone, that's okay, you can start a journal and respond and reflect on your own thoughts. This is a healthy



Artwork by Joe Vanderford

alternative that's much better than entertaining voices in your head. Lastly, I recommend stretching and meditation. This will relax your body and your mind. It takes practice to get good at this, so don't give up right away.

These simple solutions have become powerful factors in my life. Hopefully, by writing this, I can help others. If not through advice, then maybe through education. This is all based on my honest opinion and personal experiences. I would like to thank you for your time and consideration—and please remember to always keep hope.

# MENTAL HEALTH IS ESSENTIAL

BY ETHAN MACKS

With all the concern going around about COVID-19 and what is essential and what is not, I feel that there needs to be greater consideration for mental health.

Being incarcerated, I see a lot of stigma concerning the issue of mental health. Being labeled as SMI (Seriously Mentally Ill) on the streets, I've had ample experience with mental health and how it should be treated. The National Institute of Mental Health defines SMI as a "mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities." SMI commonly refers to a diagnosis of psychotic disorders (schizophrenia and schizoaffective disorder), bipolar disorder, major depressive disorder with psychotic symptoms, treatment-resistant depression, anxiety disorders, eating disorders, and personality disorders.

The treatment that one can receive while being in prison does not compare to the treatment available to those on the streets. While I think that people should be held accountable for their actions, there are situations that result from the presence of a serious mental illness. These situations should not be taken as a serious crime but instead as an obvious cry for help, especially if it is a non-dangerous offense.

Once one is locked in behind the prison gates, I've seen that the treatment one receives is not very readily available. Especially in this stop-go, hurry-up-and-wait world prisoners live in. What I hope to achieve by writing this is to inform people about what it is like on the inside as an SMI individual and ways to cope for those who are in a similar situation.

First off, every day is a struggle for me. I wake up and take meds right away. The medication I take is supposed to help with the psychotic symptoms I suffer from. On one hand, the medication is supposed to help me function, and on the other hand, the medication has adverse effects as well. Two symptoms that do not ever go away are stress and anxiety. The medication does not help much with depression. Being cut off from the outside world contributes to that depression.

If I'm feeling isolated, I try and focus on my writing as a way to sort through my racing thoughts. One can never know for sure what is going on in my mind, just like I can never know what's going on in someone else's mind. This could be the cause of the tension in a hostile environment because you can never predict for sure how someone will react to everyday events. Mental illness runs rampant in the Department of

Corrections—I know I am not alone when it comes to uncertainties of what my next best move is. It's like being a pawn

prisons and homeless shelters. As more and more people get vaccinated, the spread of COVID-19 will likely slow down, and these guidelines may change.

## Vaccination progress

As of May 17, 47% of people in the US (almost half) have gotten at least one vaccine dose, and 37% (about 4 in 10) are fully vaccinated. The US currently ranks 10th in the world for vaccination rate by country; a few countries have vaccinated most of their adult population, but many others, especially poorer countries, have gotten very few vaccines so far. *The New York Times* estimates that at current vaccination rates, 70% of people in the US will be completely vaccinated by August 30. All 50 states made all adults eligible to get the vaccine by April 19.

The status of vaccination for people in jails and prisons varies a lot by state, and more than half of states are not publicly sharing data about vaccinations in jails and prisons. Many states took a lot longer to offer vaccines to incarcerated people than people on the outside, and in some cases it took public pressure or court rulings to make the vaccine available to incarcerated people. The percentage of people in prisons and jails who have gotten vaccinated varies a lot by state - out of states that share their data, it ranges from 76% in Arizona down to only 20% in Alabama. There have also been reports in many places about people in prison not being given good information or education about the vaccines, and of prison staff refusing to get vaccinated.

*The New York Times* reported recently that at least one in three people in state prisons and 39% (4 in 10) people in federal prisons have had COVID-19; the true number is likely higher because of lack of testing. Over 2,700 people in US prisons and jails have died from COVID-19. In October 2020, as a result of the pandemic's death toll among people in prison, the American Public Health Association issued a statement supporting the abolition of prisons and replacing them with accountability and safety programs that don't involve police, while investing more in public health, housing, and employment.

## New COVID-19 variants

Every virus evolves, and new mutations in their genetic code appear over time. This process has been happening with the coronavirus since the beginning of the pandemic. Versions of the virus with new genetic mutations are called "variants." Some of the variants of the coronavirus that have appeared in the past few months are making people worried, since some evidence suggests they are more contagious (spread more easily). It isn't clear yet whether the symptoms they cause are more serious, or how they affect how well treatments work. Some of these variants have been called the UK variant, the South Africa variant, and the Japan/Brazil variant, based on where they were first discovered by scientists, but all of these have now been found around the world, including in the US.

The currently approved vaccines may not be quite as good at preventing infections and symptoms with the new variants, but even with the new variants, the vaccines seem to still be very good at preventing severe illness and death. Scientists are working on ways to keep vaccines effective over time as the coronavirus evolves.





## COVID-19 AND VACCINATION UPDATE

### (CONTINUED)

#### **Long COVID**

Some people have reported that even after recovering from COVID-19, they have symptoms that outlast their infection. This has become known as “long COVID” or “long-haul COVID.” It has been known since the beginning of the pandemic that people with severe infections that require hospitalization can have long-term damage to their lungs, heart, and other organs. However, even some people who had milder infections have reported that they feel ill for weeks or months after their original infection with COVID-19. They have described a wide range of symptoms like fatigue, “brain fog” (trouble with concentration and memory), shortness of breath, cough, joint pain, and chest pain.

Scientists have begun to investigate long COVID, but so far, little is known about what is causing these symptoms, and how best to treat them. What helps may be different from person to person, but many people have found their symptoms do improve with time. Some people with long COVID have also reported they started to feel better after getting the COVID-19 vaccine, and researchers are studying this as well.

If you are having long-term symptoms after you recover from COVID-19, you are not alone. The National Institutes of Health, CDC, and World Health Organization have all recognized that people can have long-term symptoms after recovering from COVID-19. Researchers are working hard to find answers about what is causing them and how to help people with these symptoms feel better.

## HOW TO KEEP YOUR ASTHMA UNDER CONTROL

BY: GOUNDO COULIBALY

Millions of people have asthma. It is important to know the steps you should take when trying to keep your asthma under control.

Try these four ways to help keep your asthma under control!

1. It is crucial to **avoid your triggers** whenever possible. Triggers are allergens and irritants like cigarette smoke, dust, mold, air pollution, pollen, fumes from cleaning products, and pests. Triggers cause irritation and inflammation in your airways. Breathing cold and dry air, strong emotions that change your breathing, and exercise can also be triggers. It is helpful to know your specific triggers and avoid them as best you can. For example, weather reports on TV and in newspapers often have information about daily pollen and air pollution levels, which can help you plan, especially if you will be outdoors.

2. **Do not skip any doses of medication**, always take medications as prescribed. Asthma is a chronic disease and is present even when you do not feel any symptoms. Medications are prescribed based on the severity of the disease. Taking your medication as prescribed by the healthcare provider will help you control your asthma from getting worse and can prevent asthma attacks. If you have been prescribed an inhaler for daily use, make sure to use it every day and not just when you are having symptoms. If you have a rescue inhaler, make sure you know where it is and will have access to it when you need it.

3. **Learn how to correctly use your inhaler.** Inhalers are different from each other. If you can, ask a healthcare provider to show you how to use yours correctly. Read the patient instructions that come with your inhaler. Follow the instructions to keep your inhaler clean - usually you should be washing the plastic holder and chamber once a week with warm water.

If you have a metered dose inhaler, keep track of how many puffs you are using and how many you have left. The number of puffs in an inhaler should be written on the side. Stop using the inhaler when you run out of puffs, even if it will still spray.

Using an inhaler requires some coordination. Ask your provider for a spacer if you have a condition such as Parkinson's Disease or a history of stroke that makes it hard to coordinate fine motor movements.

To use an inhaler, remove the cap and shake well. Breathe all the way out. Place the mouthpiece of your inhaler in your mouth and seal your lips around it. Breathe in slowly at the same time you press the canister down. Hold your breath for as long as is comfortable. Exhale. Repeat these steps for each puff.

4. **Exercise safely.** Exercising helps control your asthma by boosting your immune system and strengthening your breathing muscles. Low impact exercise, like yoga, and exercises that do not require constant exertion, like weightlifting, can be safer than basketball where you are constantly running up and down the court. Start slow rather than jumping into a new activity all at once.