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

Medical Copays in Pennsylvania

The state of Pennsylvania requires people in prison to pay a $5 medical co-pay in order to receive health care. If you are currently incarcerated in Pennsylvania, we would like to hear from you about your experiences with this policy. Have you had trouble paying the co-pay? Have you had to choose between paying the co-pay and paying for other things (food, toiletries, phone calls, etc.)? Have you been unable to receive health care because of the co-pay?

Edited By:

M. Ali, Olivia Duffield, Hannah Faeben, Lucy Gleysteen, Seth Lamming, Dan Lockwood, Hannah Rose Calvelli, Alexis Scott, Frankie Snow, and Suzy Subways

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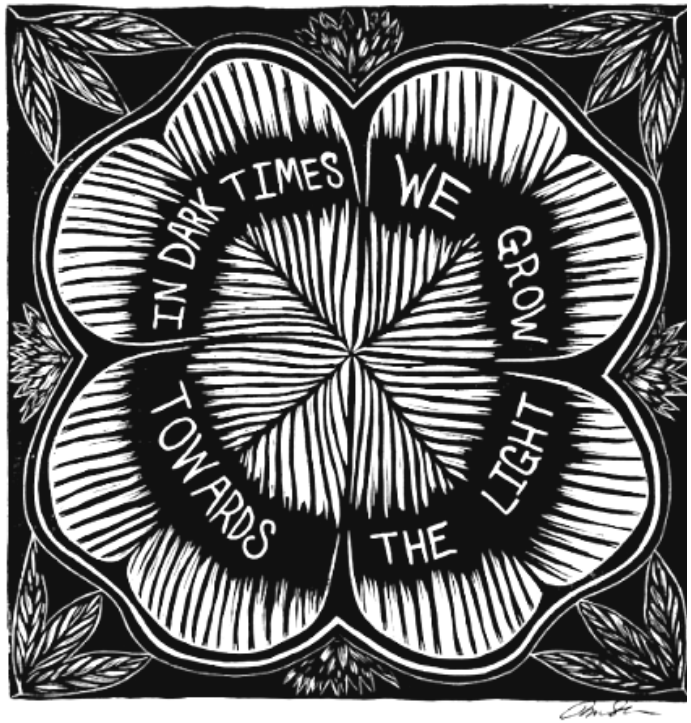
Many thanks to the PHN Advisory Board for their wisdom and insight: **Ignacio H. Carrillo**, currently incarcerated in Illinois, **A. Maxwell Hanna**, currently incarcerated in Oregon**, Elisabeth Long**, San Francisco**, Fatima Malika Shabazz**, Los Angeles**, Lisa Strawn**, San Francisco**, Teresa Sullivan,** Philadelphia

Issue 52 Spring 2023

PRISON HEALTH NEWS



In Dark Times We Grow Towards the Light by Meredith Stern

IN THIS ISSUE

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. Please let us know if it's OK for us to put your writing or artwork on our website or social media. Let us know if you'd like us to use your full name, first name only, or "Anonymous." Having your name on the internet means anyone can find it. 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

What to Know About COVID-19 Tests

By M. Ali

COVID-19 is an illness caused by a coronavirus called SARS-CoV-2. It spreads when a person with the virus (symptomatic or asymptomatic) releases droplets and particles from their mouth or nose. This can occur when they breathe, cough, or sneeze in close contact with another person. It can also occur in poorly ventilated or crowded indoor settings, such as correctional and detention facilities. The best way to prevent COVID-19 infection and reinfection is to practice basic hygiene like washing your hands with soap and water, wear a well-fitting mask, stay up to date with vaccines, and avoid contact with individuals who may have the virus. While the use of masks to prevent the spread of this virus has been politicized and debated, randomized controlled trials have found that community-level mask wearing does reduce COVID-19 infections and may be an especially effective resource in crowded facilities.

Unfortunately, COVID-19 cases continue to rise in U.S. correctional and detention facilities. The Centers for Disease Control and Prevention (CDC) released data in November 2022 estimating that since March 2020 there have been 885,486 confirmed cases behind bars. Confirmed cases mean COVID-19 testing is being implemented; however, the Bureau of Justice Statistics found that testing protocols are different depending on the state and the type of facility.

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 of the newly updated 6th edition.

Coalition for Prisoners' Rights Newsletter
P.O. Box 1911, Santa Fe NM, 87504
Monthly newsletter about current events important to people in prison. Write to them to ask about the cost

Prison Legal News
P.O. Box 1151 Lake Worth, FL 33460
Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: $5. Subscription: $36/year.

Protecting Your Health & Safety: A Litigation Guide for Inmates
PLN, P.O. Box 1151 Lake Worth, FL 33460
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.

Fair Shake Re-Entry Center
P.O. Box 63, Westby, WI 54667
Send them a donation of $5 or more for a reentry packet to help you plan for your release. They can also send free offline software that allows you to find resources without using the internet.

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.

ameelio.org
If you have loved ones on the outside, they can use this nonprofit phone app to send you letters and photos for free.

Transgender Law Center
PO Box 70976
Oakland, CA 94612
Collect line for people in prison:
510.380.8229
Connects transgender and gender-nonconforming people with advocacy information. They cannot take on legal cases or direct advocacy, but provide access to resources. This includes policies issued by the DOC, guides to navigating grievance processes and filing lawsuits, know-your-rights guides, model policies developed by LGBT advocacy organizations, statements from medical professional associations on the necessity of transition-related health care, and more.

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: 213-229-0985
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
Attn: Circulation Department
157 Columbus Ave, Suite 525
New York, NY 10023
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
2406 Fowler Ave, Suite 316
Omaha, NE 68111
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.

California Coalition for Women Prisoners
4400 Market St., Oakland, CA 94608
Organizes with members inside and outside prison to challenge the institutional violence imposed on women, trans and GNC people, and communities of color by the prison industrial complex (PIC). They send The Fire Inside newsletter.

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.

Testing for COVID-19 is extremely important, if you have access to it. States that tested incarcerated individuals more than once tended to have more people who tested positive for COVID-19, and states that performed fewer tests tended to have fewer people who tested positive for COVID-19. This doesn't mean there are fewer people getting COVID-19 in those states, just that many of them are not diagnosed or treated. If you do test positive, it can allow you to pursue options like Paxlovid (an antiviral medication) to shorten the duration of symptoms and protect your health.

There are currently two types of COVID-19 tests available: Reverse transcriptase polymerase chain reaction (**RT-PCR**) and **rapid antigen**. RT-PCR tests detect viral genomes and are considered the gold standard for COVID-19 diagnosis. However, the amount of time required from the collection of the sample to the return of the results is often too long for effective quarantine procedures. Comparatively, rapid antigen tests detect the presence of a specific viral protein. While this type of test gives a result within a matter of minutes, the accuracy of antigen tests is different depending on the manufacturer and the method of sample collection.

When getting a COVID-19 test, a long swab is used to collect respiratory material from the inside of your nose. Depending on if it's an RT-PCR or rapid antigen test, the material is then placed in a sealed tube and squeezed onto a testing strip for results in minutes or sent to a laboratory to detect viral proteins. A positive test means you likely have the SARS-CoV-2 virus, and a negative test means you are unlikely to have it. But it is possible the virus was not detected by the test (especially if it was a rapid antigen test). While new variants of COVID-19 have emerged as the virus mutates, as of now the rapid antigen tests are accurate at detecting them.

After catching COVID-19, you remain infectious for a period of time, which means you can pass the virus on to other people. Although new COVID-19 studies are continuing to be conducted and new data is constantly emerging, as of now individuals with moderate symptoms should isolate for 10 days. Those with severe symptoms may remain infectious beyond 10 days and should isolate for up to 20 days.

If you have tested positive for COVID-19 or are experiencing symptoms and are unable to access testing, an important step to prevent the spread of this virus is **medical isolation**. Medical isolation should always be different from the inhumane practice of solitary confinement. If your facility is not using medical isolation properly, you may have to advocate for your continued access to resources (including television/reading materials, family support, access to medical staff, etc.) during this isolation, even though it's your right to have these things. Additionally, you should be taken off of medical isolation as soon as you are cleared by medical staff.

The COVID-19 pandemic has completely altered the way the world works and taken many lives, but fortunately we now have knowledge on what it takes to protect ourselves. Please continue to take care of yourself and others and stay safe during this difficult time.

Medications for Opioid Use Disorder

By Hannah Calvelli and Dan Lockwood

Medications for Opioid Use Disorder (MOUD) is a term used by addiction and medical professionals when referring to the three medications (buprenorphine, naltrexone, and methadone) that are approved by the FDA for the treatment of opioid use disorder. You may have heard of Medication Assisted Treatment (MAT), which is a similar term that refers to the use of FDA approved medications for both alcohol use disorder and opioid use disorder. The difference between MOUD and MAT is that MAT is part of a larger treatment and recovery plan that includes counseling and behavioral therapy, whereas MOUD is treatment with medications only.

Opioid use disorder is a medical disease. Like many other diseases, treatment can help patients get healthy and stay healthy. MOUD helps people stop using opioids and decreases the likelihood of relapse. In doing so, it also has the following benefits:

- MOUD reduces the number of deaths that occur due to opioid overdoses
- MOUD can help people gain/maintain employment when used in combination with re-entry programs
- MOUD lowers the risk of contracting diseases that are spread through sharing needles used to inject drugs, such as HIV and hepatitis C
- MOUD improves health outcomes for pregnant people and their babies
- MOUD makes it more likely that people in jail or prison will engage in treatment after release

Opioid use disorder affects many people within the carceral system. It is estimated that around 1 in 5 people who are incarcerated have an opioid use disorder. However, opioid use disorder often goes untreated. The American Society of Addiction Medicine reports that medication and counseling should be the standard of care for individuals with opioid use disorder in criminal justice settings. Despite evidence that MOUD saves lives, the vast majority of jails and prisons do not offer this treatment. Some reasons for this include lack of community support and specialists, stigma about the medications, statewide restrictions, and cost.

According to the 2020 PEW research report on opioid use disorder in jails and prisons, there are steps policymakers should take in order to ensure MOUD is implemented more widely across carceral settings. These steps include:

- Providing resources and introducing policy changes to help jails and prisons offer medication and counseling for opioid use disorder and help people transition to community-based care as they leave incarceration
- Requesting data from state agencies to understand the nature of the substance use and treatment needs of individuals who are incarcerated
- Funding integrated data systems that allow for health information exchange and care continuity across different settings
- Setting aside funding to screen anyone who is incarcerated for opioid use disorder, provide MOUD and counseling, and ensure adequate data gathering and personnel to track MOUD treatment outcomes

What does it take to stop it? Please don't shoot, I can't breathe, can somebody anybody stop it!
Pop pop, then the bullets fall out of their pockets!

It's kinda like they don't care!
It's kinda like they don't care, all I ever see them do is harass people and act like they fight fair.

Cruel oppressive system, so many broken families and so many people that miss them!

Oh the injustice, yet all I ever hear them say is, "Just trust us."

The inhumanity.
14 years means 14 scars.
Who can relate to a life behind bars?
A life like ours…

This is what a place like this will do to you. I apologize, I never meant to bring the cold hard truth to you.

Cruel oppressive system.

Dehumanizing of Persons Involves Words

By Daniel Ramirez

Criminality begins with potential perpetrators dehumanizing potential victims in their own mind. Using words such as this person is a "monster" or an "animal" or even a "snake." Not worth the ground he/she walks on. And so on… We put a negative spin on a person so we can have a reason to look down on them or treat them unfairly. Potential perpetrators use labels upon people whom they want to victimize and treat any way they want. Let us use an example: officers who work for the state will not give you the respect you deserve. In fact, you're abused, intimidated. Sometimes you are in fear for your life. All because you are a convicted criminal. First let us break down the word "convicted criminal." It is a person who has been convicted of a crime and more likely a felony. And most say a criminal will always be a criminal. What does it mean when you took something that was not yours from anyone at any age? Were you a criminal? Are you still a criminal? When you lie, was it a small or a big lie? Does it really matter? You have lied. Once a liar always a liar? Why must we endure this "jacket" for life and allow others to treat us any way they want? We go back to the beginning. Dehumanizing involves words! Let us be careful how we treat each other so others may see how they should treat us. Next time you are dehumanized, ask, "Do I need to listen to this?" Just like you don't like it, neither does the next person.

Even in an environment such as prison, we have a choice to let others influence how we do time, or we can take it upon ourselves to make some changes to be better people.

The Inhumanity

By Marino Leyba

Justice!
Just us!
Even when we are innocent they are always quick to try and bust us.

Turn up or turn out, truth out, the life we live I am not proud to talk about. Imagine being locked up and there is no way of walking out
I am barely walking now…

Can you feel the chains?
Can you feel the change?
Prison life is so strange…

We are all just living inside of a cell.
We are not living well.
How are we supposed to excel?
There is no way of really living well!
You've heard of heaven on earth, well this place is hell!

Medical barely exists!
"Oh you are bleeding to death here is a tylenol, hope it helps with your wrist!"

All day, all we hear is noise and violence, and then they wonder why we lose our minds and pray for a moment of silence.

My eyelids hurt from seeing the same thing, and when I close my eyes at night to dream it's always the same thing!

"Slavery does not exist?"
"Mass incarceration is it!"
Why do you think so many American families are broken and left struggling?
The system is broken and the titles they are always juggling.

Why do the police love to misuse their power and make statements that are false, why do they deceive and utter untruths?
Why do they falsify, mislead, misinform, bear false witness, fiction, lies, myths, deception, slander—then resign and justify?

Why do police always want us all locked up or they want us to die on the inside?

Kickbacks from how many people they lock up and for how many years they do.
They don't care about any of our families or any of our tears, it's true!
As a matter of fact, they don't even care about you!

It's really quite funny, to them it's a job and it's all about money, and their fancy trips.
"Taze a suspect and lock him up and forget about him!"

They say we are the bad guys, but they never even look in the mirror.
I bet if they did, they might see things perfectly clear.

Prisons for profit, what does it take to expose true evil?
I swear!

There are currently three FDA approved MOUD medications for opioid use disorder. They are buprenorphine, naltrexone, and methadone. The way each of these medications work is by acting on the opioid receptors in the body. These receptors are like docking stations that control the release of chemicals in the brain. When people take opioids, the receptors get stimulated (turned on) and chemicals get released. This is what causes the "high" of opioid intoxication.

Buprenorphine
Buprenorphine is what's called a partial opioid agonist. This means that it stimulates (turns on) the same opioid receptors that normal opioids do, but with a weaker effect. Because of this, buprenorphine can help people become less physically dependent on opioids because they don't have the same level of cravings and feel the same "high," since the receptors aren't being turned on as much as if they were to take heroin, fentanyl, or another opioid. Buprenorphine also decreases the chances of having an overdose. It is often combined with naloxone, but some prescriptions contain buprenorphine alone. It comes in the form of tablets, sublingual films (goes under the tongue), buccal film (goes in your cheek), implants (goes under the skin), and extended-release injections. Each of these forms has a different name, so you may have heard of buprenorphine referred to as Suboxone, Subutex, Sublocade, Probuphine, Zubsolv, or Bunavail. People should not take buprenorphine if there are still opioids within their system because they can go into withdrawal. It is possible to overdose if you take too much buprenorphine because it still has some effect in turning on the opioid receptors. Being on buprenorphine requires working with a medical professional to adjust and find the right dose for you.

Naltrexone
Naltrexone is what's called a full opioid antagonist. It also acts on the opioid receptors but acts to block them (turn them off) instead of stimulate them (turn them on). In doing so, it doesn't produce the "high" that opioids do and reduces cravings. Also, if people take opioids while taking naltrexone, they will not experience the "high" because the receptors are turned off. It is taken in pill form or as an extended-release injection. Only the injection form is FDA approved for opioid use disorder. Like with buprenorphine, people should not take naltrexone if there are still opioids within their system because they can go into withdrawal.

Methadone
Methadone is what's called a full opioid agonist. It stimulates (turns on) the opioid receptors in the same way that opioids like heroin and fentanyl do. However, it acts much more slowly, and in doing so, doesn't produce the same "high" or lead to the same cravings. Methadone is available in liquid, powder, and diskette form. Because it acts like normal opioids, it is considered a regulated substance, meaning that only certain places are allowed to prescribe it and it has to be taken in a supervised setting. It is possible to overdose with methadone because it turns on the opioid receptors, but it is overall a very safe medication when taken the correct way as instructed by a medical professional.

Access to MOUD varies by state. According to the 2022 report by the Pennsylvania Institutional Law Project, there are different MOUD policies and practices across the 62 county jails in Pennsylvania:

Medications for Opioid Use Disorder (continued)

- 15% (9 of 62) of jails offer no MOUD at all. This means that people cannot get any of the three medications and have to go through withdrawal in jail
- 18% (11 of 62) of jails offer MOUD to pregnant people only. Once the child is born, the person is taken off MOUD and goes through withdrawal
- 26% (16 of 62) of jails offer only naltrexone
- 26% (16 of 62) of jails provide continuation. This means that people can continue on MOUD in jail if they had a prescription for it beforehand. Continuation is also referred to as maintenance
- 5% (3 of 62) of jails provide induction. This means that people can be started on MOUD for the first time in jail

To recap, opioid use disorder is a medical disease that can be treated with MOUD. The MOUD medications may be used long-term as part of maintenance therapy in many cases, although access varies depending on where you are located. We share this information in the hopes that if you or someone else is struggling with opioid use disorder, you can be aware of these medication options and advocate for getting the care you deserve.

Ask PHN: Prostate Problems
By Seth Lamming

Dear Prison Health News,

Would you please send any and all information on an enlarged prostate? What is the end result if I have to have it removed?

Sincerely,
Mr. Tracy

Dear Mr. Tracy,

Prostate health is an important topic for anyone who has a penis. The prostate is a gland about the size of a walnut that sits below the bladder and in front the rectum. It wraps around the urethra, the tube that pee and semen come out of. When the prostate is big, it squeezes the urethra and makes it harder to pee. Its main purpose is to make some of the fluid that goes into semen. In this article, we will discuss benign prostatic hyperplasia (BPH) and prostate cancer.

Benign prostatic hyperplasia is a mouthful, so let's break it down and make sense of it. Benign means not dangerous, or not cancer. Prostatic means having to do with the prostate. Hyperplasia means it's larger than expected. Prostates never stop growing during a person's life, so BPH is common. If you live long enough, you'll likely end up with BPH.

The primary stage generally presents with sores at or around the original infection site that may appear as firm, round, and painless. *Secondary stage* symptoms include a skin rash, swollen lymph nodes, and fever. The signs and symptoms of both stages can be mild and even go unnoticed. During the *latent stage* of infection, there are no signs or symptoms. Most with untreated syphilis do not develop the *tertiary stage*, but when it does present, it affects many organ systems—including blood vessels, eyes (*ocular syphilis*), heart, brain and nervous system (*neurosyphilis*). It is serious and may occur many years after initial infection. At this stage, internal organ damage and death can result. *Neurosyphilis* symptoms include severe headache, difficulty in coordinating muscle movements, paralysis, numbness, and dementia (a mental disorder). *Early neurosyphilis* can occur at the primary and secondary stages, usually manifesting as meningitis that affects the cranial nerves and as meningovascular syphilis, which may present with stroke-like symptoms. *Late neurosyphilis* usually presents 10-30 years after infection and usually manifests in chronic meningoencephalitis, leading to dementia, muscle weakness, and paralysis, or tabes dorsalis (the nerves of the spinal cord lose their protective sheath). *Ocular syphilis* can cause vision changes such as blurred vision, eye pain, redness, and even blindness.

If you are pregnant and have syphilis, it can pass to the fetus or baby and can lead to low birth weight, premature delivery, and even stillbirth. A baby with syphilis may also be born without signs or symptoms—but if not treated immediately, the baby may develop serious health problems such as cataracts, deafness, or seizures in a few weeks, or even death.

The only way to eliminate your chance of being infected by syphilis (or any STDs/STIs) is to abstain from anal, vaginal, or oral sex.

If you are sexually active, transmission is less likely when:

- You are in a long-term, mutually monogamous relationship with a partner who has been tested for, and doesn't have syphilis.
- You properly use condoms. It's important to use latex condoms every time you have sex, which is why prisons should supply them, although most do not. Though condoms prevent the transmission of syphilis (by preventing contact with a sore), sometimes sores will still occur in areas not covered by the condom. Remember, contact with these sores can transmit the virus.

Anyone who is sexually active can acquire syphilis through unprotected sex. Have an earnest and open talk with your healthcare provider about getting tested, especially if you:

- Are pregnant. You should be tested at your first prenatal examination
- Are a man having sex with a man (MSM)
- Are living with HIV/AIDS
- Have a partner or partners who have tested positive for syphilis

There is a broad legislative arena of social policy change that is needed to protect citizens as well as incarcerated people against the dirty work of forcing psychiatric meds on us. Social resistance protesting cannot be limited to only one segment or another (say, the academia/consumer/survivor "community organizers") of the mental health system, but should be a part of engaging political actions on behalf of all citizens who are victims of an oppressive psychiatric system.

A Word About Syphilis

By Thomas Michael Simmons, IPE

While its origin is not completely known, the earliest evidence of syphilis was found in the Pre-Columbian Indigenous population of South America. Syphilis is caused by the *Treponema pallidum* spirochete bacterium, and it can cause serious health problems if not treated. It is transmitted by coming into contact with a syphilitic sore during anal, oral, or vaginal sex. These sores appear on or around the anus, penis, or vagina (they're found in the rectum, on the lips, or in the mouth). It can be congenitally (present before birth) spread from a pregnant person to a fetus or baby.

Syphilis appeared in Naples, Italy, shortly after the return of Christopher Columbus from his first voyage to the New World. In 1494, many Spanish sailors who had sailed with him had contracted it in the West Indies, and had joined the French Army under Charles VIII for the invasion of Naples. It was then transmitted to "camp followers" as well as residents of the city (the ravages of the disease were responsible for the dispersal of the army). After the fall of Naples in 1495, the disease spread over the next 15 years. Medical histories estimate it claimed over 10 million victims during that time.

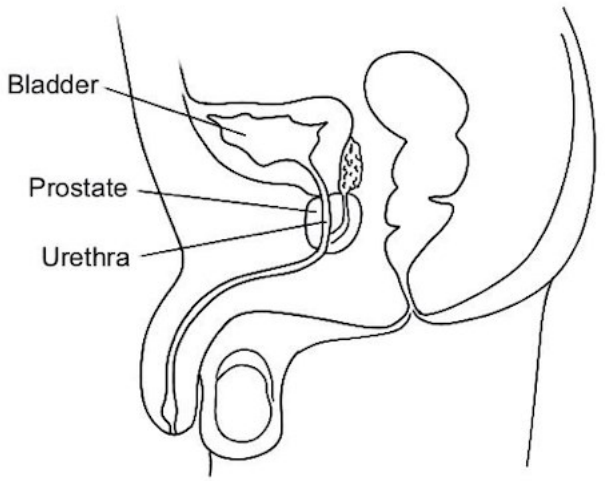
In 1910, German scientist Paul Ehrlich introduced Salvarsan (Arsphenamine, or "606")—an arsenic compound recognized as the first drug for curing syphilis. In 1931, it was learned that it could be more effective when used with Bismuth (30 bi-monthly injections of Salvarsan interspersed with 40 injections of Bismuth). Penicillin (and later *Benzathine - penicillin G*) would later become the first specific cure for syphilis in 1928, but it was not widely used until 1943, by John Maloney and staff of the United States Public Health Service Hospital on Staten Island, New York. Later, tetracyclines would be used as a treatment and cure (later, oral doxycycline would be given to those having allergic reactions to penicillin regimens).

Disease progression involves 4 stages: *primary, secondary, latent,* and *tertiary.*

Though it can be treated and cured at any of these stages with the proper antibiotics, syphilis can still cause permanent damage. The cure for syphilis does not protect one from reinfection. Without proper treatment, you can have syphilis in your body for years without signs or symptoms of the disease.

Around 50% of people ages 51-60 have BPH, while 80% of people over 70 have BPH.

Cancer happens when cells grow out of control. So, does BPH cause cancer? The answer is no! Prostate cancer usually happens in a different part of the prostate than BPH. Prostate cancer grows really slowly, and a small number of people have metastatic cancer. Metastatic cancer is when the cancer spreads from one part of the body to another. When cancer has spread, it is more dangerous and more likely to lead to death.



Symptoms

Sometimes people with BPH have no symptoms. Sometimes people with BPH notice changes in the way they pee. Changes include having to pee more suddenly and more often, trouble starting to pee, and waking up at night to pee. BPH can cause people to retain urine, meaning they stop being able to empty their bladders. The pee stream might also change, coming out more slowly, splitting, starting and stopping, or dribbling.

Although BPH can cause these symptoms, other health conditions can cause similar symptoms. There are usually no symptoms of prostate cancer. In advanced cancer, there might be blood in urine or semen.

Tests

A medical provider might do a digital rectal exam, which is exactly what it sounds like. A provider will gently place a finger into the rectum to feel the prostate. Healthy prostates are smooth, firm, symmetric, and it should not hurt on exam. Lumps, hardened areas, uneven size, and prostate pain are not normal, and the medical provider should follow up with more tests. Your provider can usually tell you have BPH based on symptoms and physical exam.

The most important lab test related to prostate cancer is prostate-specific antigen (PSA). A PSA test is a blood test that looks for proteins released by the prostate. Prostate cancer screening looks for high levels of PSA. The normal range of PSA depends on the person's

age. The older you are, the higher your PSA will be. The main benefit of testing PSA is catching cancer before it spreads. A lot of different things can cause PSA levels to be high, such as BPH, older age, infections in the prostate, and riding a bike or other activities that put pressure on the prostate. If you are probably going to live for less than 10 years or you do not want to go through cancer testing and treatment, there is no need to test PSA.

Not all doctors recommend testing PSA. Knowing that PSA levels are not a very reliable way to check for prostate cancer, you can start getting tested at age 55. If you have a father, brother, or other close relatives with prostate cancer, start getting tested in your 40s.

If PSA levels are high and you want to check for cancer, the next step would be to do more tests. Ultrasound or MRI images can help figure out if the high PSA is from cancer. If there is enough reason to think it might be cancer, the next step is to get a biopsy of the prostate to look for cancer. A biopsy is when someone takes tissue from the body and studies it under a microscope for changes in cells.

Treatment

There are many different treatment options for BPH. Sometimes changing bathroom habits can make BPH symptoms better. Here are some things you can do to control symptoms on your own:

- Try not to drink much in the evening, especially before bed
- Drink less caffeine, soda, and alcohol
- Avoid foods that can irritate the bladder, including spicy foods, tomato sauces, and chocolate
- Make sure you are having regular bowel movements by eating plenty of fiber
- Pee on a schedule, like every 2 hours, if you retain urine
- When you're finished peeing, wait a minute, and then try peeing again

There are two different types of meds that are usually used to treat BPH. People who retain urine and have trouble starting their stream might take a type of medication called alpha-1 adrenergic receptor antagonists. Examples of this medicine include tamsulosin (also known as Flomax). Some people take a type of medicine called 5-alpha reductase inhibitors to make the prostate grow more slowly. Finasteride (also known as Proscar or Propecia) is an example of this type of medication. Sometimes these meds are used together.

Treating prostate cancer is complicated and depends on how much the cancer has spread and how healthy you are. The good news is that prostate cancer usually grows slowly. Treatment options for prostate cancer are chemotherapy, radiation, and surgically removing the prostate. Surgically removing the prostate is also an option for severe BPH. Removing the prostate can lead to incontinence (peeing without meaning to pee), erectile dysfunction, and might affect your ability to have children in the future.

Prisoners Surviving Mental Illness
By Wayne Thomas

There is an increasing restriction of constitutional rights and other safeguards on people with mental illness in prison. The punishment of individuals with psychiatric problems in prisons might affect the perception of people impacted by mass incarceration.

We are troubled by the punishing of people who suffer from mental and emotional disorders, who are often forced to take antipsychotic drugs during the trial or pretrial setting. There are a large number of instances in prisons and courthouses when a person with mental illness is forced to take medications against their will. The person is incapacitated by being put in a medication-induced stupor and then removed to a courtroom where they are sentenced to a term of incarceration. This is a process that maintains physical control over the mentally ill persons, forced by law to subject themselves to take antipsychotic medications when released. Often they are threatened with the possibility of return to confinement—to ensure medication adherence for formerly incarcerated people who are categorized as mentally ill.

Incarcerated people with serious mental illness are forced to remain dependent on the state to maintain access to therapy services and medications. In many of these settings, the outpatient care is haphazard, perfunctory, and utilizing treatment methods that do not bring about functional recovery for the individual when released back into society.

Here is an example of the kind of dilemma we face in the Pennsylvania court subsystem. In the '60s, the National Institute of Mental Health and the Justice Department funded research to develop socialization biomedical controls (i.e., brain surgery, genetic theories, and behavior medication, to name a few). These objectives were adopted in 1992 by Dr. Frederick Goodwin, formerly head of the U.S. Health and Human Services Department's Alcohol, Drug Abuse and Mental Health Administration, whose purpose was to control certain psychological behaviors of people in certain cities. *(The City Sun*, New York, NY, December 15-21, 1993). The program Goodwin proposed was later shelved. Because of his remarks, he was demoted down to head of the National Institute of Mental Health. Now carrying on the same repressive legacy is E. Fuller Torrey, another notable psychiatrist of the same National Institute of Mental Health as Dr. Goodwin. It is suspected that huge sums of grant funds through Torrey go to the Alliance for the Mentally Ill of Pennsylvania, under the umbrella of the National Alliance for the Mentally Ill and Torrey's project to initiate mandatory medication treatment centers and halfway houses for mentally ill people who are incarcerated in Pennsylvania.

The medicalization of people in prison has two big impacts: One is forcing medication on people released from prison; and another is the sale of medicines now being marketed to the criminal justice system.