We want to hear from you!

How have you seen yourself or others take care of each other while incarcerated? How can people in prison support each other in navigating health challenges and access to health care?

Have a medical question?

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

Edited By:

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

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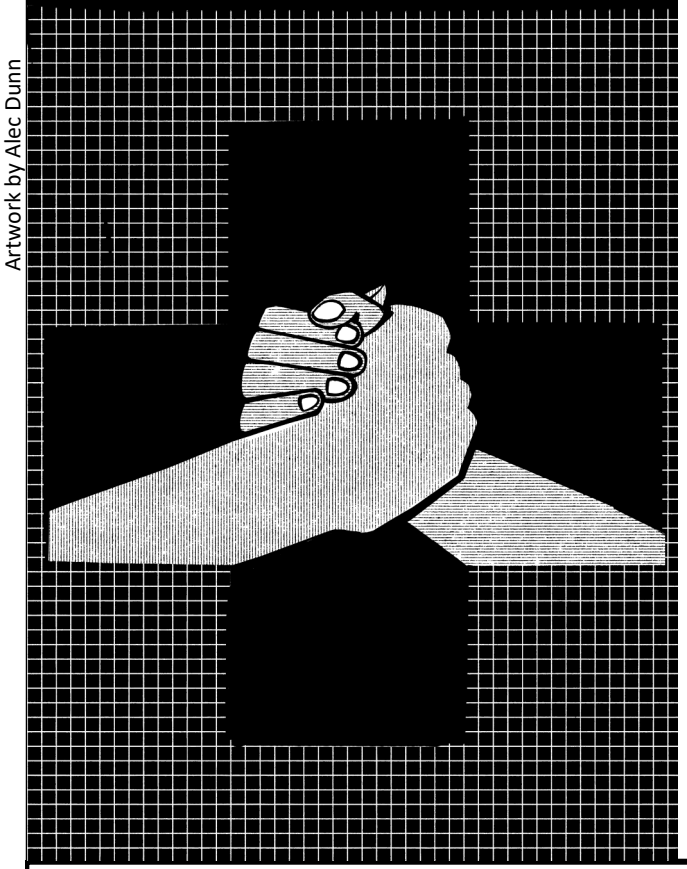
PRISON HEALTH NEWS



Artwork by Alec Dunn

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

In this Issue

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

Ask PHN: HIPAA in Prison

By Jamila Harris

Dear PHN,

Could you explain the rules and violations of the HIPAA Act? Is it a violation if the correctional officer stays in the room while we are seeing medical staff and knows my medical information?

—L.W.

Dear L.W.,

When it comes to the rights of incarcerated individuals and the privacy of their medical information, a valid concern always comes to mind. *"Do the correctional officers have the right to know your medical information?"* A person who is incarcerated has certain legal rights under the Health Insurance Portability and Accountability Act, also known as HIPAA. This act is a federal law passed in 1996 that protects how medical information of individuals—including identifying factors such as address, birthdate, and social security number—is transferred and disclosed to others. Under the law, this identifiable health information is known as "protected health information."

Under HIPAA, protected health information can be shared between authorized parties for medical care and billing purposes. The authorized parties are primarily the insurance companies and health care providers that provide continuing health treatment to an individual. This law regulates how protected health information will be protected and transported to other authorized agencies and individuals.

Under the law, there are factors that will allow an individual's protected health

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. 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.

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.

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 that offer services for children and families of the incarcerated.

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.

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.

Prison Health News Guidebooks

Write to Prison Health News at the address on the next page to request our guidebooks on the following topics:

- Diabetes
- COVID-19
- Commonly Prescribed Medications

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

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 National
Inside Member Mail
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.

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.

information to be disclosed for non-medical purposes and without prior authorization from the patient. These circumstances include when this information is required by law, such as a court order, when it is necessary to warn public health and other appropriate authorities "to prevent or lessen a serious" public health threat, and for law enforcement purposes.

Law enforcement disclosures are permissible in specific circumstances, including incarceration, but even in such circumstances, it must be limited disclosure (as little information as needed disclosed). The HIPAA rules detail these circumstances. When consistent with applicable law and ethical standards, healthcare providers can share your protected health information:

- "To a law enforcement official reasonably able to prevent or lessen a serious and imminent threat to the health or safety of an individual or the public" (45 CFR 164.512(j)(1)(i)); or
- "To identify or apprehend an individual who appears to have escaped from lawful custody" (45 CFR 164.512(j)(1)(ii)(B)).

The HIPAA rules further detail additional circumstances regarding when it is permissible to disclose a person in prison's medical information, including when it is necessary to transfer from one institution to another or any other entity necessary to provide proper continuing medical care, and to protect the health, safety and security of both the patient and all others at the facility (correctional officers included). Courts have generally ruled that correctional officers can be present at medical visits because "safety and security concerns" override privacy rights in the prison context. The following information is cited from the HIPAA regulations:

"To respond to a request for protected health information by a correctional institution or a law enforcement official having lawful custody of an inmate or others if they represent such protected health information is needed to provide healthcare to the individual; for the health and safety of the individual, other inmates, officers or employees of or others at a correctional institution or responsible for the transporting or transferring inmates; or for the administration and maintenance of the safety, security, and good order of the correctional facility, including law enforcement on the premises of the facility (45 CFR 164.512(k)(5))."

HIPAA rules cover medical facilities and health care workers (like doctors and nurses) caring for prisoners and how they disclose your protected health information. However, prisons and non-medical staff (like correctional officers) are not always considered "covered entities" under the law, so HIPAA does not necessarily apply to them and how they share your health information if they become privy to it. There are ethical standards for correctional officers about sharing private information. There also may be specific policies at your institution that apply to this.

To summarize, HIPAA protects the privacy of your health information, but there are specific exceptions that apply in prisons and jails. Still, there must always be a justification for your private data being shared by health care providers, like ensuring safety, and the information shared should be kept to the minimum necessary for that purpose.

If you have a concern about your HIPAA rights being violated by a covered entity (health care facility or provider), you can file a complaint with the US Department of Health and Human Services within 180 days of the violation by writing to: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg., Washington, D.C. 20201.

Cancer Screening for Transgender and Gender Diverse People

By Lily H-A

The goal of cancer screening is to catch cancer early, when it is more treatable and curable. Some cancer screenings, like colonoscopies, are recommended for everybody once they reach a certain age. However, other types of screening, like prostate screening and mammograms, have traditionally been recommended based on gender assuming that this matches sex assigned at birth. The medical guidelines for cancer screening do not yet reflect the needs of trans people, and there is also limited data about trans people's risks for various cancers and how gender-affirming care like hormones and surgeries may affect these risks. As a general rule, University of California San Francisco (UCSF) Transgender Care recommends that people get cancer screenings based on the body parts they have, regardless of gender or hormones.

It can be hard for trans people to get the correct care, even on the outside, and sometimes getting cancer screening can trigger gender dysphoria (discomfort or distress about your body not matching your gender identity). Getting the right cancer screening can save lives.

Below is some information about specific cancer screening guidelines that have historically been recommended based on gender. We refocused them here based on UCSF Transgender Care recommendations. This guide doesn't cover all types of cancer screening. Screening recommendations may also differ depending on your family history of cancer and other risk factors, so discussing these with a health care provider is important.

Breast Cancer Screening

Trans men and other people who were assigned female at birth (AFAB)

- For AFAB people who have not had top surgery, breast cancer

Self-Screening for Testicular Cancer

By Troy Glover

Testicular cancer is a rare form of cancer that most commonly, but not only, affects men aged 15 to 35. Those who are among the highest risk are people who have an undescended testicle or a family history of testicular cancer. This rare cancer directly affects the testicles but can also cause secondary effects. Treatment usually involves removing the affected testicle through surgery, but chemotherapy may be required alongside surgery in some cases. If the cancer has spread, additional treatment may be needed to treat the secondary cancers.

Self-screening for testicular cancer is a front line of defense. A simple 2-minute self-evaluation each month can save a life. The examination is easiest to do while in the shower. However, it may also be performed while sitting in a warm bath.

To perform the self-exam, roll one testicle at a time between the thumb and forefinger. Be sure the skin of the scrotum is loose and relaxed. Also, be sure to be gentle. As the testes move between the fingers, feel for any lumps on the surface. Also, pay attention to whether the testicle is enlarged, hardened, extremely sore, or if there's any significant difference from your last self-exam. Don't be alarmed if you feel a small, firm area near the rear of the testicles and a tube leading up from them. This is normal: These are the epididymis and spermatic cords, which store and transport sperm. Remember, if you notice any lumps, swelling, soreness, or a heavy feeling in the testicle, see your medical provider as soon as possible.

Living with a Mental Illness

By Russell Auguillard

Living with a mental illness often requires a person to create a schedule of activities, groups and therapy. Where you are, you can start now, with groups, therapy and approved programs that are operating through your prison or facilities. One common mental illness a person can be affected by and go through, but not even know that they have it, is antisocial personality disorder. One place they find themselves without even being conscious of it is in the prison system as first, second, or multiple-time offenders. You can do something about it starting today, by first beginning to manage your thoughts, then your life.

Therapy: Therapy is you as an individual talking regularly with the prison mental health doctor or social workers, either in their offices, while they're making rounds, or sometimes you can write to them—and that's your therapy.

Through your prison, they may have approved programs such as Living in Balance, Nurturing Parenting, Inside/Out Dad, or Anger Management. Some classes are a requirement in order to make parole. Consume your medication with a mindset of telling yourself: I'm looking to manage my thoughts, and, once that's established, then my situation. That habit creates behavior.

hospitalizations, ER visits, and deaths, which it collects and publishes now on a weekly basis, rather than daily.

Meanwhile, **hospitals are no longer getting emergency funding** at a time when many are still facing staffing shortages and budget shortfalls.

Other tools and practices do remain. **For example, the FDA can still approve new COVID-19 tests, vaccines, and treatments for emergency use.**

With all of these changes, **people at a higher risk for COVID infections and complications are facing a world with fewer protections and greater isolation**. Death and hospitalization rates from COVID might be trending downward, but they still aren't low: At least 7,495 people in the U.S. died from COVID-19 in the 3 months leading up to July 15, 2023. Between widespread misunderstanding about what the end of the PHE means, the loss of free at-home testing, unreliable case counts, and hospitals dropping mask requirements, people most vulnerable to COVID-19 are finding it difficult to keep themselves safe. People with Long COVID also fear that, as data tracking slows down, new Long COVID cases will go unrecognized and research will be delayed or abandoned.

The rapid response to COVID-19 has ended, but the virus remains. And while tracking COVID cases in the U.S. is more difficult than it used to be, experts continue to emphasize the importance of vaccination and research into new prevention and treatment methods.

Top Five Tips for a Healthy Mouth

By Leo Cardez

As I look around my inmate community, I see too many of us with rotting teeth. Some of that is due to genetics and age, and some of it is due to lack of real dental care and professional cleanings, but it is mostly because of our own lack of dental hygiene and care. Most of us should already know the basic dental care. Therefore, I am only going to cover a few tips:

1. Floss **before** you brush your teeth.
2. After you brush, spit and **do not rinse**. The fluoride in the toothpaste needs time on your teeth to protect the enamel.
3. Don't brush immediately after drinking or eating anything acidic because **acid weakens the enamel**. Always rinse your mouth with water after drinking or eating anything acidic.
4. Eat sweets during mealtimes. **Sugar wreaks havoc on your teeth**, but the saliva produced during mealtimes works as a natural defense against the sugar.
5. Eat your sweets quickly. You expose your teeth to much more damage when you sip your soda all day or stretch out your honey bun all afternoon. Eat it, move on, and don't forget to rinse with water when you're done.

screening is recommended.

- If you are at an average risk of breast cancer (no family history of breast cancer or personal risk factors), U.S. Preventive Services Task Force (USPSTF) guidelines recommend mammograms every two years between the ages of 50 and 74, with the option of starting them as early as 40. The American Cancer Society recommends mammograms every year between 45 and 54 and every two years after that, with the option of starting as early as 40.
- AFAB people who have had top surgery typically still have some risk of breast cancer, because not all chest tissue is removed. UCSF Transgender Care recommends AFAB people screen for breast cancer according to the guidelines for cisgender (cis) women. Doing a mammogram may not be possible if you've had top surgery, so another type of test, like an ultrasound or MRI, may be used for chest screening.
- If you are AFAB and have had a total mastectomy (usually done to treat or prevent breast cancer), breast cancer screening is not typically recommended. If you are considering top surgery and have a family history of breast cancer, having a mastectomy may be something to discuss with your doctor.
- It's not clear yet how taking masculinizing hormones (testosterone/T) affects your risk of breast cancer.

Trans women and other people who were assigned male at birth (AMAB)

Trans women and other AMAB people who are on feminizing hormones (estrogen, testosterone blockers, and progesterones) are at risk for breast cancer. It's not clear how high the risk is, but it is thought to likely be lower than for cis women. The UCSF Transgender Care treatment guidelines suggest trans women have mammograms every two years once they are over 50 and have been on feminizing hormones for at least 5 years.

Cervical Cancer Screening

Trans men and others who have a cervix

- Cervical cancer screening (Pap smear) is recommended between the ages of 21 and 65 by USPSTF, and between the ages of 25 and 65 by the American Cancer Society. This screening is recommended every 3 to 5 years, depending on the type of screening test done. More frequent testing may need to be done if you have a history of abnormal tests.
- Cervical cancer screening is not recommended for people who have had a total hysterectomy (removal of the uterus and cervix), but it is still recommended for people who have had a sub-total or partial hysterectomy.
- It's not clear if or how taking hormones affects cervical cancer risk. People who take testosterone may be more likely to have an "unsatisfactory" or difficult-to-interpret result from a Pap smear, because of changes caused by hormones. It may help the lab interpret the results if the

doctor notes that you are on testosterone therapy when they send in the sample.

Endometrial Cancer and Ovarian Cancer Screenings

Trans men and others who have a uterus and/or ovaries

- Guidelines don't recommend routine endometrial (uterus lining) cancer screening or ovarian cancer screening in anyone.
- There is not any evidence to suggest testosterone affects endometrial or ovarian cancer risk.
- Trans men and other people with uteruses who take testosterone should tell their doctor if they have vaginal bleeding that starts after they've stopped having their period with testosterone.
- If you have had a total hysterectomy, you are not at risk for endometrial cancer.
- If you have had a bilateral salpingo-oophorectomy (removal of both ovaries and fallopian tubes), you are not at risk for ovarian cancer.

Prostate Cancer Screening

Trans women and others who have a prostate

- The prostate is not removed during gender-affirming bottom surgery (vaginoplasty). UCSF recommends prostate screening in trans women be done according to the guidelines for cis men, regardless of hormones.
- It is not yet known how taking feminizing hormones or having your testes removed affects prostate cancer risk, but it probably lowers it by lowering testosterone levels.
- Both USPSTF and the American Cancer Society recommend that prostate cancer screening be a personal decision made after a discussion with a doctor about its risks and benefits. The American Cancer Society recommends having this conversation at 50 (or earlier for people at higher risk), and USPSTF recommends it at 55. Prostate cancer screening is typically done with a blood test called prostate-specific antigen (PSA) and sometimes with a digital rectal exam (the doctor inserts a finger for the test).

Testicular Cancer Screening

Trans women and others who have testes (balls)

- Guidelines don't recommend routine testicular cancer screening in anyone, because there isn't enough evidence to say whether it prevents deaths. But anyone who has testes is at risk for testicular cancer and can learn to do a self-exam (see the article by Troy Glover in this issue).
- If you have had your testes removed, you are not at risk for testicular cancer.

unexpected threat; the global community has developed and implemented methods for slowing COVID's spread and preventing severe disease; and weekly death rates are declining.

The end of the PHEIC means a shift from an intense, rapid response to COVID-19 to a more sustained, future-oriented approach. WHO leaders recommend that the systems developed during the PHEIC be directed toward the long-term management of COVID-19 and planning for and preventing future pandemics.

But not everything has changed. COVID-19 is still a threat, and **the WHO will continue to promote widespread COVID-19 vaccination**, including tackling the ongoing problem of inequality in vaccine distribution. It also continues to **support research** into improved vaccines, Long COVID, and COVID infections in people with compromised immune systems; **strive to make public health communication stronger and more inclusive**; and recommend ending international travel requirements.

The U.S. Federal Public Health Emergency (PHE)

One day after the WHO, then-President Trump and the Department of Health and Human Services also declared COVID-19 a public health emergency. The PHE enabled the U.S. to respond quickly to the health crisis by allowing the federal government more flexibility—including financial flexibility—in its approach.

Among other things, the declaration allowed all Americans, regardless of health insurance, to receive free COVID-19 tests, vaccines, and antiviral treatments. It also provided emergency funding to hospitals, allowed Medicaid to automatically re-enroll people so they wouldn't become uninsured, and granted the Centers for Disease Control (CDC) access to rapid-response funding.

The expiration of the PHE means many of the tools the federal government used to track, prevent, and treat COVID infections have come to an end—or their cost now falls on insurance companies and individuals. Federal funding that kept COVID testing, antiviral treatments, and vaccines free is mostly gone. Vaccines will stay free for most folks for the time being, through Medicaid, Medicare, and private insurance. President Biden has also set aside $1.1 billion for vaccines for people without insurance. And Medicaid will cover COVID antiviral treatments and tests through September 2024, but because **automatic re-enrollment in Medicaid has ended,** millions of people may lose their insurance and access to these tools by the end of 2023.

COVID data reporting has also changed. Labs aren't required to report COVID-19 test results to the CDC anymore, so the agency cannot count and track cases as accurately as before. The CDC still has access to reliable data for COVID-19–related

The End of the COVID Public Health Emergency: New Approaches to an Ongoing Pandemic

By Kirby Sokolow

On May 5, 2023, the World Health Organization (WHO) announced that the COVID-19 pandemic "no longer constitutes a public health emergency of international concern (PHEIC)." Days later, the U.S.'s federal public health emergency (PHE) also ended.

These announcements left the world wondering: What does it mean to end a public health emergency? Do the two declarations mean the same thing? Is COVID finally "over"?

Unfortunately, neither announcement means that COVID-19 infections and their long-term effects are behind us. Upon announcing the end of the emergency, the WHO director-general also told audiences that, only the week before, "COVID-19 claimed a life every three minutes." He also acknowledged the thousands of people still fighting the virus in intensive care units and millions with Long COVID. "The worst thing any country could do now," he said, is "dismantle the systems it has built, or to send the message to its people that COVID-19 is nothing to worry about."

While the pandemic isn't over, the end of the PHEIC and the PHE signals a new phase in our relationship with COVID-19. This article breaks down both emergency declarations and what life without them looks like.

The WHO PHEIC

The WHO declared COVID-19 a public health emergency of international concern on Jan. 30, 2020. Although people in 18 countries had contracted COVID-19, this declaration was different from WHO leaders' later, March 2020, announcement that we were in a pandemic. They made that call only when COVID was spreading so quickly and widely that they believed "the whole world's population [would] likely be exposed."

The PHEIC declaration was like a fire alarm: It alerted WHO member states about a new, dangerous, and quickly spreading disaster and called them to respond rapidly. Here, the "fire" was the "serious, sudden, unusual or unexpected" public health risk of COVID-19. A collaborative, global effort would be necessary to contain the international threat.

Like a fire alarm, the PHEIC wasn't supposed to last forever—only until the necessary teams and tools were assembled, on the scene with a plan, and making progress.

Several factors contributed to the decision to remove the "emergency" designation: COVID is no longer a new or

Breast Reconstruction Victory

By Lori McLuckie

Dear Prison Health News,

Thank you very much for your letter in response to my inquiry about breast reconstruction after mastectomy.

Since I wrote that letter to you, a minor miracle has occurred: The Colorado Department of Corrections has made the decision to provide coverage for my reconstruction process. This decision was made in April 2022. Since then, I have had a consultation with the plastic surgeon, I've had the first surgery to install the expanders (the surgery occurred on Sept. 12, 2022), and I've begun the expansion process.

I am the first person in the history of Colorado to be provided this procedure by the Department of Corrections. I believe this shows a shift in mindset, and perhaps it will help as a persuasive argument for women in other states who are in the same situation. You are welcome to use my name and story in your newsletter to inform other women that this is now happening.

The point at which I prevailed in this endeavor was at the final step of the grievance process, which goes to the Department of Corrections headquarters. My understanding is that their legal advisor advocated for this to be done. I believe this has less to do with the federal Women's Health and Cancer Rights Act (which, as you said, provides the "loophole" of only mandating insurance companies to provide coverage)—and much more to do with the fact that Colorado has recently been mandated via a lawsuit to provide gender-affirming surgery to transgender inmates. Although I am not transgender, I did invoke the concept of gender-affirming surgery, and I believe this was the factor that convinced them to cover my reconstruction.

I hope this information may prove to be helpful for other incarcerated women. Thank you for all you do.

Sincerely,
Lori McLuckie

Editor's note: We at *Prison Health News* congratulate Ms. McLuckie on her victory and celebrate her advocacy work. We also congratulate and celebrate the transgender women who have advocated for and won access to gender-affirming care in prison. This is an example of how transgender women and cisgender women can support each other's health care needs even if we never meet each other in person. When one of us wins, all of us win! Health care is a human right for all.

Scabies: The Anti-Love Bug

By Anonymous

Scabies is sadly a fairly common occurrence in the crowded conditions of prisons. Prison officials will state cleanliness or hygiene, but transmission of scabies usually occurs through direct and prolonged skin-to-skin contact, as may occur among family members or sexual partners. Casual skin contact is unlikely to result in transmission.

Scabies is the infestation of the skin by the mite *Sarcoptes scabiei var. hominis*. Scabies infestations result in intense itching, most notably at night, with wavy and slightly scaly lines from 2 mm to 1.5 cm in length that end in dark bumps where the mite may be visible. Prisoners with dark skin tones may find it harder to detect scabies infestations. Burrows may not be easily visible if the individual has been scratching the area. Classically, scabies affects the spaces between fingers, flexural areas of the wrist or elbow, and folds of skin on the buttocks and beltline.

Proper medical diagnoses can be made by covering burrows with glycerol, mineral oil, or immersion oil. The areas are then scraped with the edge of a scalpel and viewed under a microscope. However, if there are not very many mites on a person's skin, the providers may not capture enough to see on a microscope. In that case, scabies can also be diagnosed clinically via history and physical exam showing the burrows described above.

First-line treatment is with permethrin cream. It is applied to the whole body and washed off after 8 to 14 hours. Repeat in one week. However, the federal Bureau of Prisons scabies policy (2020) is to treat everyone with an oral medicine called ivermectin. The stated purpose of this is because permethrin cream can be incorrectly or incompletely applied to the skin, which risks an outbreak. Ivermectin is given by mouth and repeated in 7 to 10 days. Although this is the federal BOP policy, this may not be the policy in every state prison.

It may take up to three weeks for the skin to heal. For the itching, a corticosteroid ointment and/or an oral antihistamine can reduce the itch. **If lesions develop that are weeping or yellow-crusted, it may indicate a secondary bacterial infection requiring treatment with antibiotics.**

So, let us summarize the scabies infestation:

- Affects fingers, wrists, elbows, waist, and buttocks mostly
- Scraping of the skin is helpful to **confirm** the diagnosis, but not **required** to diagnose scabies
- First-line treatment is permethrin with something to ease itching
- Anything that has contacted your body should be washed or isolated
- Weeping, yellow-crusted lesions signal a secondary bacterial infection
- Ivermectin can be used to treat troublesome scabies or if there is a confirmed epidemic
- It will take up to three weeks to heal the skin

Do not let the prison dictate the treatment of your body. File grievances, if needed, and stay strong.

Book Recommendation: *Sue Medical and Get Paid*

By Ty Evans

There is a newly published book by Ivan Denison titled *Sue Medical and Get Paid: Enforcing Your Prison Health Care Rights in Federal Court under 42 USC 1983*, which shows prisoners how to sue to get compensated when prison healthcare providers are deliberately indifferent to serious medical needs. It is available on Amazon for $49.95. You may need help from a friend or loved one on the outside to get this book.

It is a very in-depth treatment of the subject, covering how to request healthcare, exhausting administrative remedies, filing the complaint in the District Court, all the way to trial. Forms and sample filings are included, as well as relevant court rules and cases.

I encourage you to let your readers know that this book has been published in 2023. It will be very helpful in helping prisoners get compensated for the poor medical care they have received in the past, and help all prisoners receive better healthcare in the future. Prison law libraries will find it a great resource.