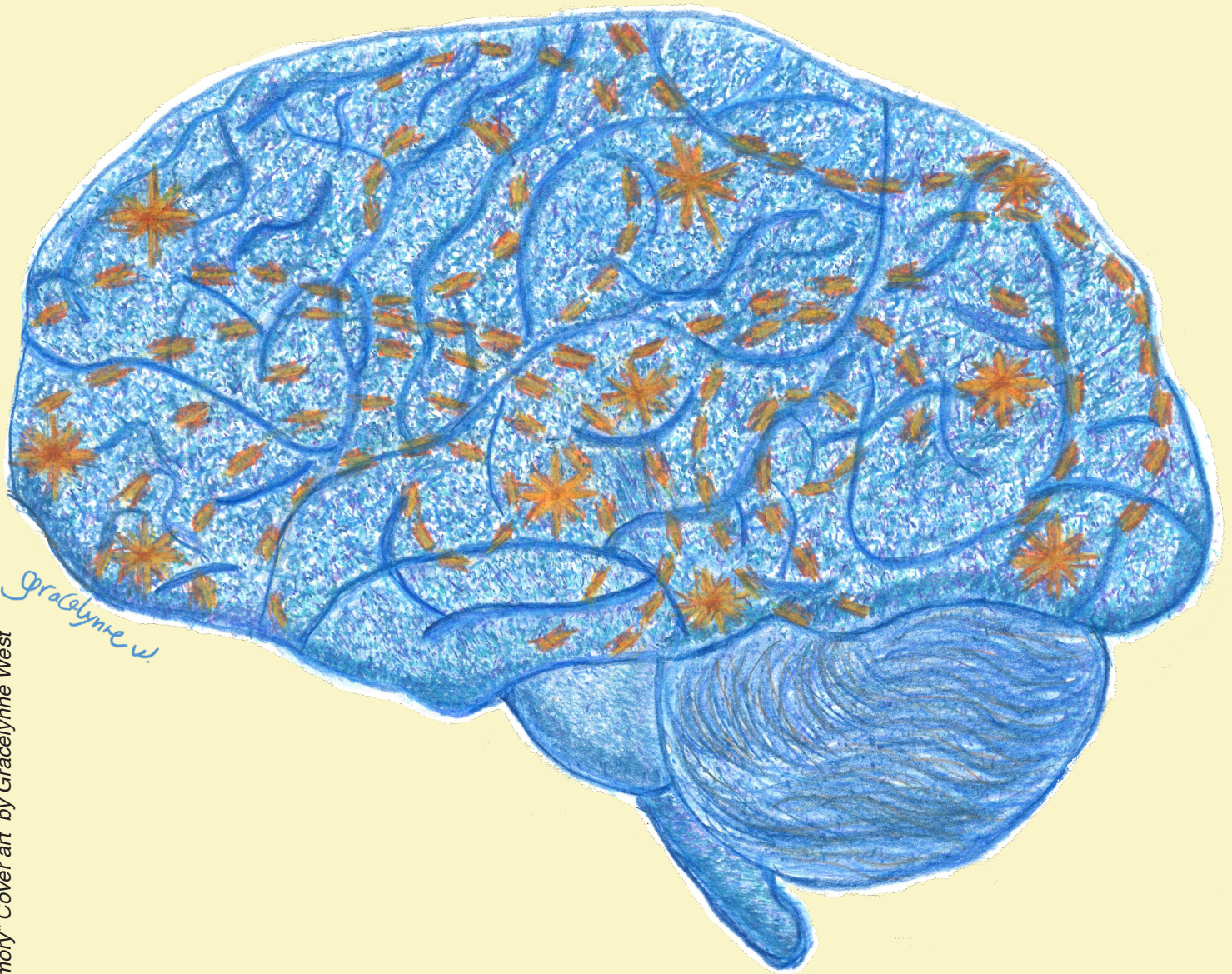


Prison Health News

Issue 60
Spring 2025



"Memory" Cover art by Gracelynn West

Memory

Ask PHN: Diabetes Tests

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 (in English or Spanish) 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

Note From the Editors

Since taking office January 20, 2025, Donald Trump has imposed a whirlwind of negative and chaotic change on the nation. The Trump administration has chosen to attack health care as one of many targets for destabilizing communities inside prison and out. The administration has made movements to control health information and push a model of health care dangerous for all, such as withdrawing from the World Health Organization and appointing an anti-vaccine activist (Robert F. Kennedy Jr.) as the Secretary of Health and Human Services. The Department of Health and Human Services issued an order requiring federally funded health organizations like the Food and Drug Administration and Centers for Disease Control to cease contact with the public. This gave the administration a chance to "review" material, meaning scrub information about specific topics from federal websites and health resources. Trump has issued at least 70 executive orders in his first month, many of which are designed to roll back protections and rights for anyone who is not an able-bodied, straight white man. The executive orders and attempts to control information resources have broad implications. Trump's administration is using the threat of withholding federal funding in an attempt to control health care and knowledge. For example, some executive orders prohibit federal funding for programs that provide abortions or trans health care. Federal funding touches most aspects of our lives, from Medicare to the Bureau of Prisons. At this time, we cannot predict the outcome of these orders, or how it will change our day-to-day experiences of receiving health care. Please write to us about how these changes have impacted people at your facility.

**LOVE
AND
SOLIDARITY
NOW!**

Art by Jenny Lin

Table of Contents

- 4 **Untold Prison Stories: Why I Became a Writer**
by Antwann Johnson
- 5 **Meditation**
by Shane Bell
- 6 **Fly on the Wall**
by Marshall "Eddie" Conway
- 8 **Prisoner PTSD**
by Gordon Grilz
- 10 **What You Can Do When Your Medical Needs Are Not Met**
by Francisco Fuster-Escalona
- 11 **Memory**
by Troy Glover
- 13 **Ask PHN: Diabetes Tests**
by Navpreet Reehal
- 14 **Resources & Support**



Art by Zhi Kai

For a subscription of 4 free issues a year, write to us at:

Prison Health News
4722 Baltimore Ave.
Philadelphia, PA 19143

Please write to us if your address changes.

All subscriptions are FREE!

Edited By:

Alyssa Lynne-Joseph, Gracelynn West, Iyaniwura Olarewaju, Kirby Sokolow, Lily H-A, Jamila W. Harris, Navpreet Reehal, Seth Lamming, and Suzy Subways

Layout and Design:

Tee Jay and Ridge Chin

Many thanks to the PHN Advisory Board for their wisdom and insight: **Kwaneta Harris**, currently incarcerated in Texas, **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

Untold Prison Stories: Why I Became a Writer

by Antwann Johnson

Art by Dave Loewenstein



THIS MACHINE OFFERS HOPE.

DLO '20

In the U.S., there are nearly 1.9 million incarcerated individuals. Here in Missouri, the state population is 6.2 million, and there are currently 41,000 Missouri residents facing imprisonment.

During the height of the prison COVID-19 pandemic, I was a hospice porter volunteer. I agreed to live in the Transitional Care Unit (a.k.a. TCU) in the prison's medical ward, under quarantine, assisting medical personnel caring for the inmates who had contracted the virus. The Coronavirus caught prison officials and the U.S. government off guard. This deadly virus created complete panic and terror that no one was prepared for.

It was in that moment that I decided to start a daily journal, and in it I started documenting every death I witnessed, each conversation I had, and my overall

experiences during the entire ordeal. I knew that society didn't have a clue what was going on inside these walls, because the incarcerated are rarely spoken for. I felt compelled to share my experiences.

Being incarcerated for 27 years and seeing things first-hand gave me an advantage. Many of the prison stories I believed were newsworthy never received any attention. The fact that the U.S. has the highest incarceration rate of any country in the world proves that mass incarceration is profitable.

Ninety-five percent of those who are incarcerated will one day return back to society on the outside. What society rarely gets to see or hear about is the struggle and hopelessness the innocent endure before becoming the success story of a "wrongful conviction." Experiences like: the rejoicing of a fellow death row inmate whose sentence was commuted seconds before being executed; being able to witness several miracles being performed right before your eyes; the inmate who lost the only family member who believed in him finding purpose in his life by helping others. But nothing could take the place of the life-altering experience of watching another human fight to live; as you witness the reality of life's cycle come full circle as that inmate takes their final breath. The realization that they are not waking up changes how you view life from that point on.

Many of society's youth need to hear and witness prison's untold stories as a "crime prevention turn around" program. When you convince yourself that nobody's listening, your heart dies somewhere in the midst of that. As your pleas concerning contaminated drinking water, food that lacks adequate nutrition, and discrimination go ignored, you get mad. It's this helplessness that drives inmates towards giving up hope.

However, thankfully, there are many inmates who find inspiration through organizations beyond these walls. Organizations who truly support prisoners and care about making a difference in prisoner's lives.

According to the Prison Policy Initiative, 45% of those in the federal prison system and 43% of those incarcerated in state prisons have been diagnosed with a mental illness. Due to the barriers that formerly incarcerated people face when re-entering society, homelessness rates are ten times higher for those who were formerly incarcerated than the general public.

Lastly, according to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Bureau of Justice, at least 47% of those incarcerated in federal and state prisons have a diagnosed substance use disorder, yet only 10% received treatment.

In spite of it all, there are those who truly possess great minds in the state and federal prisons. The negative image that overshadows those who are incarcerated is all society ever seems to see or care about. So, what about those who are obtaining degrees through universities funded by Pell Grants? Or the inmates who are submitting solutions to public officials concerning youth wellbeing or crime prevention?

The manner in which we used to approach a situation is no longer applicable. We are dealing with new challenges that youth are facing; the same youth who may be impacted by substance use. New methods and approaches have to be applicable in order to reach them. The first step is to identify with their struggles and wants. So, for all these reasons and more is why... I became a writer. ☸

Meditation

by Shane Bell



Art by George Dominguez

I have been in prison for about 16 years now. I'm on a life sentence for murder and have found that meditation helps a lot. I have also been facilitating the Buddhist Group for 9 years. Here are some tips on doing meditation to strengthen one's mental health and overall well-being.

The first thing I suggest is getting into a routine of daily meditation for 10 minutes in the morning and 10 minutes at night before you go to bed. This is a great way to start the day with a clear head, steering you towards a positive mindset, and end the day by releasing all your stresses and thoughts to have better sleep.

Another beginning step is to find a space to do your meditation. It could be in your cell or in the recreation yard, as long as you pick a place where you are comfortable. I enjoy doing meditation outside on the green grass, under the sunlight with fresh air with the sounds of nature such as the birds singing in the background.

Once you find your meditation place, but before you actually start, do some stretches, such as touching your toes, stretching your arms above your head, or any other movement. After you are done stretching, sit in a comfortable position and focus your mind on breathing deeply and in a relaxed way.

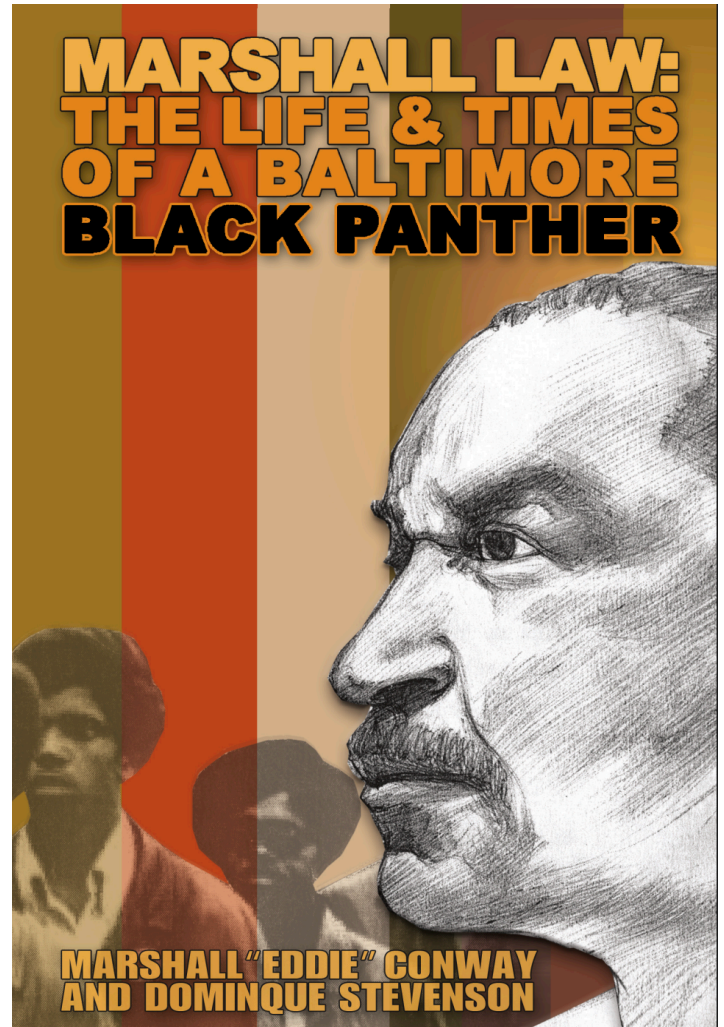
A lot of people ask me how to do meditation and how to know if they are “doing it right.” For beginners, I tell them to “just sit,” which is a form of zazen, or seated meditation. Don’t focus on whether you are “doing it right,” just sit there and be aware of everything around you. Close your eyes and just stay aware of breathing deeply and relaxed. Relax your body and allow all thoughts to flow through your mind and let them go. Focus on just being aware of the universe around you, nothing more.

Try putting this into practice for a week or more. You may feel benefits after just one session, and studies show that people feel more lasting benefits after about eight weeks. They become more aware, more relaxed, and less stressed. I will be writing more to discuss meditation and different forms of it in the future. It is important to start simple and progress to different forms of meditation for different purposes or goals. Oftentimes, the hardest part is just to start. ❀

Fly on the Wall

by Marshall “Eddie” Conway

Image Courtesy of Black Classic Press



Prison Health News is beginning a series of interviews with and writings by politically active people in prison about how they have advocated for better health care. This excerpt from Marshall Law: The Life & Times of a Baltimore Black Panther by Marshall “Eddie” Conway and Dominique Stevenson discusses a protest tactic dubbed “the human fly” by the media. In the early 1970s, when Conway was imprisoned in the Maryland Penitentiary in Baltimore, he worked with others to organize a union for incarcerated laborers and advocated for human rights at the prison. Those on disciplinary lockup there discovered that the building’s location and unique structure could be used to their advantage when advocating for health-care and human rights. The upper-level windows were at least 75 feet high, so climbing up into the windows created a situation that could draw attention to an ongoing problem that needed to be resolved. This excerpt begins as Conway has been in disciplinary lockup for organizing the union.

Several weeks later, while we were still on lockup, a lone prisoner was demanding medical treatment for some problem he had. It was four days before the guards decided to take him to the hospital, and once there, he never even got to see the doctor. The doctor, he was told, was on call, but he would only be summoned for emergencies, and normal medical problems would have to be handled by the nurse. Well, this prisoner only got to see the nurse and he was not happy when he returned to the lockup area.

He requested to talk with the supervisor about his problem, but his request was refused, and so, out of frustration more than anything else, he broke away from the guards and climbed up into the windows. ...

Soon, as was always the case with such an incident, a mob of officials came to the lockup area to talk to this prisoner. It never failed: if a prisoner needed to talk to a supervisor, they were always too busy, but as soon as the prisoner took some type of action, there were more "officials" on the scene than one might see in a year. ...

Almost every official in the prison was now standing around on the flats trying to convince the brother that they all were concerned about his medical problems, but he didn't want to talk to them about it any more; the brother now wanted to talk to the news media.

He informed them that he was not coming down until he could talk to the press. Since he was in the windows facing the street outside of the prison, people passing along Forrest Street could see and hear him. ...

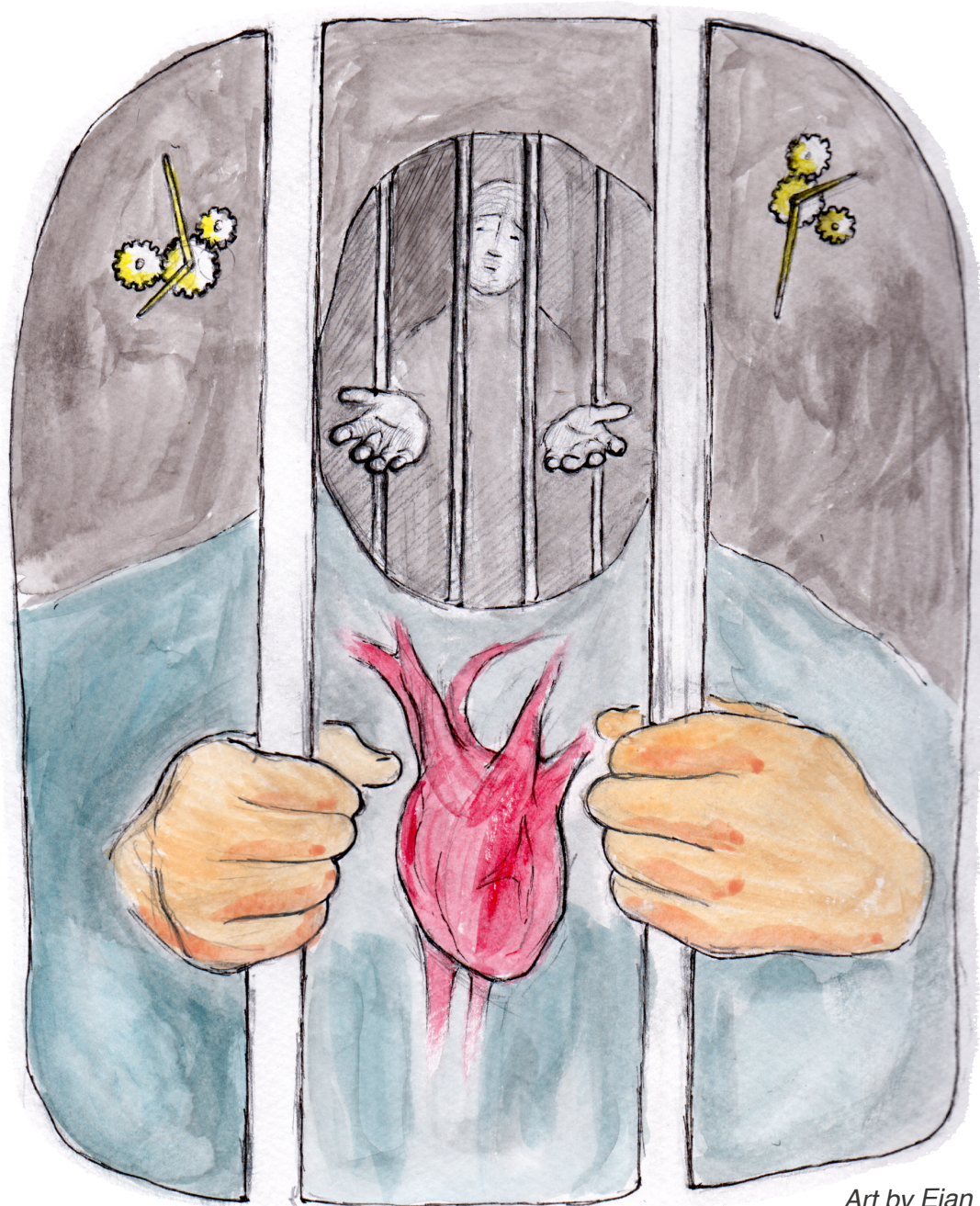
The next day, two more prisoners joined him up in the windows after returning from the visiting room. They climbed up in the windows to great applause, and soon another prisoner who was returning from the Adjustment Team hearing room, where he had received more time on lockup, joined the others in the window. ... The human fly situation was growing too fast for the officials to keep up with it. ...

Prisoners told visitors coming into the visiting room about the grievances that were, by then, the collective demands of the "Flies," who were now representatives for the entire lockup section. ...

Eventually, seven prisoners were climbing all over the housing unit windows, and the press was camped out in the street with a number of supporters who had also camped outside the windows to see that nothing happened to their friends and family members inside the prison.

The Black Panthers, local Black church groups, and other progressive groups and concerned citizens had actually set up a "squatters" camp outside the south wing, and they were refusing to leave. They vowed to stay there until the situation inside was resolved. The combined support of so many different groups and the daily presence of the local media put real pressure on the prison officials, who finally agreed to resolve the situation. They allowed a press conference, and the "Human Flies" were interviewed and presented their list of grievances. Community leaders were called on to ensure the men's safety, and to see that they were not attacked later.

Marshall Law is out of print, but Black Classic Press has plans to print another edition soon. Write to them at P.O. Box 13414, Baltimore, MD 21203. ♣



Art by Eian

Prisoner PTSD

by Gordon Grilz

It wasn't until I had spent almost 42 years in prison and at the age of 72 had a heart attack that I realized I had PTSD. Like a lot of people, I thought Post-Traumatic Stress Disorder (PTSD) was something military veterans got from being in war. And it is. But as I have learned, a lot of civilians also have PTSD, including people in prison.

My symptoms presented as anxiety, depression, insomnia, being startled by sudden loud noises or movements, nightmares, hitting and/or kicking the wall in my sleep, and yelling in my sleep. As I look back, I can see that I have had some of the symptoms like anxiety and depression for some time. Others, like insomnia, are more recent.

As I was recovering from my heart attack, I found I was sleeping three to four hours a night. My body and mind couldn't function on this sleep schedule, and my body needed rest to heal. So I began taking Cymbalta (duloxetine) and melatonin. It made a big difference, and I soon began to sleep six, seven, even eight hours a night.

This whole experience got me thinking about how many other people in prison have PTSD and don't even know it. The kind of trauma that many prisoners are subjected to is not all that different from the trauma of military veterans. We've witnessed riots (being caught in a life or death free-for-all), murders (stepping over bodies in the chow line), terrible beatings (six on one beat downs leaving the victim half dead), and stabbings (watching someone bleed out with 28 puncture wounds).

We've experienced trauma from suicides (finding a prisoner who hung himself in the shower), rapes (listening to the screams of someone being gang raped), drug overdoses (discovering a dead prisoner with the needle still in his arm slumped over in his chair), and a lot more. We have poor nutrition, high stress, and often poor sleeping conditions. Second hand smoke and noise pollution also rob us of our health.

When I was a younger prisoner I was able to keep the symptoms at bay with work, weight lifting, running, and Christian fellowship. After my heart attack, I could no longer work, do strenuous exercise, or run. So I retired to writing. I watch my diet carefully, read, write, and pray.

So what does a prisoner with PTSD do? Some prison mental health providers are reluctant to diagnose a prisoner with PTSD. I'm not sure why. Perhaps they don't want to admit to the conditions in prison that cause PTSD. Perhaps they are fearful that it will humanize people in prison to the public. Perhaps they don't want us to be eligible for the help we will so desperately need when we are released.

Researchers are still studying which treatments are most effective, but there are several types of treatment that someone diagnosed with PTSD may benefit from. Some treatments focus on improving symptoms, while others focus on the root trauma causing PTSD. Medications are available, but be aware that they may come with a mental health psych score, which can influence your custody level and institutional placement.

Based on scientific studies, there are three antidepressants that healthcare providers typically consider to reduce symptoms of PTSD: sertraline, paroxetine, and venlafaxine. Developing a safety plan for what to do when you experience symptoms most intensely is an approach that can be used with or without medications. For example, a safety plan might involve "grounding," which is focusing on the present moment through an activity like observing your surroundings in detail or saying the alphabet backwards.

Support groups, if they are available in your facility, can also be beneficial for people living with PTSD. Two relatively newer treatments that are available in some prisons are Prolonged Exposure (PE) therapy, where a provider guides someone with PTSD in retelling the traumatic event(s), and Eye Movement Desensitization and Reprocessing (EMDR), which uses side-to-side eye movements while thinking about trauma to reduce the intensity of the memory.

Veterans have it good compared to people in prison when it comes to diagnosis, medications, and mental health support. With over 1.2 million people incarcerated in the U.S. (as of year-end 2023), can you imagine how many may be suffering from PTSD? By the way, there are also veterans in prison, some of whom have PTSD.

Some people may feel that people in prison don't deserve treatment. But we're not asking for sympathy - we're asking for treatment. Prisoners can be desensitized by violence and become antisocial by sensory deprivation. What happens to a prisoner who is released with undiagnosed and untreated PTSD after ten, twenty, or thirty years? Are they more likely to reoffend?

If you would like to know more, free information about PTSD is available online from both the Mayo Clinic and the National Institute of Mental Health. ✱

What You Can Do When Your Medical Needs Are Not Met

By Francisco Fuster-Escalona

Are you struggling to receive adequate health care in prison? Most likely you are. The reason for that fact is, likely, to save funds. The fact that such practices are illegal is secondary to the goal of avoiding medical expenses wherever that is possible. In many states, the departments of corrections, which are often being run as businesses to provide jobs to local communities, are allowed by lawmakers to contract out the required health care for their prisoners to for-profit corporations. Their goal is to make profit, so it is in their interest to place their profits above their contractual and legal duty to provide proper medical care and medicines.

These contracts allow the government to avoid overseeing or being responsible for health care in prisons—and to avoid being liable when it is not provided. With the Department of Corrections looking the other way, these corporations might get away with deleting prisoners' medical data and records that could be used to show the need for ongoing required medical care and denying medicines and auxiliary aids that would increase their annual budget and reduce their profits. After all, they must answer to their stock shareholders.

What Can We Do?

Most of the time, filing an administrative proceeding with the state's Department of Corrections is a futile job, but it is mandatory. You cannot file a civil action without first exhausting the available grievance process. In my experience as a jailhouse lawyer and an activist for prison reforms, over 90% of prisoners' medical grievances are systematically denied based on fabricated allegations.

I have also observed that about 90% of prisoners are incapable of drafting an effective medical grievance. If you find it difficult, my advice is to go to the law library to

find a certified law clerk to draft your grievances, or learn how to represent yourself.

If your grievance is denied, as expected, you may have to appeal it. It's important to examine the grievance policies where you are, because they can be different depending on your state or if you're in the federal system. Once you have gone through the full grievance process, you can file a civil action in the circuit court of your current county, or in the federal court with jurisdiction over your current location. Again, most likely you will need the help of a certified law clerk.

Seeking help from outside the Department of Corrections is another way to receive adequate medical care. Letters explaining your situation to lawmakers, or to your state's department of health, can be as effective as a civil action without the expenses. Also, letters to pro bono attorneys from local legal aid offices. Make sure to keep a copy for future reference.

To People in the Prisons of Florida:

Here in Florida, adequate medical care and medicines are required for us prisoners, in part, by Section 33-602.101(9) of the Florida Administrative Code. Each state's Department of Corrections provides its own administrative rules, and you must find out the correct citation to provide support to your demand for proper and timely medical care.

The Florida Department of Corrections (FDC) has delegated its legal duties to provide us with adequate medical care and medicines to Centurion of Florida, LLC.

In compliance with Centurion's own policies since 2022, their medical staff at my current location has deprived me of most of my prior medical plan that had been approved by many doctors for over 30 years, including my P-3 Americans

with Disabilities Act (ADA) Physical Disability Grade and my medical passes for single bunk, for elevated footlocker, for neck support brace, for neck support pillow, for back support brace, for no prolonged standing, for wide EEEE boots, for slow eating, for front cuffs only, etc. I am also being deprived of required pain medications and several other medications. All my administrative proceedings have been systematically denied by the FDC, without any regard for my physical disabilities, for my daily pains, and for my age (75 years old). My medical disabilities include the inability to bend over my neck and my back, due to damaged spinal vertebrae. Now I am ready to seek help from outside the agency.

If you are in Florida and you are experiencing denial of medical care by Centurion, you should have the following information for future litigation:

MAIN OFFICES:

Centurion of Florida, LLC
21251 Ridgetop Circle, Suite 150
Sterling, VA 20166

REGISTERED AGENT:

CT Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

Any civil action must be served to their Registered Agent, not to their office address. But you can write to their main office to complain. The decision by the FDC to delegate their legal duties to provide us with proper medical care results in denial of care and thus a violation of due process of law.

Write to your state's secretary of state to request information on any corporation doing business in your state.

In brotherhood,

Frank Fuster-Escalona *



Art by Zhi Kai

Memory

by Troy Glover

Everyone experiences some form of forgetfulness. We forget where we put our locker box key. We forget the name of the C.O. that just gave us the crazy eye. We forget that the pork chop served for chow isn't really pork. (Yikes! They got me again!) This is normal. We are born with billions of brain cells, some of which last our whole lives, making them the longest living cells we have. The two types of brain cells we have are neurons, which are nerve cells that send messages to our body, and glial cells, which provide communication and nutrient support for neurons.

According to the National Institute of Health (NIH), we lose large numbers of neurons when they move through the central nervous system and when they reach their destination to do their work. Traumatic brain and spinal cord injuries, as well as brain diseases such as Parkinson's, Huntington's and Alzheimer's, can also cause unnatural cell death. However, there is ongoing research showing that adults can form new neurons in the hippocampus region, which stores memory and learning, by exercising healthy habits.

In psychology, memory decay is the idea that we lose memories over time, which leads to forgetting. Forgetting refers to the loss or change of information stored in one's memory. Cue dependent meaning is another core theory, which means that we are able to remember events tied to a certain place or mood. An example would be the backfiring of a car causing me to remember my past job as a balloon blower (so traumatizing!).

For some people, forgetting is an important and adaptive property of their memory system. Forgetting allows us to move past traumatic events and flourish. For others, once an event has left the immediate present, it is forgotten in a regular and systematic way. Like my cramming for tomorrow's Christology exam.

There are even theories of forgetting known as retroactive and proactive interference. Retroactive interference is a process in which the gaining of new memories interferes with the recovery of old memories. Proactive interference is a process in which old memories interfere with the establishment and recovery of new memories.

According to Harvard Health, scientists have learned that in order to transform a moment into an actual short-term memory, we store that memory into pieces, and each piece is stored in different regions in our brains. These pieces contain the sight, sound, place it occurred, our emotional reactions at the time, and when it happened in relation to other memories. Collectively, all these pieces are stitched together to create a memory engram, which is made possible by strengthening the connections between brain cells.

Cognitive scientists believe that in order to retrieve old memories, we have to reactivate our senses that were tied to that specific memory. Examples of this can be viewing old photographs, listening to old songs, or reading poems and books you enjoyed when you were younger.

Three Categories of Memory

1. Short-term and/or working memory: this is information needed for only a few seconds to a few minutes. It's easily accessible and it can move to long-term memory. The main functions of short-term memory are to help you focus on something in your environment and connect or match new information with information already stored in your brain. (Where's my Samurai ninja helm?)

2. Long term memory is a nearly permanent storing space for learned information and experiences. The main function of your long-term memory is to serve as an archive and make your short-term memories more permanent. (I snatched the pebble from Master's hand when I was 2 years old!)

3. Sensory memory: this is information collected from your senses (hearing, touch, smell, taste and vision). Information from your sensory memory moves to your short-term memory. You only store it for a couple of seconds. (I remember how my hand felt after I slashed 4 bamboo stalks with one blow 5 seconds ago!)

The types of memory most affected by aging are our episodic memory and longer-term memory. Episodic memory captures the everyday details of our daily lives such as names we just learned, what we ate for breakfast, and misplaced items. Lastly, our ability to learn new information and shift focus between tasks are also impacted by age.

Factors that can contribute to memory loss range from sedating medications such as sleep aids and some antidepressants, alcohol, smoking, thyroid conditions, depression, anxiety, sleep deprivation, stroke, heart disease, and vitamin B12 deficiency. As you age, there are some things you can do to enhance, maintain, and improve your memory.

Self-Care

1. Establish a routine. Managing daily activities is easier when you follow a routine.
2. Exercise your "mental muscle." Playing word games, crossword puzzles, and other activities like learning a language, art, cooking, or playing a musical instrument can challenge your mental abilities.
3. Employ memory aids like making a daily planner or to-do lists.
4. Writing things down aids memory.
5. Keep your belongings in the same place.
6. Try not to multitask, so you can improve your focus.
7. Learn a new skill to jump-start your memory.
8. Get enough sleep: 7 to 9 hours is best.
9. Incorporate meditation and stress reduction techniques such as focused breathing, yoga, tai chi, and qigong into your day.
10. Be physically active every day by combining cardio and strength exercises.
11. Maintain a healthy diet by incorporating leafy green vegetables, nuts, berries, coffee, tea, and oily fish. Also eating foods rich in Vitamins D and B12, are especially important such as fortified cereals with less added sugar, mushrooms, orange juice, seaweed, tempeh, fish, and fortified dairy and non-dairy milks and yogurts. Also make sure to drink 8 glasses of water each day.
12. Stay socially active to manage stress and depression symptoms.
13. Manage your overall physical and mental health. Seeking treatment for depression, and advocating for routine checks of your hearing, vision, diabetes, blood pressure, cholesterol, and thyroid function to address any abnormalities, can be vital to support your memory in the long-term.
14. Reduce risks of falls and other accidents that could lead to brain injuries.
15. Consult with medical providers about the possible side effects to memory from your medication.

Do not be afraid of a slight memory lapse. Forgetting where you placed a pen or book or that your glasses are sitting on top of your head (I searched for ten minutes for those darn things!) is different from a cognitive impairment. However, if these events persist, speak to your medical provider. ☘

Ask PHN: Diabetes Tests

by Navpreet Reehal

Dear Prison Health News,

Would you please explain why diabetes literature states, “According to the American Diabetes Association (ADA), persons are diagnosed with diabetes if any of the following tests are abnormal: fasting blood glucose, random blood glucose, oral glucose tolerance test, hemoglobin A1C”? I ask because I’ve had a history of multiple fasting glucose tests with prediabetic/diabetic readings, yet my A1C is always fine. Because of this, [the medical team] does nothing further as far as inquiry goes, despite many of my diabetic-type symptoms.

Dear S.H.,

Thank you for your letter! Diabetes mellitus is a condition that causes high blood sugar (glucose) levels. There are several types of diabetes mellitus, including type 1 diabetes, type 2 diabetes, and gestational (pregnancy-related) diabetes. Most people have type 2 diabetes. There are a few standard blood tests to diagnose diabetes. The most common tests are hemoglobin A1C (A1C), fasting glucose, and random glucose test.

The A1C test measures what your average blood sugar levels have been over the last 3 months, and it should be less than 5.7. Anything greater than 6.5 is considered diabetes. A fasting glucose test measures your blood sugar after fasting (not eating) for at least 8 hours. It should be between 60-100. A random blood sugar test doesn't require you to fast, and it should be under 140. Random blood sugars over 200 indicate diabetes.

There is another test called glucose tolerance test. This test is used frequently in prenatal care to test for gestational diabetes in people who are pregnant. People who aren't pregnant can take the test as well. A glucose tolerance test will require you to fast and will measure your blood sugar before and 2-3 hours after you drink a liquid with sugar in it. Blood sugar should be less than 200 after 2-3 hours.

The ADA is a non-profit organization that makes treatment guidelines for diabetes based on the latest research. Medical providers use these guidelines to practice medicine. Most medical providers follow ADA recommendations for diagnosing diabetes. The ADA defines diabetes as an A1C greater than 6.5, a fasting blood sugar greater than 120, a random glucose greater than 200 on two separate occasions, or a glucose tolerance test greater than 200. A provider can diagnose diabetes if you have a high random blood sugar test with symptoms of high blood sugar (peeing a lot and more often, increased thirst, blurry vision, tiredness, weight loss).

—S.H. The labs that process blood tests usually assume you have not had anything to eat or drink for 8 hours and that your blood sugar should be less than 100. Even if you have a normal non-fasting blood sugar after breakfast, (for example, 115), the result will say it's not normal. Sometimes, the A1C is not accurate. The A1C tends to underestimate blood sugars in people with specific health conditions such as glucose-6-phosphate deficiency, hemoglobin variants (such as sickle cell disease or thalassemia), HIV, severe anemia, and those on hemodialysis. In this case, the ADA recommends that the results from the fasting blood sugar test, the glucose tolerance test, or random blood sugar test be used to diagnose diabetes. ☸



Art by Gina Lerman

Information & 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
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.

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.

Bridge Project

Philosophy Department
Loyola University Maryland
4501 N. Charles St.
Baltimore, MD 21210

Ask for a free copy of "The Power of Meditation: Finding the Freedom Within," a 2-page brochure with tools to help you start meditating.

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
- ❖ Gender-Affirming Care
- ❖ Reproductive Health
- ❖ Hepatitis C

Please limit request to 2 guidebooks.

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

Prison Health News

Write to Prison Health News at

4722 Baltimore Ave
Philadelphia, PA 19143

and we will do our best to answer your health questions. Here is information to consider when writing to us for health information—

For a subscription of 4 free issues a year, please write to us!

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 (*please allow up to 8 weeks to receive a response*).
- ❖ Interpret health test results
- ❖ Suggest a diagnosis for your symptoms
- ❖ Provide analysis for complex cases
- ❖ Provide legal advocacy
- ❖ Send books
- ❖ Offer pen pal referrals

All subscriptions are FREE!
Please write to us if your address changes.

Movement Alliance Project
924 Cherry St
5th floor
Philadelphia, PA 19107
Return Service Requested