

prison health news

-better health care while you are in and when you get out-

Issue 1, March/April 2003

Who We Are....

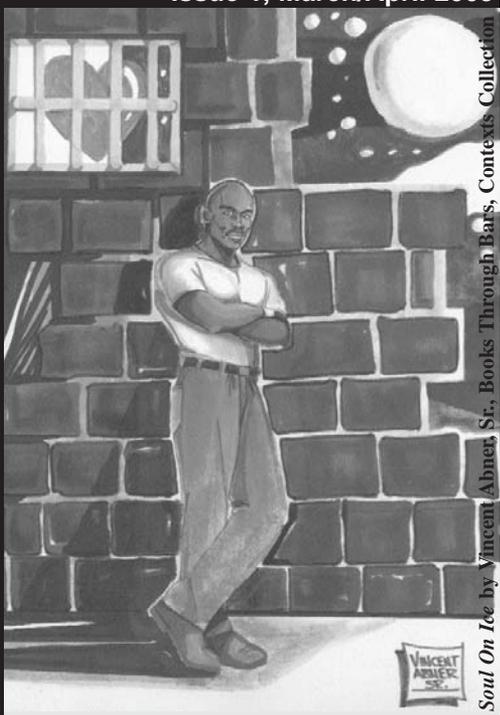
We are on the outside, but we were inside before. We've been where you are now and know what it's like....and survived it. We are ex-offenders talking about health issues and trying to bring about a positive change for all people who are in prison now or ever have been in the past. This newsletter is about all of us.

We will be talking about health issues. For example, what is good nutrition? Where can you get services and information on the outside? We want to take your health questions seriously and break down complicated health information so that it is understandable.

We're also here to help you learn to get better health care within your facility and talk about how to ask your health questions. Don't get frustrated. Be persistent. In prison, it's often hard to get what you want, but with health information, it doesn't have to be impossible. Join us in our fight for our right to health care and health information.

Read on...

From,
John, Shahiid, Brunilda, Les, Al,
Samuel, and Jen



Soul On Ice by Vincent Abner, Sr., Books Through Bars, Contexts Collection

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What Does It Mean To Be Healthy?

by Laura McTighe

Our ideas and concerns about health are shaped by our families, our communities, our societies, and our personal experiences. All these things help us decide when we need to see a doctor, what medicines are okay to take, and when we need to go to a hospital.

Many people in prison have put in sick call slips that weren't answered or have seen doctors that gave aspirin for any complaint. Your experiences will shape your ideas about the health care in the prison you're in.

You Are Your Best Advocate.

While everyone has different ideas and concerns about health, one thing is true: you are your own best advocate, because only you know what is going on with your body. In coming issues, we will talk about what you can do to advocate for yourself in prison. For now, we want to give you the basics about health, so you can best take care of yourself.

The Body Is Good At Healing Itself.

There are constantly germs in the environment and in our bodies. But the good news is that in the majority of cases, the body fights off illness very well. Many times, you can get better without having to see a doctor or take medicines, because your immune system takes care of the illness.

When You Get Sick...

What you notice most when you get sick are *symptoms*. *Symptoms* are things you can feel, like a rash or fever. But you can feel the same

different causes. For instance, a rash is a *symptom* that can be *caused* by a side effect from a medication, by an allergy, by a fungal infection like ringworm, or by a sexually transmitted disease (S.T.D.) like syphilis. All of these *causes* need different treatments.

The Bottom line...

If a symptom is bothering you or gets worse, you need to put in a sick call slip. You *always* need to see a doctor if you have one or more of the following symptoms:

- * Fever over 102
- * A "cold" that lasts more than 2 weeks
- * Diarrhea (loose stools) or vomiting for more than 1 day
- * Chest pain
- * Difficulty breathing
- * Unintentional weight loss
- * Fever/weight loss/cough at the same time
- * Blood in stool (poop)
- * Penis discharge or change in vaginal discharge that burns, itches or has a bad odor
- * Sharp pains in or around your stomach
- * One-sided weakness, or slurred speech
- * Extremely bad headache
- * Fainting or becoming unconscious

These symptoms can be signs of serious health problems. If you are experiencing one or more of these symptoms, ***write the symptom on your sick call slip.***

Any doctor that sees one of these symptoms *should* take it seriously and see you immediately.

Words to Live By...

by a former inmate living with HIV

Take care of yourself. Make your health your top priority. Ask for what you need, don't wait for someone to take care of you. Advocating for your health is a constant job, especially in prison or jail.

Become educated about the HIV virus, your medical condition, medical treatments and prevention. Find out where you can get HIV-related information while you're in prison and get on that mailing list. If one place doesn't write you back, write them again, but write other places as well. See if the prison library has any good information. Pay attention to the date the information was published: AIDS information changes quickly; information from the late 1990s or later is more reliable.

Join a support group if there is one. If not, see if it's possible to start one. Find someone else who is living with HIV/AIDS in prison who you can trust to talk to.

Get to know the doctor or nurse who knows the most about HIV where you are and ask a lot of questions. Don't take medications if you don't know why you're taking them. Ask about side effects and what the medication is supposed to do for you. Ask the doctor or nurse to explain any words that you don't understand. Bring articles you have that may be helpful.

Don't miss any doses. See if there is any way to keep your meds in your cell and train yourself to stick to the schedule, no matter how hard that is to do in the prison or jail.

Don't wait to deal with having the virus. Get tested, and if you are HIV positive, search for any information that you can get your hands on.

Before you are released, try to make arrangements to see an experienced HIV doctor on the outside as soon as you get out. Try to get the prison/jail medical department to mail your records to your new doctor, or at least write up a summary with your diagnosis, symptoms, test results and medications. Keep this with you at all times if you can.

Don't accept no for an answer. Be persistent, but not too persistent. Remember that you can get more if you are nice to people that you need to be nice to. Use proper prison channels to complain if you have to.

Don't get anyone else infected. Learn how to prevent HIV and only do the things that are safe. You can get HIV by having vaginal, anal or oral sex without a condom; you can also get HIV by sharing needles, using dirty needles, and getting prison tattoos with dirty needles.

Keep a positive attitude. Having HIV doesn't mean you are going to get sick or die in prison or jail. HIV treatments have turned HIV into a long-term treatable disease like diabetes. If you take care of yourself, you can live for 30 years or more with current HIV treatments. As new and better HIV treatments become available, people with HIV will continue to be able to live longer, healthier lives.

This newsletter will teach you about living healthy with HIV—like, how the immune system works and how good nutrition and exercise can keep people with HIV's bodies strong. We will give you real advice that you can use while you are in prison. Between issues, write to some of the resources on the back page so you can get the most information possible.

The Stages of HIV: How HIV Works

by Laura McTighe

Even after 10 years of being infected with HIV, about 50% of people have no symptoms of any kind and have never been on treatment for HIV.

Thinking about Stages of HIV

In this issue, we will talk about how HIV progresses in the body over time. Think of these stages as general guidelines. These stages **do not guarantee** what is going to happen to every person, but can help them pick priorities and figure out if they are getting the right type of care and services.

There is no way to look into a crystal ball and predict if or when someone will get sick, because HIV progresses differently in everyone. In fact, we know lots of people who have gotten sick from HIV, and are able to get healthy again with HIV treatments.

Most people don't need to go on treatment right away just because they have HIV. We will talk more about HIV treatment in future issues, but write to us if you have questions.

1. HIV Transmission

The virus is passed from one person to another through blood-to-blood and sexual contact, or from HIV-infected women to babies before or during birth, or through breast feeding. HIV can enter the body through the anus or rectum, the vagina, the penis, the mouth, other mucous membranes (eyes or inside of nose), cuts or sores, or through a vein (intravenously). You can get HIV by having vaginal, anal or oral sex without a condom, sharing needles, using dirty needles, and getting prison tattoos with dirty needles. HIV is NOT transmitted through casual, everyday contact like shaking hands.

2. Acute Infection (Early Infection)

Right after someone is infected with HIV, the virus multiplies quickly, and spreads to all parts of the body. This period is known as acute or early infection. Acute means intense. The immune system hasn't kicked in yet to bring HIV under control, so the amount of HIV in the body is very high. Some people will get severe flu symptoms, including rash and fever.

3. Seroconversion

Soon after initial infection, the immune system kicks in and begins fighting HIV. This process is called seroconversion. Sero means *blood* and conversion means *change*. The *blood changes* because the immune system makes special HIV antibodies that recognize HIV and fight HIV. Antibodies are things that the immune system makes to *fight a specific germ*, which means that HIV antibodies will only work on HIV and your body will only make these HIV-specific antibodies once you have been exposed to HIV.

Most HIV tests only work after you have seroconverted, because these tests look for HIV antibodies not the virus itself. It can take up to 6 months for the body to make HIV antibodies, so you need to wait and get tested a full 6 months *after* doing something that puts you at risk for HIV. During these 6 months, you can infect other people even though you won't test HIV positive. It is important to use condoms and only use clean needles.

4. Chronic Infection

In almost all cases, the body is unable to rid itself of HIV after acute infection and keeps trying to fight it. The infection becomes **chronic**, or **life-long**. Over time, HIV damages the

in the Body

immune system and makes the body less able to fight off germs and infections. Still, someone can have a chronic HIV infection for many years without getting sick, or even knowing that they have HIV.

5. An AIDS Diagnosis

Medically, an AIDS diagnosis is defined as having **less than 200 T-cells** or having an **opportunistic infection**.

T-cells are part of the immune system; they lead the attack against infections like HIV. When a person has fewer T-cells, their immune system is weaker. When someone gets an AIDS diagnosis, it *doesn't* mean that their immune system has stopped working and they're going to get sick. An AIDS diagnosis is a warning sign, like a car's "service engine soon" light. When this light goes on, the car isn't about to stop running; the car needs a tune-up. An AIDS diagnosis tells someone: keep an eye on your health because you *might* be at risk for getting sicker, and you *should* start HIV treatments or other treatments to keep you from getting infections.

Opportunistic infections (OIs) are infections that cause illness in people with weak immune systems. OIs are the illnesses of AIDS. If a person's T-cells are below 200, they are at greater risk for getting OIs. It is *very rare* for people with more than 200 T-cells to have OIs. Most of the time, people with OIs have less than 100 T-cells, and especially less than 50 T-cells. A doctor can prescribe medications to prevent someone from getting OIs if their T-cells go below 200.

The best long-term way to *prevent* OIs is to strengthen the immune system. For most people, HIV treatments slow down the progress of HIV in the body. Starting HIV treatments is a big decision. *Keep an eye out for articles on Starting HIV Treatments, so you can be informed and make the decision that is right for you.*

Remember!

Everyone's body is different so HIV progresses differently in every person. **DON'T PANIC** if you find out you are HIV positive. Educate yourself about HIV. You can live for decades if you take care of yourself.



HIV in Prison, Books Through Bars, Contexts Collection. From the artist: "The illustration I did shows a prisoner with HIV who is suffering from the disease and also having psychological problems and his situation looks even more dire now that he is in prison."

Hepatitis C: What You Should Know

by John S. James

Hepatitis C is a serious *liver disease* caused by a virus. About 2% of all Americans are infected with hepatitis C. In prison, hepatitis C rates are much higher: between 12% and 35% depending on the prison. Hepatitis C damages the liver over time, so the liver is no longer able to keep doing all of its jobs in the body. Most people with hepatitis C do not have any signs of liver damage for 10 years or more.

What does the liver do?

Everything we breathe, eat or drink, and every medication we take is processed through the liver. The liver filters everything we take into our bodies and takes out the things that can make us sick (called *toxins*), and turns all these toxins into bile, which breaks down the fatty and fried foods we eat. The liver also makes proteins to build and keep muscles, stores vitamins and minerals for when we need extra energy, and controls hormone levels.

Hepatitis C and the Liver

In the United States, at least 4 million people have been exposed to hepatitis C, and 2.7 million of them have developed chronic (long-term) liver disease. Many people with chronic liver infection will have no symptoms of liver disease or will progress very slowly. About 15% of people with hepatitis C will develop cirrhosis (serious liver damage) over a period of 20 to 30 years. Without treatment, about 3% of those infected will eventually die of cancer caused by the virus.

No one knows why some people are able to clear hepatitis C from their bodies without treatment and others develop chronic infection. There are also questions on why liver disease

progresses faster in some people than in others.

What we know: when more toxins come into the body, the liver has to work harder to filter out the toxins, so liver disease progresses faster. For example, drinking a lot of alcohol makes hepatitis C liver disease worse.

We also know: HIV makes hepatitis C worse. About 1/4 people with HIV also have hepatitis C. Doctors recommend that everyone with HIV should get tested for Hepatitis C. *The treatment guidelines for hepatitis C and HIV are different from the guidelines for hepatitis C alone.* Next issue, we will focus on hepatitis C and HIV.

Who is at risk for hepatitis C?

Hepatitis C is passed from one person to another through blood-to-blood contact. You can get hepatitis C by sharing needles, getting prison tattoos with dirty needles, sharing personal items like a razor or toothbrush, and having sex without a condom. Casual contact cannot transmit hepatitis C.

There is no vaccine for hepatitis C. (There are vaccines for hepatitis A and hepatitis B, and many people with hepatitis C should get them.) If you have once been infected with hepatitis C, you can be infected again. You do not develop an immunity to hepatitis C because you have been infected once.

Tests and Treatments for hepatitis C

Everyone with hepatitis C should get care from an experienced doctor. A doctor can help you monitor how strong your liver is and help you decide if treatment is right for you.

There are several tests that can help you determine how damaged your liver is. Blood tests look at levels of enzymes and other substances the liver produces. Blood tests tell you how inflamed your liver is, but they don't determine how much damage the virus

has done to your liver. A biopsy is the best available tool for determining how damaged your liver is. To do a biopsy, a doctor puts a thin needle in your liver, draws out some cells, and looks at them under a microscope. Biopsies are serious procedures and can be very painful. If you need a biopsy, make sure you go to an experienced doctor.

There are also tests that help determine how well you will respond to treatment. There are at least six main kinds of hepatitis C virus, called genotype 1 - genotype 6. The genotype is determined by a special blood test. Genotype 1 is the most common in the USA, and is hard to treat.

Not everyone with Hepatitis C needs to take medicines. Current treatment works well about half of the time, and often has unpleasant or dangerous side effects, like flu symptoms, depression, and low counts of red blood cells or white blood cells that make you feel tired and weak.

Treatment for genotype 1 lasts 48 weeks, usually with a combination of two medicines, *interferon* and *ribavirin*. Genotypes 2 and 3 require 24 weeks of treatment with the same medicines. Treatment for genotype 2 or 3 is more likely to be successful than treatment for genotype 1.

Hepatitis C treatments work best in people who have had hepatitis C for a shorter time, who have a smaller amount of hepatitis C virus in their blood, or who do not have liver cancer. People with advanced liver disease often can't be treated at all, because doctors believe the medicines might do more harm than good. This may change as better medicines are found.

In the Future...

Scientists are making rapid progress, and better medicines will become available in the next several years. So those who can wait for treatment may want to do so, because treatments will improve soon.

write an article!

We have gotten lots of requests for articles already, and we know that everyone who reads this newsletter will have questions or his or her own story to tell.

If you have advice for other prisoners dealing with health issues, write to us. We will feature you in "Words to Live By."

If you have a question, write to us. We will write you back and may publish an article on your question in *Prison Health News*.

If you want to write an article on something you think is important for prisoners' health, send it and we will consider publishing it in *Prison Health News*. You can also write us first to discuss ideas for articles.

If you want your name kept confidential, you can sign your article with your first name or "anonymous."

In coming issues, we will cover:

- * Nutrition,
- * Exercise,
- * Getting Support While You Are Incarcerated,
- * How to Advocate for Yourself,
- * HIV Treatments,
- * Hepatitis C Treatments,
- * Treatment strategies for HIV and hepatitis C Co-infection,
- * Depression,
- * Getting Out,
- * Staying Clean When You Get Out,
- * Welfare, Food Stamps, and Medical Assistance,
- * Housing,
- and much more!*

resources for people in prison

If you need help while you are in, or when you get out, contact:

In Philadelphia, PA

Philadelphia FIGHT
1233 Locust Street, 5th Floor
Philadelphia PA 19107
(215) 985-4448--no collect calls
Contact: Laura McTighe

In New York City, NY

*Women Prison Association
& Home Inc.*
175 Remsen Street, 9th Floor
Brooklyn, NY 11201
(718) 797-0300--for collect calls from
New York Jails/Prisons
(718) 637-6818--no collect calls
Contact: Leah Bundy

In Miami, FL

Care Resource, Miami
225 N.E. 34th Street
Miami, FL 33137
(305) 573-5411--no collect calls
Contact: Pedro Torres

In San Francisco, CA

Continuum Springboard
225 Golden Gate Avenue
San Francisco, CA 94102
(415) 823-0414 --no collect calls
(415) 823-0415--no collect calls
Contact: Helen Lin or
Charlie Wilson

In Houston, TX

Houston Montrose Clinic
215 Westheimer
Houston, TX 77006
(713) 830-3000--no collect calls
Contact: Chris Jimmerson

Every organization on this list provides case management, medical care and support services for people when they get out of prison. Most of these organizations specialize in care for people with HIV. Every organization distributes Prison Health News.

If you need resources in a city not listed here, **write to us!**

We will help you tack down answers to your specific questions.

Write to us if you know a great organization that is missing from this list.

If you need information while you are in, contact:

Project Inform

Outreach and Education Department
205 13th Street, Suite 2001
San Francisco, CA 94103-2461
information & newsletters on HIV
***free to prisoners**

Fortune News

Subscriptions
c/o The Fortune Society
53 West 23rd Street
New York, NY 10010
newsletter on criminal justice issues
***free to prisoners**

National HCV Prison Coalition

Hepatitis C Awareness Project
PO Box 41803
Eugene, OR 97404
newsletter & information on hepatitis C
***free to prisoners**

Prison Legal News

2400 NW 80th St. #148
Seattle, WA 98117
newsletter on prisoner rights&court rulings
***sample issue \$1. unused stamps OK.**

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