



## UPAN Newsletter

Volume 9 Number 2 | FEBRUARY 2022

*"Empowerment and Growth Through Knowledge and Unity"*

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### Keeping Relationships Alive While Incarcerated – Self-Care During COVID – Healthcare Audit, Part 2 – Changing Attitudes About People in CJS – FamilySearch – Genealogy for Inmates – Life is Relationship & Vice Versa

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Next Meetings: February 14, 2022 6:30 p.m. Topic: Audit Free/open to public.

Meeting Location: Virtual Zoom Meeting – link <https://bit.ly/3vqQjA> Following meeting, March 14th, 2022

**UPAN continues virtual meetings. Also available on UPAN Facebook Live and on Facebook page afterwards. Visit UPAN website for link (p. 10) to current monthly meeting. Free to public.**

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If someone is facing a difficult time, one of the kindest things you can do for him or her is to say,  
'I'm going to love you through this.' — Molly Friedenfeld

***Disclaimer: Formulate your own opinions about the information presented.  
This information is presented for the reader's enlightenment and evaluation.***

#### **Some Ideas on Keeping Relationships Alive when One Partner is In Prison**

By Molly Prince, LCSW

For every person sentenced to prison, there are family members also serving time for a crime that they didn't commit. The observance of Valentine's Day this month can be especially difficult to deal with. The emotional stress of having an incarcerated spouse or partner is heightened during this time.

There is a lot of information out here about how to keep a long-distance relationship alive. Not a lot of that focuses on keeping a prison marriage or relationship alive. In the community, when someone moves to a different city for a job or other responsibilities, while leaving their spouse or partner behind, it creates a significant amount of stress

and sadness. Now, take that level of sadness and stress and riddle it with many other layers of the criminal justice system, dealing with a prison sentence, and all that entails. That is what families of incarcerated people experience. At least people who are separated by choice and geography have access to phone calls, emails, video chats, and trips to see each other, only limited by their own choices and circumstance.

In addition to geographical distance which occurs in community long-distance relationships, incarceration slathers on additional layers of prison or jail rules. In Utah, people sentenced to years in prison can find

themselves shipped out to county jails hundreds of miles away from their homes, despite being state inmates. They find themselves subject to extremely restrictive rules that limit their ability to nurture relationships with their spouses, intimate partners, parents, and children.

**Communication Challenges.** Some of Utah's county jails severely limit the types of US mail that can be sent and received. Some jails have stopped all letter correspondence and restrict written communication to tiny 3 x 5 pre-stamped postcards for husbands and wives to attempt to nurture their relationship on. Some have gone to a system that requires letters and photos be sent to an out of state service to be scanned and delivered on a tablet, which robs the opportunity of holding a letter or photo from loved ones in their hands. Utah's prisons and jails present challenges of poorly run contracted inmate communication services that render poor quality and unpredictable phone calls, costly emails in some facilities, and the ongoing challenges of poor quality video visits that can be difficult to schedule in our county jails and prisons. In USP and CUCF there are again current restrictions on in-person visitation.

This struggle to communicate regularly can have a negative impact on relationships, making them worse due to inability to communicate easily and properly. Both prisoners and their loved ones miss the mutual support, the emotional connection and the physical presence. This can take a devastating toll on a loving relationship.

**Maintaining prison relationships requires a tremendous amount of effort and understanding.**

Partners must work hard to maintain communication, however they can. Dealing with loneliness by filling time with productive and pro-social activities helps but can be challenging. It can be difficult for partners to maintain trust in each other. Expectations can become unreasonable when each partner becomes insecure. Here are some ideas to help couples in relationships disrupted by incarceration nurture their connections. No matter how difficult it seems that the system makes it to stay in touch, find ways.

**Always maintain communication.** Communication is key in any relationship. If there is regular, clear, open conversation and exchange of information and ideas between the two of you, misunderstanding can be avoided.

**Old fashioned letters or postcards.** In USP and CUCF, regular mail in the form of letters is still allowed. For those of you whose lives are dictated by USP and CUCF, take advantage of that and send written letters regularly – this means both of you. In this day of electronic communication, sometimes people think it is too difficult, time consuming or difficult to sit down and write a letter or postcard, either by hand or by typing into a document and printing. Some people have found that there is something almost magical about writing a letter to your loved one that can help you feel connected to them through that writing process. Plus, there is something thrilling or uplifting when receiving a card or a letter from your loved one.

There are some services that offer to send letters or postcards into incarcerated folks that you submit to the service electronically, sometimes for no charge or a small fee. You can look these up on the internet. I personally will not recommend any, as I have not had any particular long term success with the couple I have tried. You also need to check with the facility to determine if they will accept postcards or letters from those services.

If you do not know the rules for letters or cards in your loved one's facility, look it up on the website for that jail or prison. If you are a prisoner in a facility that does not allow written letters, you can still send those tiny postcards to each other periodically. If nothing else, there is room to write a positive or loving quote on it, or a reassuring sentence or two letting the other know you are thinking of them and sending your love.

**Emails.** Emails can be convenient and quick, if you are in a facility that allows emails. However it can become expensive, depending on how they charge you for emails. A few plans charge a certain price per email no matter how long, or a certain number of emails per a certain time period. Other plans have a price per email with a limit on the number of words. So it may take some creativity to write as much information as you can in as few words as possible so you can pack a lot of information, words of support, love, and reassurance into one email.

**Video visitation.** Video visiting can be wonderful when working well. It can be disappointing or frustrating when the video is malfunctioning and it can be tempting to just turn off the visit. But before you leave, make sure your loved one also wants to leave. Sometimes one person cannot hear the other but both can still see, so maybe use the time to let the one who can be heard talk while at least looking at each other. In facilities that charge for video visits, they generally do not pro-rate the cost, so if you are paying for it, make the most of it.

One challenge with video visitation is that when one person is looking at the other on the screen, both people are looking at the picture of each other with their eyes downcast. One thing our family discovered is that we can take turns looking directly into the camera when we are talking (or listening), so that we can take turns actually feeling like we are seeing each other's eyes. While video is a poor substitute for in-person visits where you can look directly at each other, it is better than not getting to see each other at all, and is a blessing for families who live miles away or out of state.

**Phone calls are precious.** Hearing each other's voice is priceless (despite the cost of the calls!) Wisely do your best to avoid getting into arguments and conflicts over the phone. This is especially important when in a housing unit where the phones are in poor repair or the connections do not always work properly, the calls are costly, and there are always other people waiting to use the phones. Use phone time to talk about important things that cannot wait for letters or emails.

**When having a difference of opinion**, remember to own your own feelings and do not blame the other person for your own unhappiness. Work on not ending a call in anger. Never hang up on each other. Do your best to remember that you love, value, and cherish each other.

At times, conflicts can't be avoided. Misunderstanding or miscommunication is common in long-distance relationships, and even more common in prison relationships. It's harder to work through with the barriers to communication access in prison. To prevent the issue from deepening, both of you must decide to talk objectively about the situation. Agree to disagree when you cannot resolve a difference and agree to re-visit it on a future call. Cool down before the next call. Sometimes we just need some distance from the subject causing strong emotion in order to return with the ability to talk about it rationally. Once resolved, instead of going back to the issue, again and again, agree on how to avoid it in the future.

**Remember to not ever use withholding of communication** (phone calls, visits, letters, or emails) as a way to punish, manipulate or otherwise attempt to control the relationship or your loved one. This applies to both partners. Doing so will harm the relationship over the long term.

**Respect each other's time and experience.** While it is important to check in with each other on a regular basis, also remember that each of you have your own responsibilities, whether it is on the inside or in the community. Prisoners may sometimes think their loved ones at home have all the time in the world to do things for them that are difficult to do from inside prison. However, for those left in the community, there is a lot of responsibility - jobs, families, upkeep of homes and much more. Plus, taking care of business for incarcerated loved ones adds to that. As difficult as it is for people to live inside prisons, it is difficult in a very different way out here. If both partners remember that this journey is not easy on either of you, it will be easier for you to respect each other's experience and that will lower your expectation of things that could result in disappointment.

Finally, I have heard concerns from spouses and partners out here that it feels like their incarcerated loved one expects them to be able to answer every time they call, and to be available for them all the time. This is not a reasonable expectation, and in most cases, family

**"To know the value of 15 minutes, just ask someone with an incarcerated loved one... Those 15 minutes are the lifeline of the relationship." Prison Wife Quotes**

## **Self Care During this Wave of COVID-19, Delta and Omicron Variants**

By Molly Prince

Over the last two years, dealing with the COVID-19 pandemic has been exhausting for everyone. The various waves and virus mutations have caused so many in our prisons and jails to suffer from infection of the original virus, the Delta variant, and now the Omicron variant, not

members out here are unhappy when they have to miss a phone call from their loved one. Not answering the phone does not necessarily mean your loved one does not want to talk to you.

On the other hand, some people out here get upset if their loved one does not call exactly when they say they will, or as frequently as they would like. Learning patience is tough but important on this prison journey. Phones can be unpredictable in some housing units. Connections do not always operate properly, which can lead to a call being placed in the prison or jail but not ring through or show up as a missed call. 3G wireless phones are now notorious for dropping or not receiving calls. Lockdowns, work, and therapy schedules can also dictate the times your loved one will be able to call.

**Dynamics of the relationship changes** when a loved one goes to prison. It is recommended in long-distance relationships that the couple set ground rules for the relationship. The same goes for prison relationships. To minimize disagreements, it is necessary to set and understand clear boundaries and come up with rules you both are willing to follow. Just like laws are made to try to ensure peace and order, the rules in your relationship—if carefully followed—will help avoid conflicts.

Some rules could include always saying your preferred endearing words at the end of the call (i.e. I love you), no name calling, no threatening to leave the relationship when it gets bumpy, not interrupting, listening to what your loved one has to say, and not monopolizing the conversation in a way that prevents the other from talking. You may have differences, but at least rules can remind you to show you care about each other.

**Have faith in your relationship.** One definition of faith is being sure of what you hope for. In whatever kind of relationship, nothing is certain. However, if both of you are sure that you want your relationship to last, then you must work it out together. As long as you both believe that it's all worth it, you can always surpass the obstacles and conflicts your relationship encounters.

**Keep the Love Alive.** Distance, concrete, steel, razor wire and prison bars - and all the policies of the prison system may keep you physically apart. Your love can thrive emotionally, mentally, and spiritually. If both partners give 100% of effort and determination, they can keep the love alive.

to mention other flus and viruses. I realize that with commissary shortages, incarcerated people are unable to easily order the over-the-counter remedies to help manage the symptoms. But when you can, order acetaminophen or ibuprofen for fevers and body aches,

cough drops and any cold or flu remedies offered. Here are some ideas to help protect yourselves and those around you.

- Always cover your mouth when coughing or sneezing. This can be done by coughing down the neck of your shirt, into your elbow, or into a tissue.
- If you cough or sneeze into a tissue make sure you discard it into the trash and then wash your hands thoroughly with soap before touching any surfaces or shaking hands with anyone.
- Always properly dispose of used tissues rather than leaving them laying on bunks or hard surfaces to prevent the spread of germs.
- When washing hands, take at least 20 seconds to lather up well with soap and wash your palms, the top of each hand, between the fingers, the thumb, and the wrists. Lather up well and rinse thoroughly.
- Don't touch your eyes, nose or mouth with unwashed hands.
- Wash your hands both before AND after you touch your eyes, nose or mouth.
- Avoid contact with people who are sick with respiratory symptoms.
- Stay home (in your cell or dorm) when you are sick. This includes if you have minor symptoms such as, cough, sniffles, sneezing.
- Keep objects and surfaces clean (use soapy water and leave on the surface for 60 seconds, or any kind of disinfectant cleaner you have access to).
- Get enough sleep, eat healthy food, avoid junk food, drink fluids, stay hydrated, and be physically active.
- Try to create adequate ventilation.
- Clean and disinfect (when disinfectant is available, but otherwise use a soapy rag) all surfaces and shared equipment, such as phones. You should clean and wipe down the entire phone including headset / receiver, buttons, cord, and casing before and after you use it, since the phones are used constantly without time to sit between users.

UPAN has been told that staff are being given KN95 masks. Due to the metal in them, inmates will not receive these types of masks. While it is not likely to become a reality, I have asked UDC if incarcerated people can at least be given several disposable masks weekly along with 4 more cloth masks to get through a full week (1 fresh mask per day). Based on the most recent recommendations, wearing a disposable surgical mask under a cloth mask when in close contact with others is almost as protective as a KN95 mask. Our suggestion for each prisoner to own seven cloth masks would allow changing it after being at work or around a lot of people, such as in classes or programming, ability to wash several masks at a time while still having more than one fresh mask on hand, and would increase the ability for everyone to have fresh clean masks on hand every day.

According to an article written on December 13, 2021 by Debra Moffitt and published by CSL Behring (a global rare disease biotech research company), “*Early in the pandemic, when antibacterial wipes were selling out, CSL*

*Behring scientists investigated the effectiveness of various cleaning agents against the novel coronavirus (SARS-CoV-2) on a variety of surfaces. They found that 0.1% sodium laureth sulfate was effective.” Sodium laureth sulfate is found in shampoo, dish soap and most soaps that lather. Continuing, “They also tested 70% isopropyl alcohol (isopropanol); 70% ethanol; and 0.1% hydrogen peroxide. “Within a minute, any combination we tested, the virus was killed,” said Eleonora Widmer, CSL Behring’s Senior Director of Global Pathogen Safety. “It was really reassuring. That’s what we were hoping to find.” All the chemicals that were applied, including sodium laureth sulfate (soap), reduced the virus to undetectable levels on surfaces that were left wet for 60 seconds, rendering SARS-CoV-2 incapable of further infecting individuals. The team tested stainless steel, plastic, PVC and glass.*

There is another article that explains how soap and water can destroy the virus – if left in contact with it long enough. New York Presbyterian Hospital published an article in its Health Matters publication explaining why regular soap (containing sodium laureth sulfate) can kill the virus. It reads in part, “*A soap molecule consists of a “head” that is hydrophilic — attracted to water — and a long hydrocarbon “tail” made of hydrogen and carbon atoms that is hydrophobic — or repelled by water.*

*When soap molecules dissolve in water, they arrange themselves into micelles, which are spherical clusters of soap molecules with the water-attracting heads on the outside and water-repelling tails on the inside.*

*The coronavirus has a core of genetic material surrounded by an outer sheath that’s a double layer of fats with protein spikes. This fatty sheath is water-repelling and protects the virus.*

*With a formation of water-attracting heads on the outside, and water-repelling tails on the inside that can dissolve fats, micelles become a lethal bundle of cells in water. When they encounter coronaviruses, the water-repelling tails are attracted to the fatty envelope around the virus and insert themselves into the protective layer. The virus shatters and is doomed down the drain”.*

<https://healthmatters.nyp.org/how-does-handwashing-with-soap-kill-the-coronavirus/>

So, here we are – 2 years into the pandemic. Based on current research, the airborne transmission is still the primary way in which the virus, regardless of which mutation it is, spreads.

The CSL Behring article states, “*That means vaccines, ventilation, face masks, and social distancing are the best methods to prevent the spread. Of course, medical experts still recommend regular handwashing and keeping surfaces clean. But unless someone in your home has COVID-19, you don’t need to use antibacterial wipes or special disinfectants, according to the U.S. Centers for Disease Control and Prevention. “In most situations, cleaning surfaces using soap or detergent, and not disinfecting, is enough to reduce risk,” the CDC says.”*

UPAN understands that living in a dorm where someone has COVID means it is the same as someone in your home having the illness. Even living in cells in a pod or cell block is a congregate setting that suggests some extra precautions should be taken by everyone to reduce the

spread. It is reassuring, however, that using sudsy, soapy water on any surfaces and letting it air dry (so it can be left wet for 60 seconds) will do just as good a job as a disinfectant solution!

Source: <https://www.cslbehring.com/vita/2021/are-you-cleaning-more-to-stop-the-omicron-variant>

***"The base of all things is love and respect."*** Vicki Downey, Tewa / Tesuque Pueblo

## **Part 2 - Performance Audit Overview of Healthcare in Utah's Prisons Summary of Chapter II**

by Molly Prince, LCSW

*This is the second in a series of articles summarizing the Performance Audit of Healthcare in Prisons, Report #2021-17, presented to the Utah Legislature in December, 2021. Please refer to the first Overview article in the January, 2022 UPAN Newsletter for background and introduction to the audit; that information will not be repeated here.*

Chapter 2, beginning on page 9 of the audit, reports that the auditors "found that prison medical professionals are generally dedicated employees working to provide quality care," yet "systemic deficiencies, at times, threaten the level of care provided." It goes on to state that in some cases, systemic deficiencies "significantly delayed or degraded the level of care provided." Ultimately, the audit concluded that the "primary reason for the (Clinical Services) Bureau's systemic deficiencies is inadequate oversight from multiple levels of personnel."

The audit advises that UDC executive director Brian Nielson ensure that all recommendations in the audit report are adequately implemented. It also recommends that the executive director also conduct an internal review "to determine if additional changes not addressed in the audit report are needed regarding operations and/or staff."

Page 10 of the report indicates that while the Audit team worked closely with the Clinical Services Bureau (CSB) management when conducting this audit, and while management responded to the requests of the auditors and concerns in a timely manner, "the documentation provided did not always directly address the concerns raised or impact audit conclusions."

**One out of six patient cases (17%) which were reviewed in the audit were found to have been given inappropriate or inadequate care.** These cases varied in terms of complexity or severity, and page 12 of the audit cites some general examples include, but are not limited to:

- Unreasonable delays and inconsistencies in critical medications.
- Administration of wrong medications.
- Records of ICRs indicating a provider assessment had been completed when it had not been.
- Unreasonable delays in appropriate exams and treatment plans.
- Failure to follow national guidelines and internal protocols.

The sampled cases were selected to include medical cases, some COVID-19 cases (about 26%), and cases from inmate and other interviews. The majority of cases reviewed were in USP Draper, with a small number from CUCF in Gunnison.

**Specialist prescriptions and treatment plans not being followed** is one example cited in the report. It reads, "...a case that falls into one or more of these categories involves a critical drug treatment regimen recommended by a healthcare specialist outside of the prison. In this case, the specialist provided detailed instructions on the amount, number, and frequency of medication doses over a specific time frame." The auditors found that that treatment regimen was not consistently followed by the UDC medical staff. This raised concerns about the potential success of the treatment. The report reads, "The primary concern in this case (and in other cases with documented occurrences of inconsistent and inadequate treatment) is the level of substandard care. Inadequate care such as this could negatively impact patient health outcomes and incur additional healthcare-related expenses." (page 12).

It should be noted that "outside care" refers to any healthcare provided by someone other than UDC medical staff, including all appointments, surgeries, tests, x-rays that are done at an outside healthcare clinic or hospital, (such as the University Medical Center) or appointments with healthcare providers, diagnosis and/or treatment recommendations performed through telemedicine.

**National Accreditation Standards Require Inmates to Receive the Care that is Ordered.** These standards are part of 39 essential standards that require 100% compliance in order for a correctional facility to receive accreditation through the National Commission on Correctional Health Care (NCCCHC). Page 13 of the report goes on to explain that the first essential standard defines access to care as follows: *"Access to care means that, in a timely manner, a patient is seen by a qualified health care professional, is rendered a clinical judgement, and receives care that is ordered."*

It states that this standard requires that the "responsible health authority" (the Clinical Services Bureau in both Utah's prisons) is required to identify and eliminate any unreasonable barriers, intentional or unintentional, to incarcerated patients receiving healthcare. Examples of barriers would be being understaffed, underfunded, or a

poorly organized system that results in the inability to provide appropriate and timely access to care. The Utah Code requires the UDC to comply with NCCHC standards and NCCHC is also required to conduct inspections to ensure compliance and accreditation. Their onsite visits only occur every three years, and it appears that NCCHC does not audit patient files, nor do they talk to inmate patients during this inspection.

**Lack of Follow-up and Patient Monitoring** is another area of concern cited in the audit. The report states on page 13 that “Insufficient documentation on individual medical charts made evaluating the quality of care increasingly difficult” for the auditing team. 30% (23 cases) of medical charts reviewed by the medical consultant (Dr. Babitz) were “lacking sufficient information.” Of those 23 cases, only 6 were COVID-19 cases. The other 17 cases were for those patients who had medical concerns and chronic conditions that included cancer, stroke, acute injury, and medication requests. The audit found that in those cases the medical provider would recommend “monitoring, or increased monitoring” but did not provide instructions for staff to follow up such as the frequency of checks, or the actual type of monitoring (such as vital signs, or oxygen saturation levels or other specifics). This results in patients not being able to receive adequate and timely follow-up visits or monitoring.

There was lack of follow-up and patient monitoring identified in nearly 1/3 of cases reviewed. An example of failure to follow up or monitor was cited in the report in which an incarcerated patient was observed by the auditors when an Emergency Medical Technician (EMT) was administering the wrong medication to an inmate. The incident was reported, yet there was nothing to verify that the CSB staff conducted any follow-up visits to check on the well-being of that patient, nor was monitoring the patient implemented or increased. The auditors noted on page 15 that the lack of follow up and monitoring is a “contributing factor to the larger issues of inappropriate and inadequate care” that occurs in the prison.

It should be noted, these are the types of cases that UPAN (and other advocacy organizations) receive concerns about from incarcerated persons and their family members, which we then bring to the attention of UDC Medical.

**COVID-19 Pandemic Complicated Things.** It was noted that the coronavirus pandemic created additional burden that overwhelmed the prison medical system. The increased workload contributed to more difficult monitoring and following up with patients. The report indicates there was an “insufficient number of medical staff to maintain a high quality of clinical care for all patients, and especially for COVID-19 patients.” The medical consultant wrote that patients who contract COVID-19 and are high risk medically “need to be closely monitored, at a minimum, daily checking their vital signs, especially their temperature and oxygen saturation.” Where there is any evidence of a patient’s condition worsening, those checks should occur as often as 2 – 4 times per day. Even

though monitoring was ordered for these patients, the report states that the orders were vague and did not specify what exactly should be monitored or the frequency. (page14)

**Charting by Exception.** The auditors found that the failure to follow-up or monitor patients is “systemic and extends beyond the COVID-19 Pandemic.” We learned through this report that during the pandemic, medical staff adopted a record keeping practice for COVID patients known as “charting by exception.” This means that the documentation of what is happening in the patient’s case, and what the provider did is reduced or even eliminated to reduce “redundant” or repetitive charting of the same information. In some of the COVID-19 specific cases, care was reportedly given but nothing was put in the patient records to document any care, what kind of care, frequency of care, etc. However, 6 of the cases reviewed by the audit were COVID-19 specific. Of the 76 cases reviewed by Dr. Babitz, 23 cases (30%) were not seen in the correct amount of time based on the patient’s medical condition. In other cases, resolved Inmate Care Requests (ICR) incorrectly or falsely indicated that the provider assessment had been completed when it was not, as verified by review of the patient medical charts corresponding with the ICR.

**Auditors Unable to Conclude if Proper COVID-19 Quarantine Protocols were Followed.** Page 21 of the audit states that quarantine data from the Draper prison site was poorly organized and incomplete. This resulted in the audit team being unable to draw any conclusions as to whether appropriate quarantine guidelines were followed. Page 22 has a recommendation from the auditors that Clinical Services Bureau develop policies, where appropriate, that help the prison be more compliant with CDC standards regarding medical issues such as the COVID-19 pandemic.

#### **A Variety of Concerns about Appropriate Monitoring and Management of Patients with Diabetes**

*The last section of the summary of Chapter 2 of the Audit Report is devoted exclusively to improvements needed in the monitoring, treatment, and management of patients with diabetes.*

**Failure to Effectively Regulate Incarcerated Patients with Diabetes.** According to the page 15 of the audit report, between 8 and 9% of inmates in both USP and CUCF have diabetes. As of October 2021, the number of diagnosed patients with diabetes included 132 in CUCF (7.8%) and 226 in Draper (8.6%).

**ADA Guidelines are very specific about medical treatment and monitoring of diabetic inmates.** The auditors were following the American Diabetes Association (ADA) guidelines for closely monitoring incarcerated persons with diabetes. The ADA standard is to measure blood sugar three or more times per day. However, the audit found that the frequency of monitoring blood sugar was not meeting this standard at all levels of prison housing and security, in both CUCF and Draper. It states on page 16 that the medical staff were only

monitoring glucose levels twice daily during pill line when diabetics also receive insulin.

**Add a 3<sup>rd</sup> Pill Line?** The audit suggests a solution would be to add a third pill line, which would increase access to care for inmates and may also improve medication management for other prisoners whose prescribed medications are intended to be taken closer to bedtime. Page 17 specifies that a third pill line would match the practice that is happening in other prison healthcare in the intermountain west, including prisons in Colorado, Idaho, Montana, and Arizona where the prisons operate pill lines three times daily.

**The time between insulin distribution and mealtimes exceed the 30-minute ADA standard.** In addition, after receiving insulin, not every diabetic prisoner has been receiving a meal within the recommended time frames. The report found that in Draper, the span of time between insulin distribution and mealtime does not follow either UDC's internal protocols or meet the ADA's recommended timelines.

Page 18 of the report shows a chart that represents seven different housing units in which diabetic prisoners waited longer than 30 minutes for their meal. The times represented in this chart ranged from 50 minutes to 92+ minutes. This time lapse can cause further complications if a patient is receiving rapid (fast acting) insulin rather than regular insulin.

Page 19 of the audit reports that they analyzed officer logs between May and August 2021 and were able to analyze all intervals between pill line meal deliveries for three housing units in Draper. They found that during that time, in that sample, the 30 minute standard was met only between 7 – 27% of the time. Data from one Draper housing unit failed to provide food within the 30 minute standard 93% of the time. The report reveals that the officer logs from CUCF were missing essential data, so they were not useable for audit purposes.

It further notes that due to extended delays between insulin distribution and meal delivery, some inmates have reportedly skipped taking insulin when it is offered so such a long time away from mealtime. The auditors write, "To address this issue, we recommend that the Bureau (Medical) follow ADA guidelines and internal protocol by ensuring that insulin is administered 30 minutes before mealtimes." (page 19).

**Diabetic p.m. boxes.** UPAN has received reports that diabetics in some housing units were not consistently receiving diabetic p.m. boxes which includes additional food items to help diabetics regulate their blood sugar levels throughout the night. There must be an order from Medical to qualify for a p.m. box and it must be renewed yearly. It appears that this could be due to staff shortages in culinary as a result of rising cases of COVID and the ongoing challenges UDC has been experiencing in adequately staffing the kitchens due to COVID outbreaks in the prisoner population, resulting in taking shortcuts with available workers to prepare meals. It also appears

that the challenge in providing well rounded and timely meals has increased since the closure of the culinary service in the women's prison.

UPAN has now been informed that the prisons are providing a "snack" to each diabetic patient each time they receive their insulin shot. Time will tell if this remains consistent, and there is concern about if a snack is sufficient to replace the diabetic p.m. box.

**Commissary shortages have been reported to UPAN that are affecting ability for diabetics to have food on hand if needed for low blood sugar.** UPAN is currently aware that over the past several months UCI commissary has been experiencing severe product shortages which result in inmates not being able to receive food or other products that they order. We have received concerns from family members about their diabetic loved ones being unable to purchase and keep extra food on hand to get them through the night if their blood sugar drops. Even if commissary were running with a full inventory, many diabetic prisoners do not have the funds to purchase food on commissary regularly, so it is UDC's responsibility to provide adequate snacks or p.m. boxes.

**"Significant deviations from ADA guidelines could result in inmates developing complications and long term damage. Conversely, regular monitoring of blood glucose levels could mitigate further complications."** (page 15).

Failure to maintain a healthy blood sugar level can result in complications. Chronically high blood sugar (hyperglycemia) can impact the heart and damage nerves, weaken blood vessels, damage the eyes and kidneys. Severe high glucose levels can induce a coma.

Symptoms of low blood sugar (hypoglycemia) include increased heartbeat, shaking, sweating, anxiety, irritability or confusion, dizziness, and hunger. Severe hypoglycemia is a medical emergency and includes the above as well as confusion, incoherence, combativeness, extreme sleepiness or drowsiness, seizures, and even coma. This is why it is important that in prison, diabetics are given food (the night diabetic boxes) to have in their cells or dorms at night, since prisons often feed evening meals so early (either late afternoon or early evening) and there is often more than 12 hours between the night meal and breakfast.

The auditors observed instances of what they describe as "dangerously low and dangerously high" blood sugar levels. Increased monitoring and appropriate and timely treatment by medical staff would reduce the frequency of these situations.

**Not all prisoners are in possession of a glucometer.** Also known as a glucose meter or blood glucose monitoring device, it is a device that individuals can use to test the amount of glucose in their blood. The report states that the majority of prisoners with diabetes are in possession of a glucometer to help them self-monitor their glucose levels. However, not all Utah inmates have

access to this due to behavioral problems and / or custody concerns.

The report states that ADA guidelines require that “patients at all levels of custody should have access to medication at dosing frequencies that are consistent with their treatment plan and medical direction.” (page 16).

Diabetic patients are supposed to be responsible for their own self-management, including adhering to recommended diets. However, new intakes and prisoners who have behavioral problems or for other reasons are not able to self-monitor are dependent upon prison medical staff for their diabetes management. If these individuals do not have a glucometer to check their levels, or do not have access to food beyond routine meals, the auditors expressed concern that some of these inmates are not receiving proper monitoring and treatment. One example they gave cited on page 16 was observing a blood sugar reading of 59 mg/dl after 10 p.m. for a new intake who was not approved for food after regularly scheduled mealtimes, and so did not get a diabetic box for the night. A new intake also does not have access to commissary privileges to purchase snacks to get through if experiencing hypoglycemia. (A normal blood glucose is defined by ADA as greater than 70 mg/dl).

The auditors also reported that they reviewed a patient chart in which a diabetic patient experienced multiple episodes of hypoglycemia within a six week period.

## *Timely Timpanogos Topics*

**“You are enough. You are so much more than enough. You are strong. You are unique. You are needed. You bring to this world what no one else can. You are worthy of love. You are beautiful inside and out. Your value lies in your existence. You have always been, and will always be, enough.”**

**And here's a joke that isn't funny:** When one door closes and another door opens, you are probably in prison.  
Not funny! (So stop laughing) Source: Thanks to one of the women in Timp.

## **All of Us have a Role in Changing Attitudes about People Involved in the CJ System**

By Paige Norton

The following is a true story: I was at a funeral recently. I had arrived very early and was talking with the funeral directors. They asked me about myself, my life, what I did, etc. I was listing off some of my responsibilities and mentioned "prison reform." Immediately one of the men said, "Oh! You can let that go! Who cares what happens to those people? Don't waste any more time on that."

It was such a shocking, disgusting comment! He could've slapped me across the face and it would've been less of an offense. But then I realized what REALLY bothered me:

THAT'S WHAT I USED TO SOUND LIKE. Sure, I never used those exact words, but I definitely had the same attitude. Who cares what happens to prison inmates? They're in prison for a reason. They did the crime, they can do the time. Blah blah blah. Gross, gross, gross.

I was involved in prison reform about six months when I had the following conversation with my Heavenly Father:

**Audit Recommendations in Chapter II.** The auditors recommended that the executive director of UDC ensure that all recommendations in the audit are adequately implemented, including launching an internal review to determine if additional changes not addressed in the report are needed regarding operations and / or staff.

It recommends that the “Clinical Services Bureau ensure that providers and other medical staff define the term “monitor” in patient charges with specific parameters on a case-by-case basis.” (page 21.) In addition, it recommends that the CSB “increase oversight to ensure that appropriate case-by-case patient follow-up procedures are being completed.”

Auditors state that the CSB should ensure that all patients have access to: 1) appropriate and timely clinical judgements rendered by a qualified healthcare professional; and 2) correct treatments and medications for corresponding diagnoses.

Regarding diabetic inmates, the recommendation is that CSB follows internal policies and professionally recognized standards regarding oversight of these patients and the administration of insulin. The auditors also recommended that CSB create policies and procedures to effectively manage nutrition and medical care for diabetic patients during disruptions or delays to the normal schedule.

**Him:** You have CLAIMED to believe that everyone is a child of God your whole life. Do you or don't you believe it? **Me:** I do! **Him:** You have CLAIMED to believe that the worth of EVERY soul is great. Do you or don't you believe it? **Me:** I do! **Him:** You have CLAIMED to believe that there is nowhere a person can go that is outside the reach of the Atonement of Jesus Christ. Do you or don't you believe it? **Me:** I do!

**Him:** Then act like it.

It was a life-changing moment, for sure. Often, when I tell people that I'm involved in prison reform, they act like I'm a traitor to victims. Nothing - NOTHING - could be farther from the truth!!

1. People seem to forget that the vast majority of prison inmates are trauma victims themselves.
2. I can (and do!) have the utmost compassion for prison inmates AND their victims. There is plenty of room in my heart for both.

3. People either forget or are unaware that in Utah, over 97% of prison inmates ARE going to be released eventually.

So if we don't do everything in our power to CORRECT inmate behavior while they're in prison, we're only going to have a lot more victims in the end.

I absolutely believe to my core that no law-abiding, tax-paying citizen could know what I know about the Utah Criminal Justice System and sleep at night.

My friends, you don't know how bad it is. If you did, you'd be calling and emailing every senator and legislator in the state demanding for a serious overhaul of the whole thing. But even if you never delve into it, I'm begging you to

delve into your own heart and make sure that you aren't making the same horrible decisions I used to make.

Are there people who, for the safety of society, may need to remain in prison for the rest of their lives? Yes. But they are the tiny, tiny margin. And even THEY are my brothers and sisters. Even the worth of THEIR SOUL is great! Even THEY are not beyond the boundaries of the Atonement.

Please, I'm begging you! I desperately need help changing the completely unhelpful narrative!! Please help me during this legislative session to make some significant improvements in Utah's Criminal Justice System. Our safety depends on it!! Even if all you do is care, that is enough!!

*"Because someone doesn't love you the way you want them to doesn't mean they don't love you with all they have." Roger Knapp*

### **Kindness and Consideration of Utah's Correctional Facility Indexing Service**

by Marie Alexander

FamilySearch is an international nonprofit organization and is the largest genealogical organization in the world, dedicated to connecting families across generations. As part of its mission to provide inspiring family history experiences to all people, FamilySearch offers family history services and opportunities to prisons, jails, and other correctional facilities, including some in Utah. Dozens of facilities throughout the United States currently participate in this FamilySearch offering, known as FamilySearch Correctional Facility Services.

Indexing is the process of taking information from historical records images and putting it into a digital format. Indexing turns the records into searchable sources, allowing researchers to find and attach them to ancestors in their family tree in FamilySearch.

FamilySearch converts historical documents from around the world into digital images. Images are then grouped into projects. Each project is divided into batches of from 1–10 images. Each image can contain from 1 to 50 records. The indexes are then free of charge to everyone on FamilySearch.org. This work is done by volunteer Indexers. "Because of indexing, more people are discovering their ancestors quicker than at any time in history," said Mike Judson, who manages the indexing volunteer efforts for FamilySearch. "This ease of discovery is helping thousands of people to better understand who they are and where they came from."

Indexing is a productive use of time in an environment that can foster collaboration and service. The service is offered freely to correctional facilities including hardware and local volunteer support. An inmate's relative said that she was told that Indexing provides a place to go where "peace can be found and the love of God can be felt." She said that she was told that Indexing provides purpose

and important work. She says that it is hard for her loved-one when the program goes down or is not available.

An incarcerated person wrote, "When I do Indexing, it is a different environment. Everyone is respectful, even reverent. It is a . . . type of sanctuary. . . . I enjoy the work and feel that I am doing a good service. I enjoy friendships . . . as we share a love for the work." He stated that it is not a matter of religion, all are invited to serve.

Steve said, "Indexing in prison has been a lifesaver. I had never Indexed before so this was a new experience. Indexing is a way for me to stay productive and give something back to society. I have had some very spiritual experiences while Indexing that I will never forget. I hope that the prison Indexing never goes away." Another wrote a beautiful essay which can only be included in part. "Even behind bars. . . no prison sentence will forestall the willing-hearted from gathering the past. And so it is--Indexing for lifers."

The article titled, "Service Helps Inmates Look Beyond Themselves, FamilySearch Indexing program finds success in prison" highlights the Indexing team at Kane County Jail. "FamilySearch expanded its free online archives in June of 2021 with over 31 million new indexed family history records and almost 7 million Catholic church records from all over the world. The significant contribution to these indexed records is given by Indexing service by inmates in Utah, Arizona, and Idaho prisons and jails." (FamilySearch Blog: Monthly Record Update for June 2021)

There is no way to know the many millions of people that will be able to find records for their family members because of the Indexing service given.

*"Live simply, love generously, care deeply, speak kindly, leave the rest to God." Ronald Reagan*

## Life is Relationship and Relationship is Life by Molly Prince, LCSW

February is the month we celebrate Valentine's Day. We focus on Love. Mostly romantic love. But there are so many other forms of love that we can remember and cultivate within ourselves as we are reminded about love and relationships this month. Early in my career as a mental / behavioral health therapist, I ran across this thought by Jiddu Krishnamurti, (a philosopher, public speaker, and writer, on psychological, sociological, and spiritual subjects) in his book, *You are the World*. "Relationship is Life". It reminded me that everything in our lives is based on and in our relationships. Relationship to others, to ourselves, to our environment.

Taking it further, I remembered the 5<sup>th</sup> grade science that teaches that it is the relationship of atoms and molecules to each other that determines the form something takes in the physical world. Atoms are made up of subatomic particles: protons, neutrons, and electrons. How they are charged - positively or negatively - determines how they move in relationship to one another. Who we are physically and how we manifest in the world of living beings is totally dependent upon the relationship of atoms and genes which make up segments of DNA in our genetic code. The major function of DNA is to encode the sequence of amino acid residues in proteins, using the genetic code. To put it simply, it is the sequencing which determines the relationship of our various strands of DNA to each other which determines our various physical traits. It also determines if we will be human or something else. So, all life is relationship.

**"Loving someone you don't see every day is not a bad thing.  
It is just proof that love is not in the sight but in the heart." Unknown**

**"Once you learn to accept and love them for who they are, you subconsciously learn to love yourself unconditionally." Yvonne Pierre, The Day My Soul Cried: A Memoir**

### Couple of Smiles and Maybe a Laugh

What do you call two sparrows who just got engaged? "Lovebirds.": ~~ Why didn't the two dogs make serious Valentine's Day plans? It was just puppy love. ~~ How did the cashew share its feelings with the almond? "I'm nuts about you." ~~ What kind of flowers shouldn't you gift your girlfriend? Cauliflowers.

Valentine's Day helps make February the Month of Love. Be sure to show love to others. That's really cool. Ed.

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### **Utah Prisoner Advocate Network.**

Director, Co-Founder & Treasurer: Molly Prince

Director of Communications: Shane Severson

Director of Sex Offense Policy Issues: Faye Jenkins

Director of Women's Issues: Gayle Dawes

Director, Medical/Mental Health Issues: Wendy Parmley

Director, Board of Pardons Issues: Ernie Rogers

Director, Newsletter Editor: Warren Rosenbaum

UPAN Volunteer Coordinator: An Bradshaw

Inmate Newsletter Volunteer Coord: Deon Corkins

Card Program Coordinator: Audrae Rogers

If we look at relationship as being life, then we also see how our thoughts, feelings, and behavior all manifest in relation to each other. A thought or belief about something generates a feeling or emotion, which then influences how we choose to act. This has to do with our relationship to ourselves, our belief systems, our goals, and desires.

How we are in relationship to other living beings also defines our lives. Are we able to recognize how our attitudes, words, and actions may affect other people in our world? And how it impacts them will ultimately affect us in return? The connection between how we think, feel and act determines our relationship with others on many different levels and is vital in our lives. The focus on "Love" this month is something that we can use to encourage us to look at how we interact with ourselves and others in our lives. This is something to think about.

This is particularly valid for individuals living their prison journey. I will leave you with Krishnamurti's quote:

*"How one conducts one's life, what one does in daily life – not at a moment of great crisis, but actually every day – is of the highest importance. Relationship is life. Thus Relationship is a constant movement, a constant change... In relationship alone can one observe oneself; there all the reactions, all the conditionings are exposed. So in relationship one becomes aware of the actual state of oneself."*

**"Loving someone you don't see every day is not a bad thing.  
It is just proof that love is not in the sight but in the heart." Unknown**

#### **Our Contact Information:**

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**"Never doubt that a small group of thoughtful, committed citizens can change the world;  
indeed, it's the only thing that ever has." Margaret Mead**