

Harlem Empowerment Project

Resources to Help Incarcerated Individuals with Diabetes

Researched and presented by Jonathan Gittens

Jonathan Gittens, Justice Intern

jonathangittens24@gmail.com

631-522-7529

Peter Suhr, Co-director, Harlem

Empowerment Project

PeterS@hep.nyc

631-988-8069

Introduction

Diabetes affects 5% or more of those justice involved¹ and it is often not diagnosed while one is incarcerated. The NYS DOCCS system can sometimes respond well once the condition is identified, but the families and those away need to recognize the symptoms and demand support. DOCCS medical team nurses will test blood sugar levels one or more times a day and administer insulin shots if your levels are high or low.

As the population ages, there will be increased cases of diabetes in the incarcerated population.²

¹ "It is estimated that 9% of the incarcerated population has diagnosed diabetes (3), which is slightly lower than the general population rate of 10.5% (4)." "Furthermore, the detained population continues to include a disproportionate number of racial minorities (5) who are also disproportionately likely to have diabetes (4)." [ADA Report on Diabetes Management](#)

² "However, the prevalence of diabetes and its related comorbidities and complications will continue to increase in the detained population as the incarcerated population ages, and the incidence of diabetes in young people continues to increase." [ADA Report on Diabetes Management](#)

The ADA told DiabetesMine that over the past decade, its policy training resources on these topics reached 400+ law enforcement agencies in 30+ states by sharing, and they've also educated attorneys around the country on the legal issues involved through focused webinars. The org also compiled comprehensive printed materials for both law enforcement and for lawyers.³

Learning about Your and Your Loved One's Diabetes

My first indication that I had diabetes was going to the bathroom, I was not able to hold my urine at night, and then I was constantly thirsty. After a week or two of these conditions, through sick call, I received a pass to the infirmary and described my symptoms. Tests were taken and then the wait began. Two weeks after seeing the doctor she asked me how long have I been a diabetic. I said about ten seconds because you just told me!

- Jonathan

With blood and urine tests later that day, the test numbers were so high that Jonathan was immediately rushed to Yonkers Hospital (a better choice compared to going to the box if he refused to go). Unfortunately, Jonathan had to miss a college exam that night. He was 42 years and he was officially a type-2 diabetic and living in incarceration conditions.

How do DOCCS or Other Justice Facilities Organizations Get Involved with Diabetes Identification?

When a person enters the DOCCS system, part of the process is a medical screening. There are tests of urine and blood but not necessarily for diabetes. Persons who know they have diabetes and mention this can ask to have their blood sugar levels tested.

...rapid identification of all insulin-treated persons with diabetes is essential in order to identify those at highest risk for hypo- and hyperglycemia and diabetic ketoacidosis (DKA). All insulin-treated patients should have a capillary blood glucose (CBG) determination within 1–2 h of arrival. Signs and symptoms of hypo- or hyperglycemia can often be confused with intoxication or withdrawal from drugs or alcohol. Individuals with diabetes exhibiting signs and symptoms consistent with hypoglycemia, particularly altered mental status, agitation, combativeness, and diaphoresis, should have

³ <https://www.healthline.com/diabetesmine/diabetes-endangered-arrest-and-incarceration>

*finger-stick blood glucose levels measured immediately.*⁴

What Is the Difference Between Type 1 and Type 2 Diabetes?

Type 1 is the more severe version of diabetes, usually beginning at birth, and can have faster consequences if sugar levels get out of balance as one can pass out suddenly. For type 2, symptoms are different: perhaps experiencing anxiety, extreme thirstiness, hourly urination especially at night, excessive or night sweat. More people have type 2 diabetes.

*You cannot tell how good your blood sugar control is just by how you feel. Feeling good and not peeing a lot is not good enough control to prevent the long-term complications of diabetes. And if your blood sugar is often high, you may get used to high blood sugars and feel fine, even though the sugar is hurting your body.*⁵

Challenges to Your Routines after Confirming You Are Diabetic

- Not wanting to be diagnosed as it will change one's whole set of routines (e.g. scheduling and time for additional medical appointments and treatments; fluctuations in timing occur).
- Potential delay of release from incarceration should surgical operations for conditions related to diabetes be necessary.
- Getting used to a special diet that is more bland and less in quantity (you don't get to jump back and forth between the general population meal and your special diet).
- Daily trips to the medical unit/infirmary (perhaps as often as three to four times a day) to test blood sugar levels and administer insulin as

⁴ *Diabetes Management in Correctional Institutions*, American Diabetes Association, [Diabetes Care](#), 2010 Jan; 33(Suppl 1): S75–S81. doi: 10.2337/dc10-S075

⁵https://www.splcenter.org/sites/default/files/d6_legacy_files/downloads/publication/splc_prisoner_diabetes_handbook_1.pdf

appropriate; delays in moving from one to another can happen and one can miss their scheduled run which can lead to being late or missing some classes.

Challenges During Incarceration if You Have Diabetes

- **Mistaken behavior:** High blood sugar levels can lead to pain and painful cries or sounds that can be mistaken by corrections officers as inmates acting out inappropriately. How the situation escalates will determine additional challenges. For example, simple reasoning by COs when confronted can become difficult, as the person may slip in and out of a daze and, perhaps, in his incoherent state, wonder why he is being touched. He may act or strike out, which could then lead to outright physical confrontation.
- **Delays in traveling within the complex:** As a diabetic you may have urgent bathroom needs and when doing one's runs from one location to another (such as from a classroom back to your unit) there can be significant and unexpected delays. If one has diabetes, they constantly are on the lookout to be sure they have recently gone to the bathroom in case there is a sudden run from their current location. Persons with medical conditions such as Crohn's or prostate/bladder issues may lead to this same situation at times. For some persons, this new need was something they hadn't gained experience in dealing with even before they were incarcerated (as it may not have been diagnosed).
- **Food:** Insulin levels can fluctuate based on food intake not matching blood sugar levels. Ideally, more-frequent small meals might work better. However, the state system is set up for three meals even if

one is on a special diet (more real not-processed protein, less carbs, less seasoning and flavor). The state would offer a snack in between meals in some cases. Inmates would go on a special mess hall run before their unit moves to allow them to receive their special meal and snack (like a cheese sandwich) for later. The meal would be a protein of real meat such as beef chunks, chicken, hamburger or turkey patty, tuna, pizza, a small starch like spaghetti, a real potato or rice and vegetables with a small non-sweet snack (like an apple or unsweetened canned fruit).

The Benefits of Confirming That You Are Diabetic

- **A special diet:** Real and not fake filler hamburgers; no processed food; less carbs more protein; bland.
- **Confirmation and finally knowing of your condition:** Acceptance is the key. It's a fight or battle against your own body. Acceptance will help you learn the discipline that can help you keep from losing body parts and having other health issues.
- **Getting to know your body:** Knowing when you feel the changes your body is going through. Notice the symptoms when your numbers are high or low. It is good to know countermeasures.

Dealing with Your Diabetes Each Day if Diagnosed While Incarcerated

- **Early medical call for daily testing (like 5:30 or 6:00 AM to check your vitals):** If insulin level is off, (over 400) the testing device shows this and you would receive an insulin shot. They contact a doctor if you are under 80 or over 250 mg of glucose/sugar in your blood. They inject you with the appropriate amount of insulin to balance the

blood sugar level.

- **Feet issues:** Special medical boots may be issued if you have diabetes-related foot pain.

Dealing with Your Diabetes Near and After Release

- **There is no formal training for the incarcerated diabetic who wasn't a diabetic before their incarceration:** They will not let you touch the needles. You can prick yourself to check your blood, but I was not taught how to read the numbers for what I was supposed to inject. **NEVER!**
- **Medicine to go:** Generally, on release, one may receive a one-month supply of the medication that they have been receiving (assuming this is remembered, if not there could be a delay). The diabetic should remind the nursing staff of this need as their release date nears.

Post-Release Food and Medicine

- **Cooking for yourself:** Jonathan notes, “Later, at CHI, a shelter I lived in while on parole, I would remix microwaveable meals and make them better with seasoning as I knew how to cook. Being moderate in how you make this meal can minimize sugar that could affect your diabetic reactions.”
- **Take your meds, don't sell them:** Being very much in need of funds in the shelter or half-way house situation, persons with diabetes can be tempted to sell their insulin and other medications, often pushing the disease to the back of their minds in a bit of denial. ***Be sure to take your diabetes seriously.***

Other Factors You Can Try to Control

Weight and Diabetes: In Jonathan's experience, being closer to a weight that allows you to move around is helpful for a diabetic. This can drive to eating healthier inside and outside. He feels that added weight and eating compounded his problems with diabetes.

It takes a while to lose weight gained in prison ... took me 18 months ... this can likely be easier outside as you are more active when you're home." He said that when one is incarcerated, there is more emphasis on eating often out of boredom or comfort. "It didn't help that I would eat 3 times a day from the mess hall (special diet or regular), at least go for bread, fruit, or dessert. Then I would cook with my comrades, then nap between counts.

People wondered how I lost so much weight, when I came home as I wasn't eating out of boredom. Eating was comfortable and cooking was recreational when I was inside. I would go to the mess hall to get out of my cell and maybe pick up some free bread for later, so of course I ate while I was there.

When I came home, I lost a lot of weight as I got out of this routine. The weight loss came down because I wasn't eating 3 meals, plus snacks, and eating out of boredom or comfort. Home is different. For example, the cost involved: it's a lot easier to support a grown man in prison once or twice a month with a few dollars and 35 lbs a month of food deliveries from family or friends, compared to feeding a grown man in the free world. Also, depending on where you are living, access to a kitchen is less convenient than cooking inside at a nearby common kitchen.

- Jonathan

Handling Sugar in All Its Forms

While genetics is important, there are many nutritional facts to consider around the topic of diabetes. For example, there are different kinds of sugars. Food with sugar is all around us, especially in juices. Rice and pasta turns into sugar. As they say "you are supposed to eat your fruit, not drink it."

In diabetes, you have to regulate how much sugar you are going to

consume. While inside, if you are on a special diet you receive special sugar packets instead of regular sugar. Generally, it's advantageous to try to keep fruit, or a few pieces of candy for when your sugar is low. Drink plenty of water when sugar level is high. You become thirsty when your blood sugar is high and you have cottonmouth. This won't help the thirst but will dilute your sugar.”

When I was incarcerated, on the regular diet they would give you six sugar packets to go with your coffee and cereal. Diabetic sugar doesn't taste as good so there is a tendency for a diabetic to sometimes go for regular sugar which isn't really good for them. On a regular diet you might receive four slices of bread with sugar in its nutrition mix (on a special diet you would likely receive two slices of bread which are whole wheat). There can be more sugar hidden at lunchtime or dinner in pasta or rice, whose carbohydrates can turn into sugars. The special diet could perhaps eliminate some of the sauces.

Overall being incarcerated doesn't help the diabetic. All the snacks from the commissary, rice, pasta, ramen noodles...maybe a can of candied yams or soup (a staple in prison, carbs and unhealthy seasoning packet)...there is a lot of potential sugar in many forms.

- Jonathan

But there is added sugar in home cooking too. Cheap soups that aren't good for you are low priced...try to cut down on spices by using only half a packet or one packet for two bowls of soup.

I really feel the effects when my sugar level is low. I feel better when it is high but I can run it too high...

- **Eating the messhall:** But even the food in the messhall is not too good ... boiled bags of combined meat, etc. made in another facility and shipped to yours. Sometimes it is impossible to even eat the meal, so one has just bread and water instead.
- **Eating other food available inside:** Different organizations make and sell food ... sugared pineapples, cakes and cookies, etc.

- **Recreation Cooking:** Eating with my crew (everyone was 250+ pounds), a lot of us were eating out of boredom ... it was easy to gain 30 pounds. Multiple persons can share food for a collective cooking event (e.g. Super Bowl Sunday). Families may send food that can be cooked (e.g. Peking duck, ribs). Cooked food might be taken back to a cell. It all adds up to more calories, and less control of the sugar levels in meals.
- **Your activity level is personal:** If you are a reader instead of an exerciser...that doesn't help with weight loss.

Feeling Hungry Is Part of This. Diabetes Is a Treacherous Thing.

On the outside: Diet is affected by those around you and what they eat; whether you have transportation to get food ... sometimes I ask cab drivers to stop by 7-11 or gas stations and get something as I am hungry...

Support Groups: People with diabetes can educate each other. In a support group, people with diabetes share their experiences and knowledge. Ask the health staff at your prison to sponsor a diabetes support group.

To be completely honest, I have never seen this in any of the prisons, and I've had the unfortunate experience of 14 years. I don't know that these exist, officially. How would be that allowed? It had to be an unofficial group. I can't see the politics in prison.

- Jonathan

Other Interesting Resources

- [The ADA in Jails and Prisons: A Guide to Accommodating Inmates and Visitors with Disabilities](#)
- [PBS NewsHour: "America's prison population is aging, but care options for older parolees remain limited"](#)
- [Healthline: For People with Diabetes, Arrest and Incarceration Could Be Lethal](#)

Jonathan Gittens, Harlem Empowerment Project's Justice Intern, was formerly incarcerated and will be HEP's onsite intern coordinator at Fortune Society and HEP locations handling orientation, monitoring of project progress, and assisting interns. Jonathan holds a degree in behavioral studies with experience leading transition meetings, conducting research analysis of participant challenges, and constructing corrections system program comparisons. His strengths include organizational and multi-tasking skills enhanced by the ability to prioritize projects and complete deadlines.

Additional experience as warehouse forklift operator; porter; receiving; cook; and social services assistant for transitional services. Jonathan is well versed for those interested in these types of work environments.