

# PRISON HEALTH NEWS

ISSUE 26, FALL 2015



Artwork by Lex Non Scripta

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## 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

Brian, Elisabeth, Jon,  
Kelly, Lisa, Lucy, Suzy,  
and Teresa

# WRITE AN ARTICLE OR SEND US YOUR ART!

Would you like to see your art, writing or poetry in *Prison Health News*?

If you want to write an article on something you think is important for prison health, send it and we will consider publishing it in *Prison Health News*. Tell us your story of struggling to receive quality health care, either for yourself or others. Do you have tips and tricks for staying healthy and taking care of yourself behind the walls that could be useful to others in the same position? You can also write us first to discuss ideas for articles. If you want your full name kept confidential, you can sign your article with your first name or "Anonymous."

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. Only for submitting your work, write to us at this address:

**PHN Submissions**  
**C/o Institute for Community Justice**  
**1207 Chestnut St, 2nd Floor**  
**Philadelphia, PA 19107**

For all other inquiries write to the address on page 16.

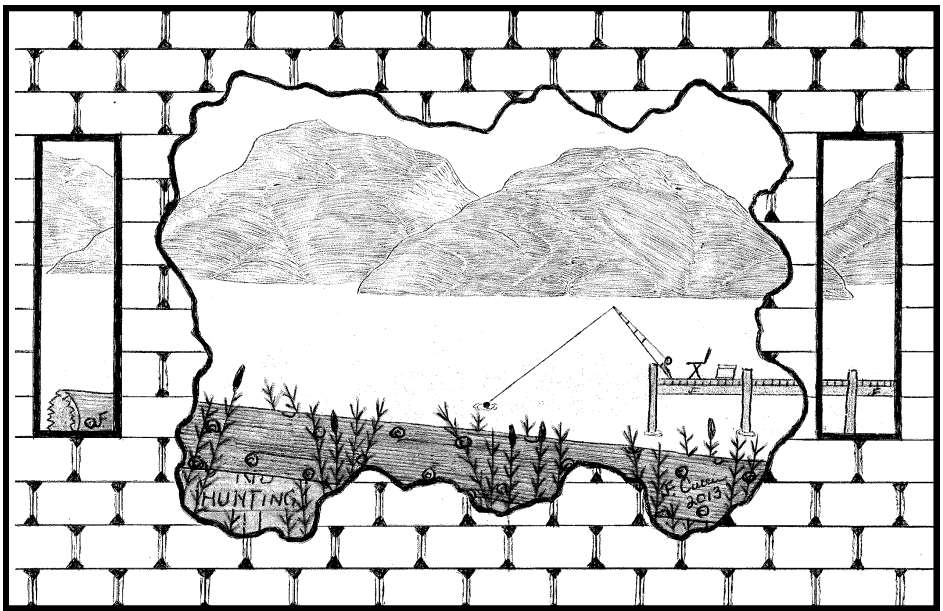
# FINDING A NEEDLE IN THE HAYSTACK

BY JOEL LAUX

I am currently going through the diagnostic and classification process at State Correctional Institution Camp Hill in the Pennsylvania Department of Corrections. Being infected with both hepatitis C and HIV, I was placed on the list to see the medical department. My first thought was, "They're going to hustle me in and hustle me out as fast as possible, to keep the paperwork moving." My expectations could not be further from the truth of what actually transpired—so much so, that my experience inspired me to write about it.

I don't feel at liberty to state the doctor's name, due to the fact that I didn't ask her permission to do so. The underlying lesson can still be learned.

When I walked into her office, I was first greeted with a smile. I then explained that I am hard of hearing. In my experience, this revelation is more often than not treated with indifference, leading me to have to continuously ask the other party to please slow down or speak up. Not today! This lady spoke in a tone I could hear, while at the same time keeping my confidential information confidential by writing certain things down for me to read rather than speaking loudly.



When she did speak, it was slow enough and coherent enough for me to understand, even going so far as to face me when she spoke so I could read her lips.

Furthermore, she showed sincere care toward my health. She explained when I'll be getting my flu shot (I forgot to ask). She ordered labs to see if I was vaccinated for hepatitis A and B (I couldn't remember if I was). She showed concern for my dental health, which is poor, and explained to me the importance of this for HIV positive people. When I told her I'm embarrassed by the way my teeth look, she did not capitalize on this, but rather reassured me that she's seen worse (I doubt it), and that this is a common problem for recovering addicts. She assured me I can get them fixed during my incarceration.

Next, she went on to explain my treatment plan: which labs I should get next, that I should continue on Atripla, setting me up with after care once I'm paroled, etc. She went further to discuss the importance of good nutrition and adequate exercise. Somehow, in all of this, the topic of my sister's death from an overdose came up. She took the time to talk with me about addiction and the toll it carries and expressed her sympathies for my loss. Then she redirected it in a caring way, in the hopes I don't end up leaving this world prematurely.

WOW! So much for my assumption of just getting hustled in and hustled out! It's rare to see this level of care outside the wall (except at Philadelphia FIGHT). To find it inside the prison system is truly finding a needle in a haystack.

# BATTLING ASTHMA IN PRISON

BY GREGORY J. MARCINSKI, EMT-P (RET)

If you're suffering from asthma, you're not alone. More than 18 million American adults have asthma, and thousands go to the emergency room every day because of it. In prison, it can be a bit more difficult to be seen by medical staff, so I'll discuss a few things that we can do on our own to help preserve our own health.

At first, symptoms can be subtle, such as breathlessness, coughing or wheezing. However, asthma can rapidly grow dangerous.

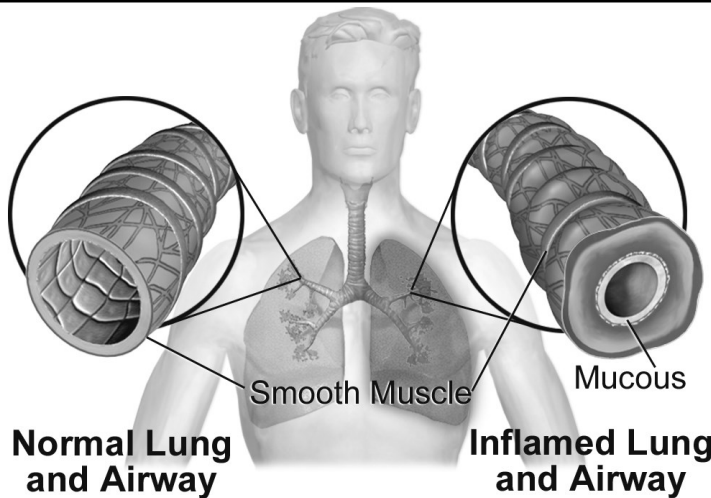
## TRIGGERS

Asthma is a lung condition that makes it difficult to breathe properly. Asthma causes a person's airways to undergo changes when exposed to allergens (i.e. pollen, mold, dust, dander, mites) or other environmental triggers (i.e. cigarette smoke, cold air, and high humidity). These changes in the airway can cause coughing, wheezing, and shortness of breath.

## PREVENTATIVE MEASURES

Although there is no cure as of yet, there are some things that you can include in your diet that might help reduce the number of attacks you may have.

- **Flavonoids** are an antioxidant that may help protect your airways. You can find flavonoids in foods such as onions, apples, blueberries and grapes.
- **Fish Oil** (Omega-3 fatty acids) may help reduce reactions to allergens. On top of the many other benefits that Omega-3s bring, they may also help reduce the frequency of your asthma attacks. But they shouldn't be taken by people who have aspirin-induced asthma or those who take a blood thinner, such as warfarin.
- **Magnesium and Vitamin C** have shown improvements in lung function. Magnesium helps reduce the adverse reactions of your bronchial passages and can be found in foods such as green vegetables, nuts, whole grain cereals, milk and seafood. Vitamin C has a mild antihistamine effect and can be found in such foods as citrus fruits (orange, grapefruit, etc.), broccoli, collards, bell peppers and cabbage. If your commissary sells a multi-vitamin, this can be a helpful supplement.



*Inflamed Airway, by Blausen.com staff, Blausen Gallery 2014. Wikiversity Journal of Medicine*

### **IN CASE OF AN ASTHMA ATTACK**

The first thing you want to do in the case of an asthma attack is to sit down and use your prescribed rescue inhaler as directed by your physician. In the event that you do not have the inhaler on you, you can try the following to help you get through it.

You will want to sit down on a chair or on the floor and try to breathe slow and steady. Try to take deep belly breaths and keep calm. It's understandable that an asthma attack will make you anxious, but this will only make your breathing worse. Try to stay calm and keep your breathing under control. If you find that you are having trouble walking and talking due to shortness of breath, or your lips or fingernails are blue, this is a medical emergency, and you should seek immediate medical attention.

Finally, caffeine can cause the bronchial passages to dilate (open up), which will allow you to be able to breathe easier. You're going to want to ingest approximately the amount of caffeine which can be found in the following items\*:

- 8 oz. brewed coffee
- 12 oz. instant coffee
- 3-4 tea bags
- 2 colas, 24 oz.

\* Caffeine amount will vary by individual product.

### **CONCLUSION**

Although there is no cure, asthma can be controlled. Always follow your physician's instructions, and remember to keep your rescue inhaler with you at all times. Follow these easy steps, and you will be in more control of your own health.

# FIGHT FOR HEALTH JUSTICE IN WOMANHOOD

BY FATIMA MALIKA SHABAZZ

Dear Reader,

My name is Fatima Malika Shabazz. Some of you may be familiar with my name through a previous article I wrote. I want to thank all of you who in one way or another have reached out to a trans woman or trans man in any prison in America. I am currently doing time in the California prison system. In a state that is supposed to be very progressive in regard to LGBTQ rights, it would appear that the secretary of prisons has not gotten that memo.

Recently, a trans woman named Michelle Norsworthy won a court decision granting her the right to have genital sex reassignment surgery. Unfortunately, the decision was appealed by the state (not surprising). However, she was granted parole by Governor Jerry Brown, probably to avoid paying for the operation.

Well, I am pursuing the same surgery. For those ladies in prisons across the nation who wish to do the same, I am going to be giving the blow-by-blow on how this should be done, so, win or lose, everyone will see what I did right and

what I did wrong. Wish me luck—and good luck to all of you.

The first thing you have to do is put in a **medical request** to see both a mental health psychologist and your primary care physician. You first should have been on hormones

can qualify for genital surgery, you also must be diagnosed with what is known as **gender dysphoria**, which means you mentally, emotionally, and physically feel outside of how you look.

I identify as a woman—always have.

Though I presented late in life, it doesn't change the fact that I've always known I was first a little girl, now an adult woman. Because of this, I have been diagnosed with gender dysphoria. This is also why I am on hormones. The requirement may be that your gender dysphoria has to be so bad that it has caused or may cause you to harm yourself, which is really bullshit—you should

not have to harm yourself to get treatment.

You should also keep very detailed and clear records of all the meetings you have with your doctors. Also keep any paperwork they send you with denials, and their reasons for that denial. If you ever have to go to court, you will need that paperwork to either help or prove your case. Also keep a journal of your activities.



for at least a year. You also have to have been living in your gender identity for at least a year.

Do not let them tell you that you have to have been living in your gender on the streets for a year. The World Professional Association for Transgender Health (WPATH) standards of care says one year—it doesn't matter if that year was on Jupiter, as long as it's been a year. Before you

I did not do that, but I now realize the importance of doing it.

If and when you are denied, be sure to exhaust all of your administrative appeals, and keep all that paperwork.

Once you decide to file in court, you will in all likelihood be filing for violation of your 8th and 14th Amendment rights. Look those up so you know what they are and how they apply to you. The crux of the matter will be violations of **medical deliberate indifference**,

which is a violation of Farmer v. Brennan, among other things. This is a 1983 suit. If you are in federal custody, you can file a Bivens.

Make sure you know who all your defendants and witnesses are going to be.\*

At this point, I have exhausted all of my administrative remedies. I am currently working on the paperwork for the suit itself. I'll keep you posted as this progresses.

In my opinion, the most important thing is to put up a fight. We've heard all the phrases, like "A closed mouth don't get fed." Well, that is true. If you don't speak, no one will know you're there. So, let's start speaking, collectively, and with a loud voice.

Anyone wishing to contact me can do so at the following address, although you may not be able to send me mail directly if you are in prison:

DWAYNE DENEGAL  
G25068  
CSATF/SP A-3-17-6L  
P.O. BOX 5248  
CORCORAN, CA 93212

In Solidarity,

Fatima Malika Shabazz

**Editor's note:** On August 7, after this article was written, a trans woman named Shiloh Quine who is in prison in California won a settlement granting her medically necessary sex reassignment surgery and then transfer to a women's prison. This will be the first time any state has paid for genital surgery for a trans person in prison. The California Department of Corrections and Rehabilitation also agreed to allow transgender people in prison clothing and commissary items consistent with their gender identity and to revise its policy on sex reassignment surgery. We look forward to sharing future articles by Ms. Shabazz on the progress of her lawsuit and how California's policy changes are experienced by people in prison.

\***Defendants** are the people and institutions responsible for the decision not to treat you. These can be people (like the medical director who decided not to treat you) and institutions (like the Department of Corrections).

**Witnesses** are people who have information (evidence) about your situation. This should include people who know about your medical needs (like the therapist who diagnosed you) and people who have information about the decision not to treat you.

# KNOWLEDGE IS POWER

BY MICHAEL RIGBY

True indeed—knowledge is power—but only to those who use it. The most powerful tool a prisoner has in the fight to maintain health is the pen. Unless it's a life and death situation or an all-out emergency, the very first thing you should do when you begin to notice changes within your temple (body) is take note.

## **HOW TO KEEP YOUR OWN HEALTH RECORDS:**

Headline a fresh sheet of paper with "Time," "Date," and "Notes."

In order to always be prepared, you should always have a 10 x 13 envelope with at least 10 blank sheets of writing paper, a pen, three stamped envelopes with one sheet of writing paper in each, two sick call forms, two request forms and three grievance forms. Never dig into the stash or use the pen. Those supplies are for health-related issues only. Don't dig in and say, "I'll replace it," because days turn into weeks, and weeks turn into it never happening. So always have an arsenal of supplies on standby.

The day you notice something strange, write in full detail exactly how you feel, the sensations, rate any pain on a scale of 1-10, describe any strange discharges, and provide yourself with as much detail as possible.

Remember, this is about your health, and poor health can lead to your death. Document all changes, increases, decreases, disappearances and developments. Document the days you put in sick-call requests and requests to Medical.

Make sure you have someone on the outside who has a copy of your medical records, and make sure they stay up to date. They should update their file at least once every 45 days. Pursuant to HIPAA law, you must sign a medical records release form. It's usually as simple as writing to Medical for a request form and filling it out. If you can't write, find someone to write it for you. If you don't have anyone on the outside, find someone! Write churches, write civic groups. There may be someone willing to help—you just have to find them and show them you're sincere.



## HOW TO ADVOCATE FOR YOUR HEALTH:

Put your sick call in and go to medical. Remember everyone's names. Repeat them in your head. Make a song out of all the names, and throw verses in about the things they tell you. Write everything in your records, and always leave yourself lots of details. Send requests to Medical and ask questions. Don't ever think your question is too stupid to ask, because the only stupid questions are the ones that get wasted when you fail to ask them.

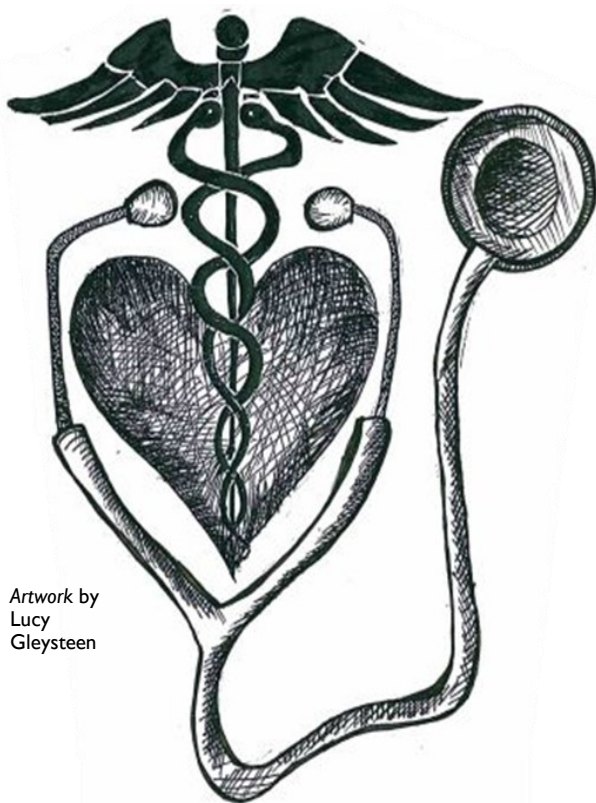
If you feel you're not receiving fair results, write a grievance. If you feel neglected or abused, call the abuse hotline [if your facility has one]. If you're in confinement and you do not have phone privileges, write a request to the captain for an abuse hotline call. If he never comes, write a grievance.

If your grievances do not bring relief, appeal to the warden. If he fails you, appeal to the secretary of prisons. If the secretary fails you, you've officially exhausted your grievance procedure and can proceed to file a civil suit alleging a violation of your constitutional rights under

the 1983 civil rights provisions that can be used by prisoners.

For the most part, people don't work in prisons because they love to be around prisoners. They're there to earn a check in the easiest way possible, and often times, assisting you with the maintenance of your health is hard work. Unless you're about to die right then and there, you're the furthest thing from a priority.

The solution is to exhibit infinite patience. Humble yourself, and stay focused on the goal. Use the power—be smart and use your pen. If they jeopardize your health, jeopardize their policies by exercising your right to be healthy. If you lack knowledge of that right, you need to find some good books to devour. My fellow people in chains, you better recognize, **knowledge is power!**



Artwork by  
Lucy  
Gleysteen

# IT STARTS WITH YOU: PLANNING A HEALTH FAIR

BY NATALIE DEMOLA

My name is Natalie DeMola, and I am currently housed at Central California Women's Facility in Chowchilla, California. I am serving life without the possibility of parole, and I have been incarcerated since the age of 16. I work as a peer health educator about sexually transmitted infections, HIV/AIDS, hepatitis, women's health and the Prison Rape Elimination Act and support women here when a health crisis or issue arises.

Coming to prison can be a traumatic experience, because it strips options and opportunities away from us, especially when dealing with health issues. We learn to form our own support network here to give us purpose, support and meaning in our lives. We become the community and have to fight to make this environment better and meet people's needs.

## A BIG DAY FOR HEALTH

On Saturday, June 6, we had a health fair to share information on healthy living and what organizations in this institution have to offer. We gave out information on specific

health issues and how to get tested here for HIV

and hepatitis.

Outside organizations set up booths on trauma, overdose prevention and disability support. We also invited groups that can aid people in getting on their feet when released from prison.

Peer Health and the Juvenile Offenders' Committee (JOC) hosted the health fair. I am fortunate to be part of both organizations. JOC supports people who come here at a young age and have to grow up in prison without parents. We need positive role models to help the youth make the best decisions they can to protect themselves and respect each other. Peer Health Educator Yesica Cambero, who is also a JOC member, says, "I would like to change the way people think about hepatitis C— and HIV/AIDS-diagnosed people."

The idea for the health fair first came about when the California Coalition for Women Prisoners (CCWP) met with JOC to discuss how they could work with us on overdose prevention, childhood trauma, and other issues affecting juvenile lifers.

Around the same time, Peer Health was planning an event, so we decided to merge the two ideas into a health fair.

When the administration heard about the ideas, they decided to make this a bigger event, because many outside organizations were interested in coming. It can sometimes be difficult to get events approved, so when we got the administration's support, that helped push the paperwork through.

The health fair was a success—so much information was passed out, and it allowed CCWP to get to know the community within these walls. CCWP is now hoping to do a trauma and recovery class here led by outside facilitators paired up with incarcerated facilitators.

### **HOW TO PLAN A HEALTH FAIR OR SMALLER EVENT**

To plan an event like this, start with an idea and a team. About 15 incarcerated people were the core of planning the health fair. We met about once a week in the peer health office, focusing on the needs of the population. Drafting paperwork is tedious and requires a team of people who will be relentless, who are strong leaders and can keep others motivated.

Brainstorm ideas that come to mind to meet your goal,

and put them into a format that can be proposed to staff. Once you find a staff member who supports your idea, ask how they think you can manifest this idea in action. In my case, we got my peer health educator supervisor to support us, along with my JOC sponsors. We also had an outside resource, CCWP, which was willing to come in and help however they could. Find organizations outside by researching groups in your area that share your concerns and writing to them.

It all starts with you. If you can see it, then it can happen. Dare to dream and make a change. "It has to start somewhere," Robles, a peer health educator, says. "Maybe we can be the ones to make a better future."

It can be discouraging when there is no staff support or obstacles get in your way. There have been times when our events were stopped due to lack of support and/or funding. That is when people in prison must still go out and do the work they originally wanted to do, even if the event did not go through. Your event can be stopped, but your voice cannot. As long as you stand firm in what you believe in, others will join you and see your vision.



# THE REAL DEAL ON HIV TRANSMISSION

BY ELISABETH LONG

The Human Immunodeficiency Virus (HIV) is not spread easily. There are a lot of myths about how people get HIV—from mosquito bites to sharing utensils to toilet seats to coughing and sneezing. None of these are true. The reality is that HIV is only transmitted when a body fluid that carries a high concentration of HIV gets into the bloodstream. Mainly, HIV transmission occurs through unprotected sex and sharing drug use equipment. Fortunately, the risk of HIV transmission can be reduced in a number of ways.

## WHAT BODY FLUIDS CARRY HIV?

HIV is only transmitted through four body fluids:

- Blood
- Semen and Pre-ejaculate (pre-cum)
- Vaginal Fluids (wetness)
- Breast Milk

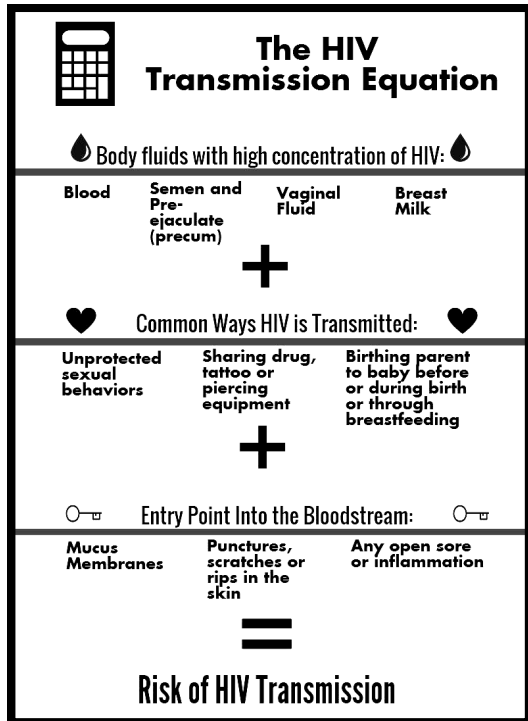
HIV cannot be transmitted through other body fluids, such as saliva (spit), sweat, tears, urine, feces and snot. Therefore, HIV transmission does not occur through sharing utensils or coughing and sneezing. You *cannot* get HIV from skin-to-skin contact (including hand jobs) or sharing a cell, telephone, toilet, or shower with someone who is living with HIV. In order for HIV to be transmitted, one of the four body fluids above must have HIV in it and get into the bloodstream.

## HOW DOES HIV GET INTO THE BLOODSTREAM?

HIV *cannot* pass through unbroken skin—it must have an entry point into the bloodstream. HIV *can* get into the bloodstream through:

- Mucus membranes (“pink parts”) such as the inside of the vagina or anus, gums in the mouth, and the urethra on the tip of the penis
- Punctures, scratches or rips in the skin (usually via needles)
- Any open sore, inflammation or place that bleeds

HIV gets into the bloodstream through *activities* that provide access to an entry point. HIV is most commonly transmitted through shared drug use equipment (including needles used for hormones) and unprotected sex, which includes oral, vaginal, and anal sex.



Other activities that carry risk include sharing tattoo and body piercing equipment and sharing razors. HIV can also be transmitted to a baby during pregnancy, childbirth or breast-feeding.

### **WHAT CAN YOU DO TO REDUCE THE RISK OF HIV TRANSMISSION?**

HIV transmission can only be prevented through abstinence, which means not engaging in any of the activities above. However, that's not realistic for most folks. Luckily, there are many ways to reduce the risk of HIV transmission.

Risk reduction starts with awareness and communication. Get tested if and when you can. Know your status and talk to your sexual partners about theirs. Think through safer sex, drug use and other activities that put you or others at risk. Decide how much risk you're willing to take. Communicate that with your partners.

Protect yourself by doing what you can to make sure that blood or sexual fluids don't get into your body. For anal or vaginal sex, use a condom or an insertive "female" condom. For oral sex, use a condom or dental dam. Use water-based lubricant, when possible, to reduce the risk of vaginal and anal tears (entry points). But make sure to avoid Vaseline or creams or oils like cocoa butter or baby oil, because they damage condoms. Avoid sex when other sexually transmitted infections (STIs) are present, because STIs often cause inflammation, open cuts and sores (entry points). Avoid sex during menstruation. Have your partner pull out instead of ejaculating inside of you. If you're using drugs, use a clean needle and works every time!

If you know that you are going to engage in an activity that puts you or your partner at risk, you can reduce your risk by choosing a less risky option. For example, if you are going to have unprotected sex, choose oral sex instead of anal or vaginal sex. If you know that you are going to be sharing needles or razors with someone, rinse with cold water, clean with bleach, and then rinse again. If you don't have access to bleach, rinse with cold water. (Rinsing with water doesn't work well at reducing risk, but it's better than nothing.)

If you don't have HIV but know that you're getting out soon and considering activities that include a high risk of HIV transmission, talk to a health-care provider about PrEP, a daily pill that provides a high level of protection against HIV.

If you are HIV-positive and pregnant, work closely with your doctor. Take antiretroviral treatment as prescribed by your doctor, which can reduce your risk of transmitting HIV to your baby to less than 1%. Keep your delivery time as short as possible, and use infant formula instead of breast-feeding.

Finally, if you test positive for HIV, remember that HIV is not a death sentence—people living with HIV are able to live long, healthy, full and rewarding lives. HIV medication is what makes that possible, so start treatment as soon as you can. By taking HIV medication as prescribed, most people can have undetectable viral loads (very low level of HIV in your blood), which greatly reduces the risk of transmission. Connect with other people living with HIV and educate yourself. For more information and support, contact the resources on page 14.

*Elisabeth Long is an educator and community organizer and is the co-coordinator of the TEACH Outside program at Philadelphia FIGHT's Institute for Community Justice.*

# Information and Support Resources

## **AIDS Library**

Philadelphia FIGHT  
1233 Locust Street, 2nd Floor  
Philadelphia, PA 19107

The library will answer questions about any health condition, not just HIV/AIDS. If you're in Pennsylvania, you can also request info for re-entry planning.

## **Center for Health Justice**

900 Avila Street #301  
Los Angeles, CA 90012  
Prison Hotline: 213-229-0979

Free HIV prevention and treatment 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.

## **New Mexico AIDS InfoNet**

P.O. Box 810  
Arroyo Seco, NM 87514

Free factsheets on HIV prevention and treatment in English and 10 other languages. Please ask for "Factsheet 1000," which lists all 802 factsheets. You can also request summaries of HIV and hepatitis C treatment guidelines, which tell doctors what care to provide in different medical situations.

## **POZ Magazine**

462 Seventh Ave, 19th Floor  
New York, NY 10018-7424

A lifestyle, treatment and advocacy magazine for people living with HIV/AIDS. Published 8 times a year. Free subscriptions to HIV-positive people in prison.

## **Hepatitis Education Project**

911 Western Ave #302  
Seattle, WA 98104

Write to request info about viral hepatitis and how you can advocate for yourself to get the treatment you need.

## **Jailhouse Lawyers' Handbook**

c/o Center for Constitutional Rights  
666 Broadway, 7th Floor  
New York, NY 10012

Write for a free copy of *The Jailhouse Lawyer's Handbook: How to Bring a Federal Lawsuit to Challenge Violations of Your Rights in Prison*.

## **Inside Books Project**

c/o 12th Street Books  
827 West 12th Street  
Austin, Texas 78701

Free national resource guide for people in prison, with listings of organizations that can send free books or info on finding legal help, pen pals, release planning, publications, and more.

## **SERO Project**

P.O. Box 1233  
Milford, PA 18337

A network of people with HIV and allies fighting inappropriate criminal prosecutions of people with HIV for nondisclosure of their HIV status, potential or perceived HIV exposure, or HIV transmission.

## **Just Detention International**

3325 Wilshire Blvd, #340  
Los Angeles, CA 90010  
24-hour hotline: 213-384-1400  
(accepts collect calls)

If you have experienced sexual harm in custody, write for their packet of info about rape and other sexual abuse, 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.

### **Black and Pink**

614 Columbia Rd.

Dorchester, MA 02125

An open family of LGBTQ prisoners and “free world” allies who support each other. Free monthly newsletter and pen pal program for incarcerated LGBTQ people.

### **Men and Women in Prison Ministries**

10 W. 35th Street # 9C5-2

Chicago, IL 60616

For those returning home to the Chicago area, they can answer questions about re-entry, faith, health, and other organizations that can help.

### **Reproductive Health, Living and Wellness Project**

Justice Now

1322 Webster St #210

Oakland, CA 94612

A free 50+ page manual about incarcerated women’s reproductive health. Another manual, *Navigating the Medical System*, is for women in California prisons.

### **PEN Writing Program for Prisoners**

PEN American Center

588 Broadway, Suite 303

New York, NY 10012

Provides incarcerated people with skilled writing mentors and audiences for their work. Write for a free *Handbook for Writers in Prison*.

### **HCV Advocate**

P.O. Box 15144

Sacramento, CA 95813

Write to ask for their frequently updated, free factsheets: *HCV Basics* (available in English and Spanish), *Hepatitis C Treatments, Exposure, Prevention, and/or Side Effects*. They can also send one free sample copy of their monthly newsletter.

If you need resources that are not listed here, **write to us!** We will help you track down answers to your specific questions.

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

**Write to this address for the 3 resources on the right:**

PLN  
P.O. Box 1151  
Lake Worth, FL  
33460

### **Prison Legal News**

Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: \$3.50, unused stamps are OK. Subscription: \$30/year.

### **Protecting Your Health & Safety: A Litigation Guide for Inmates**

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*.

### **Prisoner Diabetes Handbook**

A 37-page handbook written by and for people in prison. Free for one copy.

# SURRENDER

BY P.L. DANIELS

No expectations –

No ego –

No self-imposed distortions or  
disturbances.

Fear is not the enemy –  
the unknown is not villainous.

Life just is –  
encompassing everything and nothing.

Greed, envy, jealousy, hate, oppression,  
selfishness, anxiety, shame, guilt,  
and kindred notions cease to reign  
supreme and wreak havoc.

True freedom and peace of mind are  
realized in complete surrender.

In letting go we graciously receive the  
rich and  
bountiful totality of all that life has to  
offer.

Similarly –  
in letting go we enter into a non-  
adversarial harmonious  
experience with the world around us –  
truly seeing the divine essence of all  
humanity.

## PRISON HEALTH NEWS

### Edited By:

Brian Malone  
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Jon Rose  
Kelly Drake  
Lisa Burns  
Lucy Gleysteen  
Suzy Subways  
Teresa Sullivan

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Envelopes stuffed and  
sealed with care by  
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