

PRISON HEALTH NEWS

ISSUE 28

SPRING 2016

Freedom by Shukri Abu-Baker



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

Elisabeth, Lucy, Suzy, and Teresa

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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.

MENTAL HEALTH JOURNALING

BY ANONYMOUS

There are many ways to keep a journal. Because your journal is your own, you can set the guidelines of what it will be. You can use a blank notebook for your journal, or you can keep some blank pages together. Whatever way you choose to keep your own journal is the right way to do it.

I use my journal to develop a deeper understanding of my internal landscape. For me, writing is an avenue of healing and setting the foundation of how I want to feel about myself. Journaling creates a window where I can look inward and attempt to find out what matters. When I write, I hold onto a thought long enough to untangle what it means and where it came from. I put my experience into language, which makes recovering from trauma a goal that I can reach.

Writing to heal

My journal's purpose is for healing. As someone who consistently has self-destructive thoughts, I designed my journal to be a place where I could challenge those thoughts and explore where they came from. Sometimes, I can only write when I am negatively emotionally charged. Looking back on those entries, I can see patterns unfold and reflect on what was going on.

My first entry in my journal was a list of all the reasons it was okay for me to end an abusive relationship. This helped me move toward healing. I was also able to figure out how a toxic, negative relationship had impacted me over a long time. I was able to excavate some buried truths and memories that I had, for years, struggled to make sense of. I could define my own reality, name what had happened, and understand thoughts that were tangled up in trauma. Writing was a tool to help me navigate the mental barrier between guilt and self-preservation. I was able to draw strength from the exercise of validating my emotions and experience. That first entry built the foundation of what would later become a journal that was all about growth and self-love.

Starting your journal

Writing in a journal can show you who you are, where you have been, what you are feeling, and how you got there. You don't need to worry about spelling, punctuation, or what other people may think of you. If you're feeling stuck, below are some tips for how to start your own journal.

- It can be helpful to make a commitment to yourself for how long you want to be writing, whether it's 5 minutes or an hour. Set an amount of time that feels right for you.
- Just start writing, even if you feel stuck. One thing that can be helpful is writing about why you feel you can't write and what's going on. Once you have something started, there are infinite directions it could go.
- You don't need to write any type of way. You can write using lists, or short sentences, or long sentences. You don't even have to use sentences. Your journal can be filled with words, phrases, rhymes, poems, lyrics, drawings, comics—anything you want!
- Make your journal your own. If you have a notebook, you can draw or write inside the cover. Even if you just write your name, you are marking your journal as your own.
- When you are done with an entry, it can be helpful to read it over and see if anything has changed for you since you started writing. You can think about how you feel after reading it and write that down as well.
- Date each entry, so you can keep track of the chronological order of your thoughts.
- Keep and re-read what you write. Even when you don't like what you wrote in the past, it can give you insight into how you have grown and patterns (situations that repeat themselves in your life) you might not have been aware of.

Questions to get you started:

Sometimes I ask myself a question and then give myself time to try and answer it. Below are some questions that I have found helpful:

- What parts of my identity do I draw strength from?
- How is a situation affecting me?
- What do I need to heal from? What will that take? Who does that involve?
- What do I want to outgrow?
- What guilt and shame do I want to free myself from? What is the source of these feelings?
- What are my intentions and goals for the next year? How will I accomplish them, and why are they important?
- The reasons it is okay that I made _____ decision.
- What promises to myself have I broken? Why did this happen, and how can I prevent it from happening again?

FOOD AND NUTRITION

An excerpt from *Prisoner Diabetes Handbook:* *A Guide to Managing Diabetes - for Prisoners, by Prisoners* PART 2

What to eat?

- Choose healthy foods with less sugar, less fat, less salt, and more fiber.
- Eat fruit and vegetables, especially raw vegetables, whenever they are available.
- Try to be consistent about the amount of starch or sweet foods (carbohydrate) that you eat each day and at each meal or snack.
- If weight loss is your goal, eat smaller portions.
- Learn how to salvage an adequate diet from what they feed you, by choosing well and trading with others, if allowed, for more of what you need.

Adjust when you eat to prevent low blood sugar

- If possible, spread food out throughout the day in meals and snacks. If you take medicine for diabetes, don't miss a meal or planned snack.
- Eat enough carbohydrates to prevent low blood sugar when insulin is most active.
- It is important to know that there are different kinds of insulin used in shots and they work at different times during the day:
 - Morning REGULAR insulin acts after breakfast and lasts through lunch.
 - Morning NPH insulin acts after lunch and lasts through dinner.
 - Evening REGULAR insulin acts after dinner and lasts until late evening.
 - Evening NPH acts around midnight and lasts throughout the night.
- People who take insulin for diabetes may need 1 or 2 snacks to prevent low blood sugar. These snacks should be at the times when their insulin works the hardest, or just before they have been having the low blood sugar reactions.
- Low blood sugars in the middle of the night? Try a snack around 10 pm.
- Blood sugar too high at 4 pm? Eat less starch at lunch or skip that afternoon snack.

Adjust diet to anticipated activity:

Muscles use blood sugar for energy during exercise. So, before a major workout plan to eat a larger lunch with enough carbohydrate to prevent low blood sugar when exercising. Eat snacks with some carbohydrate during *and after* exercise. However, during times of inactivity, such as watching a movie, if you plan to eat candy, then eat a smaller meal.

Choose What You Eat

Most prisoners have little choice at mealtime. But, even if you get one tray, you can choose what to eat off the tray. Know what is in the food you eat. Use nutrition labels, common sense, or read books about food and nutrition to learn more. Remember to eat fewer sweets and fats and eat to satisfaction, but don't overeat. Increase fiber by eating more fresh or raw fruits and vegetables, whole grains, beans, bran and oatmeal, when available.

Try to substitute foods. For example, if you want syrup on that pancake? Use sugar free diet syrup. Or can't get any diet syrup? Ok then, use a little sugar syrup, but eat fewer pancakes. Want a small piece of cake for dessert? It's ok. Eat less starch (potato, bread, pasta, rice) with the meal to compensate for the sugar in the dessert.

Don't reject foods that are mixtures

At first people in the diabetes group said, "3 bean salad is garbage all mixed up to hide what's in it." But it provides vegetables and fiber that you need in your diet. The recipe calls for 3 different beans to be mixed up together. Most of the men were unfamiliar with this type of salad, so they thought it was all leftovers. Now many of them eat 3 bean salad to improve their diet.

Don't reject all foods with dressings

At first people in the diabetes group said, "The coleslaw is rotten and they're covering it up with that thick dressing." But it is one of the few sources of raw vegetables which is on the menu frequently. One man tried it and reported back that it was ok. Many of them now eat coleslaw as often as they can.

Trade with others, if allowed, to improve your diet:

Trade away high carbohydrate or high fat items in exchange for fruit, vegetables (especially raw vegetables) and high fiber foods.

Examples of high fiber foods available in some prison menus and commissary:

- General diet: apples, coleslaw, 3-bean salad, oatmeal, wheatena
- Medical diet: raw carrots, raw celery, prunes, non-white breads
- Commissary: canned beans, canned vegetables, instant oatmeal, popcorn

What About Snacks?

People who take insulin may need a snack (especially before bed) to prevent low blood sugar. But not everyone who has diabetes needs to have snacks. If you are trying to lose weight, snacks may help or hurt your ability to lose weight. If it is allowed, you may need to stockpile food for evening and nighttime snacks. In some places, limited amounts of food may be carried out of the mess hall: one apple; 4 slices of bread. If you are able to, collect fruit when you can (apples; unripe bananas) and eat them as snacks over several days. But you can get a ticket for a rule violation if you take too much food out of the mess hall for snacks later.

Prison Health News published Part 1 of this excerpt in the Winter 2016 issue.

For free copies of the Prisoner Diabetes Handbook, please write to:
Prison Legal News
P.O. Box 1151
Lake Worth, FL 33460

Be sure to include your name, prison identification number, mailing address, and any other necessary information for getting the book to you at your facility.

NEW PROOF THAT PASSING ON HIV WHILE UNDETECTABLE IS VERY UNLIKELY

A major study examining how antiretrovirals (ARVs) reduce the risk of HIV transmission among heterosexuals has found that **no participant with a fully suppressed viral load infected his or her long-term HIV-negative partner.**

"The study now makes crystal clear that when an HIV-infected person takes antiretroviral therapy that keeps the virus suppressed, the treatment is highly effective at preventing sexual transmission of HIV to an uninfected heterosexual partner," Anthony S. Fauci, MD, director of the National Institute of Allergy and Infectious Diseases, said in a press release. **"For heterosexuals who can achieve and maintain viral suppression, the risk to their partners is exceedingly low."**

These final results from the HPTN 052 study of 1,763 mixed-HIV-status heterosexual couples were presented at the Eighth International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention in Vancouver, British Columbia.

In 2014, an interim analysis of the still-ongoing PARTNER trial, focusing on 767 heterosexual and gay mixed-HIV status couples in which the HIV-positive partner was taking ARVs, found that there were no transmissions of the virus within the couples. (The trial is set to complete in 2017.) When presenting the findings at a major conference, Jens Lundgren, MD, estimated that the chance of transmitting HIV when the virus is fully suppressed by ARVs is close to zero, and might even be zero. The final results of HPTN 052 add support to Lundgren's assessment.

HPTN 052 included couples in Malawi, Zimbabwe, South Africa, Botswana, Kenya, Thailand, India, Brazil, and the United States. Enrollment began in April 2005 and the trial concluded in May 2015. The HIV-positive partners had CD4 counts between 350 and 500 upon entering the study and were randomly divided into two groups: Members of one group, called the early arm, received HIV treatment immediately; those in the other group, the delayed arm, received ARVs once their CD4s hit 250 or below, or they developed AIDS-defining illnesses.

After the 2011 analysis showed how well ARVs prevented transmission, all participants were offered treatment.



Artwork
by Steve Corotan

Before the investigators offered HIV treatment to all, there was one HIV transmission within a couple in the immediate arm. The investigators proved that this was what they call a “linked infection” by conducting genetic testing on all HIV-positive partners’ viruses as well as anyone who contracted the virus during the study, and then comparing genetic similarity. There were also 35 linked infections in the delayed arm.

During the entire decade-long study, there were 46 linked infections, 3 in the immediate arm and 43 in the delayed arm. Eight of these cases were transmissions from an HIV-positive partner taking ARVs. Four of those eight infections were diagnosed not long after the HIV-positive partner started treatment, suggesting that the partner may not have had an undetectable viral load yet, or that the transmission occurred just before he or she started treatment. The remaining four transmissions were diagnosed when the HIV-positive partner experienced failure of their ARV regimen (perhaps because they were not taking their medications as prescribed or had a strain of the virus resistant to one or more ARV in their regimen) and developed a detectable viral load.

“These findings demonstrate that HIV transmission is very unlikely when viral replication is suppressed,” the study authors conclude. The new analysis estimates that starting ARVs earlier rather than waiting reduces the risk of HIV transmission by 93 percent. Failing an HIV regimen can open the door for transmission of the virus.

Simply being on ARVs is not necessarily a safeguard against passing on the virus. The most central factor is actually succeeding on therapy and having an undetectable viral load.

ARVs, the authors write, “combined with counseling and provision of condoms provides durable, highly effective protection from HIV transmission in serodiscordant couples.”

From POZ.com, July 20, 2015. Reprinted with permission. Copyright 2015 CDM Publishing, LLC.

Glossary

by PHN staff

Undetectable viral load: The viral load test measures the amount of HIV virus in your blood. The best result is “undetectable.” This does not mean that there is no virus in your blood; it just means that there is not enough for the test to find and count.

Heterosexual: Women who only have sex with men, and men who only have sex with women. This study only looked at heterosexuals, but the results may apply to lesbian, gay, bisexual, and transgender (LGBT) people too. It just hasn’t been proven by a study yet.

Viral suppression: This means the same thing as **undetectable viral load**.

Drug resistance: When HIV multiplies, many of the new copies have mutations: they are slightly different from the original virus. This may cause ARV drugs to stop working.

ACCESSING GENDER-AFFIRMING HEALTH CARE IN PRISON

BY MRS. GE GE

Hello friends,

My name is Mrs. Ge Ge. I am a trans woman incarcerated in PA. I am also the founder of an LGBT+ (lesbian, gay, bisexual and transgender-plus) organization called L.I.G.H.T. We aim to educate readers about DOC policies that protect them, laws, health and politics. We use this information to strengthen our ability to fight the prison industrial complex, by using its own policies against it. I am writing simply to spread some knowledge on how to get gender affirming health care in prison. There are several useful tools you can use to accomplish this. I will list some addresses at the end of this article.

1. Find any and all policies regarding transgender and intersex people in prison. You should be able to find this by writing to staff, checking out the law library, or by requesting it through the records department in your facility.
2. You should write to the AIDS Library (see address on p.14) and request the ACLU's "Know Your Rights" toolkit for transgender people in prison, and the ACLU's "End the Abuse: Protecting LGBTI Prisoners from Sexual Assault" toolkit. These toolkits have priceless info on how to get treatment for **gender dysphoria (GD)**. This will help you force the prison industrial complex to comply with your constitutional rights to health care.
3. Next you will need to get medical to evaluate you and diagnose you with GD. This may be time-consuming. That's why I suggest you refer to **Battista 645** in the law library. I used Battista, 645 F.3d at 455 in my fight. It worked, and now I am on hormone replacement therapy.
4. If they try to say that you don't have gender dysphoria, you should file a grievance and ask that you be given a second opinion. Also, check out the DSM-V (psychiatric diagnosis manual), which should be available in the library. Look for **gender identity disorder** or gender dysphoria. You can use this info in your grievance.
5. It would also be helpful to write to outside organizations for help. Keep extra copies of all your paperwork, and send them out to people or organizations that will support you.
6. Once you have been diagnosed with GD, you will then need to see a doctor for treatment. The doctor will probably recommend and prescribe you with **hormone replacement therapy (HRT)**. So, now you have begun your transition. Enjoy!
7. Be sure to keep a lookout for changes in policies that may affect you.

8. Lastly, be sure to educate yourself on the effects of hormone replacement therapy and any medications you are on. You should always know what goes into your body.

Love you all!

Sincerely,

Mrs. Ge Ge and L.I.G.H.T.

**Lambda Legal National
Headquarters**

120 Wall Street, 19th Floor
New York, NY 10005
212-809-8585 or 866-542-8336
www.lambdalegal.org

They may take a while to respond to mail, because they are busy helping many people.

ACLU National Prison Project

915 15th Street, NW, 7th Floor
Washington, DC 20005
202-393-4930

www.aclu.org

If you have a friend or loved one outside, they can print toolkits and information from the website. The ACLU doesn't respond to mail unless your situation will make a major class action lawsuit.

Editors' Note: If you have questions for Mrs. Ge Ge, please write to Prison Health News.



Artwork by Richard Morisett, Jr.

FIGHT FOR YOUR MEDICAL RIGHTS!

BY BROTHER W. (UTHMAN) WILLIAMS

The New York State prison health care system has been broken for a long time now. In 1977, women incarcerated in New York brought civil rights claims challenging medical care. Chief Judge Kaufman responded: "The sad often desperate plight of many incarcerated in our nation's prisons is most dramatically revealed by the all too frequent petitions of inmates who have been denied access to basic medical services." One can look at today's prison health care system and come to the conclusion that Chief Judge Kaufman was speaking of current conditions in any of New York State's grossly negligent prison health units. The most important question is: What is the solution? The solution is a three-part one that comes in the form of education, application by way of litigation and teaching others.

Education

One must learn how to comprehend what they are reading and writing, by getting into school and acquiring a basic education. Then get into legal research class (if they have one in your facility). This is so you may know how to navigate the courts for your rights. Some materials to start from are: *Columbia University Jailhouse Lawyer's Manual*, the *Jailhouse Lawyer's Handbook*, *Rights of Prisoners* (4th edition), the *Prisoners' Self-Help Litigation Manual* (4th edition), and *Constitutional Rights of Prisoners* (9th edition).

Applied knowledge

Second, the necessary steps should be taken in order that you be given your basic rights. In New York, one must first file a grievance and appeal it all the way up to the Central Office Review Committee. Then you can bring an Article 78 challenging the administrative decision on the state level or a federal lawsuit challenging civil rights violations. You would have to take some time and do some research in order to understand what steps are best for your case and in your state. The books above will help you find out where to start.

Teaching others

If you lose your lawsuit, you are still a winner, because you put up a fight—and by going through this process, you will have firsthand knowledge that you can use to teach others how to protect themselves. If you can help someone get adequate medical care, then you help everyone in the system, because if they deny one person medical care, then they will do the same to all of us. So reach back and give what you know by teaching it.

I have been down this road, and one of the most important things I have learned from *pro se* litigation is that when prison officials know that you're willing to take the fight to the court system, they will be fast to give you your rights and basic human respect. In other words, they respect the pen, so let your pen be your sword, and fight in a productive way. Stay strong in solidarity.

READ IT FIRST

BY ROBERT ANDREW BARTLETT, SR.

An incarcerated person is not required to sign anything. When a person in prison seeks medical care, the same rules apply as in other situations involving important legal rights. Don't sign any document without first reading it carefully. Then sign it only if it benefits you. Trust no one who works for the prison system.

I recently suffered from a broken leg. A couple of months after I reported signs of internal bleeding, guards said to get ready to go for x-rays, but a nurse subsequently brought me a form and told me to sign it. She acted very impatient when I insisted on reading it first, but if I hadn't, I might have been dead by now. It was a refusal form.

As much pain as I was in, I assured the offending medical staff person that I was not foolish enough to let her coerce me into signing a refusal of needed medical care. I spent ten days filing formal requests, informal requests and grievances. I finally got an x-ray and a cast. When my pending litigation is completed, I should also have some money.

On the other hand, do express yourself verbally and in writing.

Memos, letters and formal grievances are important elements of an incarcerated person's own first aid. If you don't advocate for the care you're entitled to, who will?

If you have family or friends outside who can and will help you, tell them what you need. Be sure prison medical staff have your written permission to discuss your case with your family or friends; then send them copies of your paperwork if possible.

So remember: Do make your need known verbally and in writing. Do not consent to or agree with any statement or demand that could be used to deny your rights.

¡Salud!



Artwork by Tony Ettari

PUSHING FOR THE PROMISE OF HEPATITIS C TREATMENT

BY SUZY SUBWAYS



Pennsylvania residents demand hep C treatment for Mumia Abu-Jamal and others in prison. Photo by Joe Piette.

If you're living with hepatitis C in prison, you know that it's nearly impossible to get one of the new medications that cures the disease. Each pill costs about \$1,000. But scientists, lawyers and activists are increasingly demanding that state prison systems take the need for these medications seriously—and that drug companies drop their prices.

Advocacy in court and beyond

Federal class-action lawsuits have been filed in Pennsylvania, Massachusetts, Minnesota, and Illinois. They argue that denying hep C medications in prison because of cost is deliberate indifference to a medical need, which violates the eighth amendment of the constitution.

Pennsylvania political prisoner Mumia Abu-Jamal has hep C that has caused stage-2 liver fibrosis (scarring of the liver) and most likely caused cirrhosis (severe liver damage) and a severe skin condition that can affect hep C patients of African descent. He is suing the state for denying him treatment.

Abu-Jamal's supporters filled the chambers of Philadelphia's city council on January 21 to demand hearings on this issue and that the state provide hep C treatment for Abu-Jamal and all people in prison who need it. And behind the walls, an imprisoned activist named Major Tillery was put in solitary confinement for four months after filing grievances and telling prison officials that he and Abu-Jamal both needed hep C treatment.

To eradicate the disease

In January, the Massachusetts attorney general, Maura Healey, wrote a letter to the company Gilead, which makes the two most expensive hep C drugs, Harvoni and Sovaldi. If state prison systems in the U.S. treated every incarcerated person with hep C using Gilead's drugs, it would cost more than four times their total health budgets.

"Because Gilead's drugs offer a cure for a serious and life-threatening infectious disease, pricing the treatment in a manner that effectively allows hepatitis C to continue spreading through vulnerable populations, as opposed to eradicating the disease altogether, results in massive public harm," Healey wrote in the letter.

This is backed up by science. In November 2015, a medical study found that giving medications to people with hep C in prison would start wiping out the disease in prisons and the community. Over ten years, it would save thousands of lives. And it would actually be cheaper than not providing the drugs, because it would save hundreds of millions of dollars that would have been spent on liver transplants and treatment for cirrhosis and cancer.

More bang for the buck?

Legal strategies to force drug companies to lower their prices have not shown much success in the past, however. Healey's strategy may be to persuade Gilead to lower its prices voluntarily. Insurance companies outside prison usually get discounts from drug companies. The federal Bureau of Prisons gets a 44% discount on the new hep C drugs, but states do not. State prison systems may be able to negotiate for lower prices through the pharmacies they use.

If similar new medications come out with a cheaper price tag, the competition could push Gilead to lower its prices. In January, a new hep C drug called Zepatier, from the company Merck, was approved. A few more new drugs may be available in the coming year.

Meanwhile, people in prison are waiting.

What you can do

See "Fight for Your Medical Rights!" on p. 10 for advice on filing legal paperwork to get treatment. Proper procedures and the chain of command can be different at every facility. Before filing a grievance, you'll need to put the request on paper and get a denial of the request on paper. For a strong case, you have to prove that the decision to deny medication was based on the high cost. Your grievance can say, "Because there's no medical reason for refusing the care, I request that this be remedied. Failure to do so would be deliberate indifference to a serious medical need."

We'd like to ask you...

Prison Health News wants to tell our readers how people with hep C have gotten the treatment they needed. What have you tried, and has anything worked? Have you filed a grievance or written to organizations asking for help? We may not be able to respond to your letter, but we deeply appreciate it. If you're willing to share your thoughts and possibly be quoted in a future article, please send your responses to:

Prison Health News
c/o Institute for Community Justice
1207 Chestnut St, 2nd Floor
Philadelphia, PA 19107

For more information about the new hep C treatments, see pages 4 and 5 of the Spring 2015 issue of Prison Health News. Write to us for a copy.

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

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.



Free copies of the *Jailhouse Lawyer's Manual* (9th edition, 2011) are available on request. It's a 1,000-page handbook of legal rights and procedures designed for use by people in prison. There is a limited number, so they will be sent first-come, first-served. Please send your request to

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For subscriptions, resources and all
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c/o Philadelphia FIGHT
1233 Locust Street, 5th Floor
Philadelphia PA 19107

Please write to this address if you
would like a Spanish edition of PHN.

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