Prison Health News

Issue 34 | Fall 2017

Artwork by Rubin Racillo

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

In this Issue

Beat the Winter Blues.....2-3

Eating Healthier Meals in Prison...4-5

Breast Health and Screening Mammograms.....6-7

Black August Bail Out.....8-9

HIV Transmission and Undetectable Viral Load.....10-11

Colorectal Cancer Occurring Earlier 12-13

Information and Support Resources.....14-15

PHN Updates.....16

Subscribe!.....16

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 Locust Street address on page 16.

Beat the Winter Blues

By Leo Cardez

As the winter approaches, I find myself getting tired and moody. It starts as early as September and gets really bad in January. Although I've never been officially diagnosed, I'm sure I suffer from some degree of SAD (seasonal affective disorder). As I look around my cell block, I don't think I'm the only one. The good news is I've found that some small tweaks to my daily routine (tips and tricks) can help keep my spirits high.

1. **Try light therapy.** It helps to be in the sunlight as much as possible — facing the sun for a few seconds at a time. If there is a lack of natural sunlight, keep your cell lights on, if possible, and/or hang out in the dayroom — wherever there is bright light.
2. **Meditate.** Sit quietly for 3 to 10 minutes a day. As thoughts come up, try to let them go and just focus on your breathing. Inhale through the nose for 4 seconds, hold for 4 seconds, exhale for 4 seconds, hold for 4 seconds. Repeat.
3. **Exercise early.** It can help you sleep better, burn more calories throughout the day, and lower your blood pressure. Get a workout buddy to keep you accountable; keep a workout journal to track your progress, goals, etc. Short but high-intensity training exercises have shown the greatest effect in lowering depression (additionally, these have been shown to increase energy and improve blood sugar levels).
4. **Re-organize your box.** Try some deep cleaning. Buy something new (book, shoes, etc.) and wear or use it. These activities can give you a mood boost.
5. **Go easy on the carbs.** I crave "comfort food" in the winter; foods usually packed with carbs and sugar, but the short mood boost is usually followed by a tougher low. Instead, try to eat fruits and veggies, oatmeal, fortified cereal, beans, yogurt, low-fat milk, fish, dark chocolate, and coffee or tea.
6. **Don't be a cell slug.** Play games. Take a class. Bottom line: socialize.

Artwork by Tracey Hamilton

7. **Don't try to sleep the winter away.** Keep a routine; wake up and go to bed at the same time every day. It's best not to sleep more than 9 hours a day (including naps). It can help to keep your window clear, to allow as much sun as possible come morning.
8. **Smell something good, preferably citrus.** Studies show that certain scents can stimulate sensory systems, giving you a boost of positive energy and helping decrease feelings of depression.
9. If none of these suggestions seem to work, you may want to put in a request to speak to a therapist or try to find a person you can trust to talk to. If there is a support group you can go to, that can help. Depression is a serious mental health issue and can cause significant concerns for your mental and physical well-being.

A lot of people in prison have a hard time admitting they need help, but SAD is nothing to be embarrassed about. It affects 14 million Americans a year. Its root cause is the decreased amount of sunlight in the winter, which leads to lower levels of serotonin, which affects mood. You can be born with it, or not be getting enough light, or be stressed. With everything we as people in prison already have to contend with, over which we have little to no control, I'm glad this is something we can at least manage with some effort and creativity.

Eating healthier meals in prison

by Michel Deforge

Eating healthy did not even feel realistic, or possible, when I started trying to overcome the obstacles. I now believe that the physical and psychological benefits make it easy.

First, a little about me: I am 45 years old, ten years in custody with many to go, diagnosed with Crohn disease (which is incurable and can lead to intestinal failure). My goal: to leave in better health than when I arrived.

My journey began in 2012, when I switched to body-weight exercises for a physical fitness routine I can do anywhere, maintaining mobility and strength. In spring 2015, rapid weight loss (40 pounds over two weeks) and other aggressive symptoms in my gut—later diagnosed as Crohn disease—resulted in a ten-day trip to the hospital. Once stabilized, I began my journey down the road to recovery—reclaiming my health, strength and vitality. Along with my exercise routine, I walk one to three hours daily, at a moderate-brisk pace. Programs and activities provide community connection and purpose to life, while diet and exercise restore my physical health.

A perfect diet is like a giant jigsaw puzzle—with lots of pieces missing because of incarceration. I read several books about the relationship between food choices and health, looking for a magic pill or golden elixir which would restore my health, strength and vitality. Sadly, there is no such thing. What I did discover is that it requires hard work, grit, and determination to conquer old destructive habits. But it is doable!

My eating philosophy is a set of principles, rather than a rigid set of rules:

1. **Real food:** I try to eat food that is as close as possible to what it looked like when it was harvested in nature. When it comes to eating meat, this is especially important. How often are we fed something so processed that it no longer represents any part of any known living animal?
2. **Beans—powerhouses of nutrition:** Beans provide good protein and lots of fiber to keep me feeling full from meal to meal. The carbohydrates they carry are released slowly into the bloodstream, so they don't trigger an insulin response, or the fat storage process, making them a stable energy source throughout the day. This makes a late-day energy slump or snack-binging hunger less likely. Combined with a wide variety of vegetables, fruits, and nuts, beans yield all the essential amino acid building blocks needed for healthy living.
3. **Whole veggies and fruit:** I eat all I want. Vegetables and fruits—whole, not processed or juiced—have natural fiber, important vitamins, and minerals like potassium.
4. **Starchy carbohydrates:** I limit consumption of these. Potatoes, white rice and all processed/refined grain products (bread, pancakes, waffles, French toast, corn flakes, cookies, cake, etc.) have little if any fiber and convert to glucose. But whole grains, like rolled oats (plain, no added sugar) keep their natural fiber and nutrients.

5. **Processed additives, fat, sugar and salt:** I avoid these. I stay away from margarine, butter, salad dressing, and all oils—these have high calories and little, if any, nutritional value. The body can get enough fat from eating unsalted nuts and/or seeds, which are high in protein.

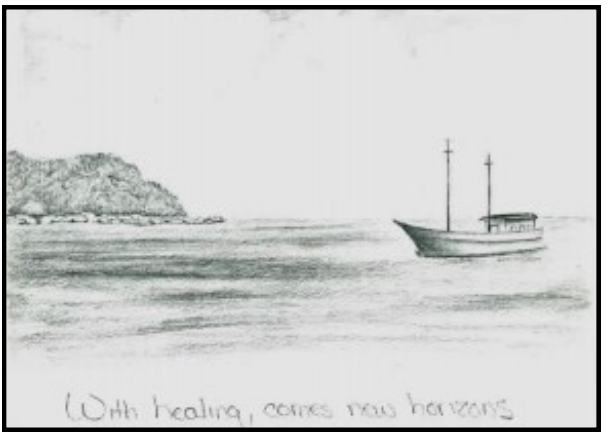
My solution to this puzzle with missing pieces is not for everyone. I never set out to become a militant vegan. But everyone can read and learn about what is healthy for body and mind, taking small steps over time toward lasting health through ever-smarter daily choices, despite what isn't available.

I buy dried fruit and nuts for post-workout snacks, and meal replacements. (However, not everyone has money for commissary, unfortunately.) At first, I didn't like the idea of eating beans so often, but I stuck with it. The key was buying condiments and spices from canteen. With time, my taste preferences changed. Now, I enjoy eating beans and veggies (even when overcooked) more than most of the "meats" served.

I continue to covet some of my unhealthy choices. For example, when I eat a particularly good looking piece of cake, I just enjoy it, and move on. It's not about judging myself. Over time, I am developing habits that allow me to minimize my unhealthy choices and the consequences they carry.

As an incarcerated person, many healthy foods are just not available. They are the missing pieces. I focus day by day, even meal by meal, on selecting real food, according to my principles. I also trade things with others who happily exchange their veggies or fruit for cookies, etc. Consequently, my Crohn disease is in remission, not just controlled by medication; my body is healing itself. My cholesterol composition is fantastic and getting better every year, my A-1C is below 5, and my blood pressure is stable around 108/70. My day is full of energy, and my mind is alert—no late-day grogginess. I am stronger, healthier, and more fit now than before I experienced my first attack of Crohn disease. I would not go back to any of my previous habits.

Good luck on your own journey to healthy living!



Artwork by Chad Whiteford

Breast Health and Screening Mammograms

by Erin Tully and PHN staff

Breast cancer is the most common cancer in the United States. While breast cancer is most likely to affect cisgender women, it affects people of all genders. (Cisgender means people whose gender identity matches the sex that they were assigned at birth.) Mammograms are recommended for people over the age of 40 who have breasts.

What is breast cancer?

Breast cancer is the uncontrolled growth of cancer cells in the breast tissue. These cells can grow in the lobes and ducts that produce and carry breast milk, and in the lymph nodes, which cluster under the arm and above the collarbone. Breast cancer cells are malignant, and it is possible for them to spread to other areas of the chest and body.

What are risk factors for developing breast cancer?

The strongest risk factor is age. Other important risk factors that can increase a person's chance of having breast cancer include:

- Family History – Increased risk if a mother, sister, daughter, or male relative has been diagnosed with breast cancer
- Personal History – Increased risk of developing breast cancer again if diagnosed in the past
- Genetics – Some genetic mutations increase the risk of developing breast cancer
- Alcohol Consumption – The more a person drinks, the more their risk for breast cancer
- Radiation Exposure – Increased risk for those who have had radiation therapy to the chest before age 30
- Reproductive and Menstrual Experiences – Increased risk for those who had their first menstrual period before age 12, first full-term pregnancy after age 30 or no full-term pregnancy, and menopause after age 55
- Activity Level – Those who are less physically active throughout life may be at increased risk

Why should people with breasts get screened?

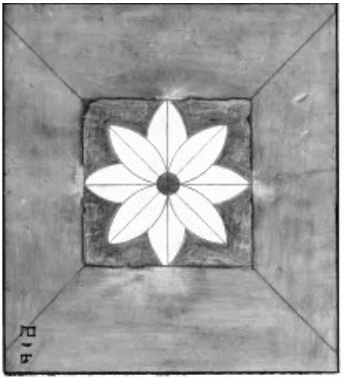
Screening for breast cancer can help find it before it shows any signs or symptoms. Cancer is much easier to treat before it grows too large or begins to spread. During clinical breast exams, the health provider touches the breasts and under the arms to make sure there are no lumps or anything else that seems unusual. It is also important to do self-exams. It is normal for breast changes to occur during menstrual cycles, pregnancy, and menopause and while taking birth

control or hormone therapy. It's best to check your chest once a month by pressing with your fingers, so you are familiar enough with how it feels normally to notice if something changes. If you ever find changes that seem unusual or cause you to worry, it's a good idea to contact your health provider to schedule a breast exam or screening mammogram.

What is a mammogram?

Mammograms are x-ray images of the breast. They can find tumors that are too small to feel. The images can reveal normal findings, or tumors that may be benign or cancerous.

Many people find mammograms to be painful and even upsetting. But they are extremely important to maintaining health. Researchers who studied cancer in cisgender women found that those 40 to 74 years old who have screening mammograms have a lower chance of dying from breast cancer than those who do not have screening mammograms.



Artwork by LeRoy Sodorff

It is important to remember that these screenings can reveal false positive or false negative findings, so not every abnormal result should make you worry. You may have to keep asking for an explanation of the results and what the health provider is doing next to get more answers for yourself. You may also need to advocate for yourself to get a mammogram or other screening, especially if you are transgender.

Who should get a mammogram?

Every person with breasts can and should get regular breast cancer screening. Annual mammograms should begin at age 40 in those who have no symptoms and are at an average risk for breast cancer. Those who are 20 to 40 years old should receive a clinical breast exam at least every 3 years.

Cisgender men do not need to get screened for breast cancer, but it's important to notice if any lumps grow in the breast area and to tell the health provider.

Trans women need, and have a right to, the same breast cancer screenings that cisgender women get. People who take estrogen or progestin are believed to be at higher risk than those who do not. Breast implants are not thought to affect cancer risk, but they may make it harder to find lumps during a self-exam.

Trans men and gender non-binary people who have had chest reconstructive surgery are probably less likely to get breast cancer. But it's possible to get breast cancer after top surgery. It's best to get regular examinations of the chest wall and lymph nodes after age 50. If you are taking testosterone and the dose is too high, it's possible for the testosterone to be converted to estrogen, which could increase breast cancer risk.

Black August Bail Out Honors Legacy of Resistance and Black Freedom Dreams

By Elisabeth Long

"Money kept them in. Black love got them out."
-Pat Hussain, Co-founder of Southerners on New Ground

This August, activists bailed out 51 Black women, queer and trans folks across the South as part of the Black August Bail Out organized by Southerners on New Ground (SONG). SONG is a Queer Liberation organization made up of people of color, immigrants, undocumented people, people with disabilities, working class and rural and small town lesbian, gay, bisexual, transgender, queer (LGBTQ) people in the South. The Black August Bail Out is a continuation of bail outs happening around the country that began with the Mama's Day Bail Out in May. Organizers found people to bail out in several ways, such as using public records requests and allying with public defenders. They met with women inside to ask their permission to bail them out and to find out what their needs might be after being released. In addition to bail, donated funds were used to provide short-term housing, healthcare, transportation, drug treatment, mental health care and other support services to people the activists bailed out.

The Violence of Cash Bail

Every day, 62 percent of people in jail — hundreds of thousands of people — around the country are held captive because they cannot afford to pay a ransom for their freedom. This puts them at risk of losing their jobs, housing, access to benefits and even their children. Bail pressures people into taking plea bargains. If they go to trial, people held on bail are more likely to be convicted. Bail has not been shown to make a difference in whether or not people show up for court. In fact, cities that have reduced or abolished the use of bail show just as high or higher rates of people returning for court.

Black communities are most devastatingly harmed by the cash bail system. Black people are more likely to be arrested, detained and face higher bails than white people. Black defendants have 44 percent higher odds of being denied bail and kept in jail before trial than white defendants with similar legal circumstances, the Movement for Black Lives Policy Platform notes. In addition to the inherent violence of incarceration, Black women and people of trans experience are more likely to experience sexual and physical violence while caged.

While held in jail, people living with HIV may miss their HIV medications. People of trans experience have their gender self-determination denied, which can include missing or losing access to critical hormone therapies.

Mama's Day Bail Out

The Mama's Day Bail Out was an effort to shed light on the destructive bail system and get Black mothers and caregivers out of jail in time for Mother's Day. Envisioned by SONG Co-Director Mary Hooks, it began as a part of the demand to end money bail that was among the demands that the Movement for Black Lives listed in its Vision for Black Lives. The Mama's Day Bail Out became a national action, resulting in over 100 Black mothers bailed out around the country. "Eighty percent of black women who are criminalized, profiled, targeted, and put in a cage are single mothers and/or caretakers," Hooks told Mariame Kaba. Led by Black queer and trans women and allies, the groups bailing women out had an expansive understanding of mothers. Their definition of who is a mother included not just those who give birth, but those who mother chosen family, as well — in the club, in the streets, in the movement. The organizations involved are working to end money bail on local, state and national levels. But they know that people inside can't wait for that day. "In the tradition of our enslaved Black ancestors, who used their collective resources to purchase each other's freedom before slavery was abolished, until we abolish bail and mass incarceration, we're gonna free ourselves," the No More Money Bail website says.

Black August

Following the massive success of the Mama's Day Bail Out, bail outs continued in June to honor Father's Day, Juneteenth and Pride. Black August Bail Outs are the most recent actions taken. Black August originated in the California penal system to honor the life and legacy of George Jackson. George Jackson was an imprisoned Black revolutionary who was assassinated by San Quentin guards in August 1971. Black August is a time in which Jackson's life and death, as well as those of other Black freedom fighters, are honored in the history of Black resistance and struggle for Black liberation. "At its very essence, Black August emphasizes honoring and upholding Black community," SONG's website states. "We can think of no better way to commemorate the history of Black August than to bail out as many Black women, broadly defined, and Black trans people across the South as we can."

Artwork by Samuel Acevedo

Risk of Sexual Transmission of HIV from a Person Living with HIV who has an Undetectable Viral Load

Reprinted with permission from the Prevention Access Campaign.

There is now evidence-based confirmation that the risk of (sexual) HIV transmission from a person living with HIV (PLHIV), who is on Antiretroviral Therapy (ART) and has achieved an undetectable viral load in their blood for at least 6 months is negligible to non-existent. (Negligible is defined as: so small or unimportant as to be not worth considering; insignificant.) While HIV is not always transmitted even with a detectable viral load, when the partner with HIV has an undetectable viral load this both protects their own health and prevents new HIV infections.[i]

However, the majority of PLHIV, medical providers and those potentially at risk of acquiring HIV are not aware of the extent to which successful treatment prevents HIV transmission.[ii] Much of the messaging about HIV transmission risk is based on outdated research and is influenced by agency or funding restraints and politics which perpetuate sex-negativity, HIV-related stigma and discrimination.

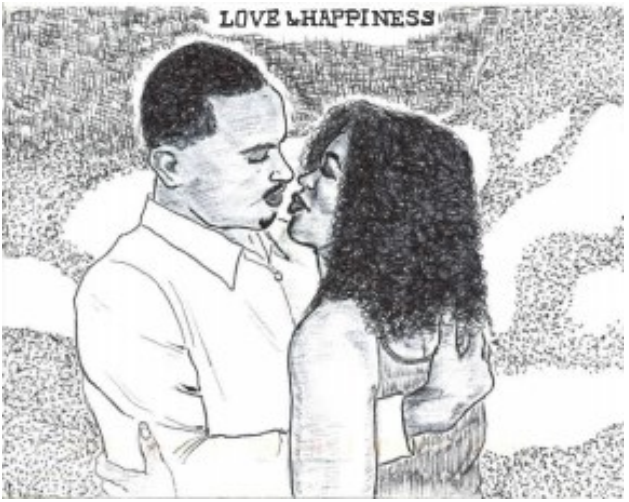
The consensus statement below, addressing HIV transmission risk from PLHIV who have an undetectable viral load, is endorsed by principal investigators from each of the leading studies that examined this issue. It is important that PLHIV, their intimate partners and their healthcare providers have accurate information about risks of sexual transmission of HIV from those successfully on ART.

At the same time, it is important to recognize that many PLHIV may not be in a position to reach an undetectable status because of factors limiting treatment access (e.g., inadequate health systems, poverty, racism, denial, stigma, discrimination, and criminalization), pre-existing ART treatment resulting in resistance or ART toxicities. Some may choose not to be treated or may not be ready to start treatment.

Understanding that successful ART prevents (sexual) transmission can help reduce HIV-related stigma and encourage PLHIV to initiate and adhere to a successful treatment regimen.

People living with HIV on ART with an undetectable viral load in their blood have a negligible risk of sexual transmission of HIV. Depending on the drugs employed it may take as long as six months for the viral load to become undetectable. Continued and reliable HIV suppression requires selection of appropriate agents and excellent adherence to treatment. HIV viral suppression should be monitored to assure both personal health and public health benefits.

Artwork by Mr. Carnell Hunnicutt



NOTE: An undetectable HIV viral load only prevents HIV transmission to sexual partners. Condoms also help prevent HIV transmission as well as other STIs and pregnancy. The choice of HIV prevention method may be different depending upon a person's sexual practices, circumstances and relationships. For instance, if someone is having sex with multiple partners or in a non-monogamous relationship, they might consider using condoms to prevent other STIs.

"NEGLIGIBLE" = so small or unimportant as to be not worth considering; insignificant.

[i] Much of the current prevention messaging refers to this as Treatment as Prevention or TasP. As of the writing of this primer, there have been no confirmed cases of HIV transmission from a person with an undetectable viral load in any studies. The official cut-off point for an undetectable viral load as defined by the WHO ranges from <50 copies/ml in high-income countries to <1,000 copies/ml in low to middle-income countries. For the purposes of this statement, an undetectable viral load is defined as under <200 copies/ml, which is also the measurement for viral suppression.

[ii] Only a small proportion of people living with HIV in a large US treatment study regarded themselves as non-infectious after up to three years on antiretroviral therapy (ART), and a third of participants regarded their chance of transmitting HIV to a partner as still 'high', even though only 10% of participants actually had a detectable viral load." NAM aidsmap (2016)

The health organization CATIE states, "for people with HIV who inject drugs, the risk of transmitting HIV is also considerably reduced if they are on treatment and maintain an undetectable viral load, but there is currently not enough evidence to conclude that the risk is negligible.... The available research suggests that this strategy is effective at preventing HIV transmission among people who inject drugs; however, there is not enough evidence to conclude that the risk is negligible....For people who inject drugs, other prevention programs and strategies (such as the distribution and use of new injecting equipment) are important to help prevent HIV transmission, as well as other blood-borne infections such as hepatitis C."

Colorectal Cancer Occurring Earlier

by Darrell L. Taylor

In the New York State Department of Corrections and Community Supervision (DOCCS), inmates are not screened for colorectal cancer until the age of 50, regardless of what ethnic group one may belong to. It has been established that people of African origin are at higher risk than other ethnic groups and therefore should be screened at an earlier age, especially if there is a family history. Finding and removing polyps on the inner wall of the colon or rectum can prevent colorectal cancer.

For decades, colorectal cancer has been considered a disease of advancing age. Most diagnoses are among people in their 60s and 70s, according to the Centers for Disease Control and Prevention. However, a recent study in the Journal of the National Cancer Institute reported a different trend among younger people. Over the past few decades, Generation X and Millennials have seen a steady increase in colon and rectal cancer, with 3 in 10 new rectal cancer patients younger than 55. Medscape Medical News reported a study finding that 1 in 7 diagnoses of colorectal cancer are now in people younger than 50.

Dr. Marcus Noel, who specializes in gastrointestinal cancers, told USA Today, "Many of these cases are not being caught at an early stage, and so we're seeing young patients that are dying from this disease. If the trend continues, we'll see an increase in death rate in younger people from this disease."

The American College of Gastroenterology Colorectal Cancer Screening guideline recommends screening in African Americans beginning at age 45 years.

I'm a 46-year-old of West African roots. I've been incarcerated since July 22, 2003, approximately 14 years. I was made aware of colon cancer at an early age because my uncle (maternal) succumbed to it, by not getting a diagnosis in time. When I learned that people of African descent were at higher risk than other ethnic groups, and the minimum age to get screened was 45, I knew I would initiate getting screened when I turned 45. Then I learned that the DOCCS inmates are supposed to be screened at age 50, regardless of ethnic group. This is essentially dangerous for the inmate population of African descent, regardless of gender.

When I turned 45, I was at Wende Correctional Facility, where I took the initiative to get it done. My grounds for getting it done were my family history and my awareness of my well-being. I met and spoke with the nurse practitioner there, who initially attempted to dismiss me with the "Not till 50" spiel. Then she heard my reason and scheduled an appointment at the Erie County Medical Center (ECMC) in Buffalo, New York to have a colonoscopy procedure.

Artwork by Michael Roberson

I went through the prep in the facility's medical unit for two days before the procedure. After the prep, I was taken to ECMC, and the procedure was performed in 19 minutes. The findings were a 1 cm sessile polyp, which was completely removed using hot snare. After I regained consciousness, I was told the results and felt relieved and thankful to my higher self for getting the procedure done. When I had the follow-up a month later, I met with the doctor who performed the procedure. She explained to me that the polyp was "pre-cancerous," and had I not gotten the colonoscopy done when I did, it could have developed in another five years. That five years would put me at 50 years old, which is when the DOCCS medical staff does screening. I am free of what could have potentially been a very dangerous situation.

The doctor who performed the procedure recommended that I be afforded a high-fiber diet as well as repeat flexible sigmoidoscopy in 6 months to evaluate the site where the polyp was located.

Of course, this being the Department of inadequate medical care, I have not been afforded the high-fiber diet, because my health care provider said I looked healthy enough. It has been 7 months since the doctor made that recommendation.

If you are 45 or older and of African descent, it would be wise to initiate a conversation with your doctor and make preparations to get the procedure done. There are non-invasive tests, such as stool samples. If you have a family history of colorectal cancer and are from any of the Human Families, you should definitely want to know your status, as we are all from the same source.

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.

AIDS InfoNet
International Association of Providers of AIDS Care
2200 Pennsylvania Ave., NW,
4th Floor East
Washington, DC 20037
Free factsheets on HIV prevention and treatment in English and 10 other languages. Please ask for "Factsheet 1000." 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**
212 West 35th Street, 8th Floor
New York, NY 10001
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
1621 South Jackson Street, Suite 201
Seattle, WA 98144
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.*

National Prisoner Resource Directory
Prison Activist Resource Center
PO Box 70447
Oakland, CA 94612
Free 24-page national resource guide for people in prison. It contains contact information for other organizations that can provide free books and information on finding legal help, publications, resources for women and LGBT people, 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 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 on hepatitis C: *HCV information pamphlet, 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
1013 Lucerne Ave
Lake Worth, FL 33460

Prison Legal News
Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: $5, 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*.

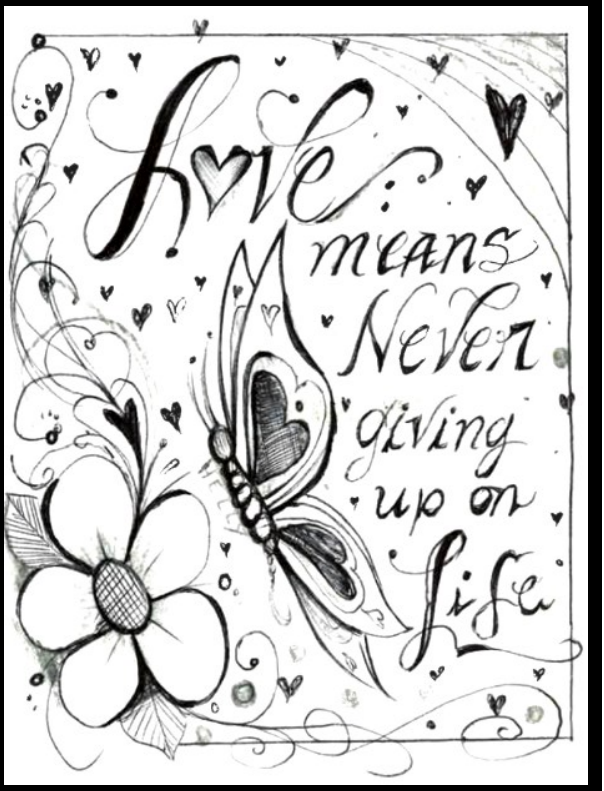
Prisoner Diabetes Handbook
A 37-page handbook written by and for people in prison. Free for one copy.

PHN UPDATES

Correction to Summer 2017 Issue: The art on page 11, "Freedom for the Poor and Oppressed" was created by Ronald Leutwyler, not Alfred Espinoza. We apologize for the mistake.

Letter Update: We apologize for the delay in responding to letters. PHN is currently two months behind. We can currently only respond to letters that include health questions or subscription requests. Letters that do not have a health medical question may not receive a response. For article submissions you can still write to:

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



Artwork by Jason Omar Moreno

Edited By:

Elisabeth Long
Lucy Gleysteen
Suzy Subways
Teresa Sullivan

Envelopes stuffed and sealed with care by ICJ Volunteers. Extra thank you to Warren Lane and Jeannine Griffin for going above and beyond in their commitment to Prison Health News.

PHN is a project of the *AIDS Library* and the *Institute for Community Justice* (ICJ) at Philadelphia FIGHT.

For subscriptions and health questions, write to us at:

Prison Health News
c/o Philadelphia FIGHT
1233 Locust Street,
5th Floor
Philadelphia PA 19107

Please write to us if your address changes.

All subscriptions are **FREE**