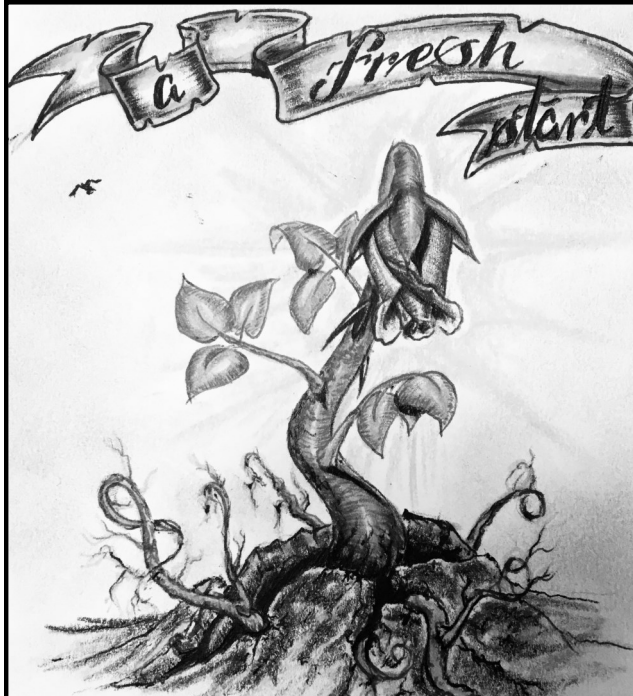


# Prison Health News

Issue 36  
Spring  
2018



Artwork By Rodney Ball

## 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

Lucy, Samantha, Suzy, Teresa, and Winner

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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. Please make sure it is clear on the envelope that your letter contains a submission. You can submit your work to this address:

**Prison Health News  
Attn: Submissions  
1233 Locust Street  
5th Floor  
Philadelphia, PA 19107**

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## LIVIN' THE DREAM

BY LEO CARDEZ

Our minds can be our best friend or our worst enemy. In prison, we spend a lot of time alone with our thoughts and living in our heads. This can be a blessing or a curse.

I have three pre-set thought patterns I shuffle through on a daily basis. First, I have my worst-case-scenario mentality where I imagine losing my appeal, catching a new case, death in the family, or experiencing some serious health issue. These are some of the things I fear the most. I try to catch myself when I fall into this negative mindset. I notice how tense I am, with my fists balled up, neck still, and my body tightly wound. I then breathe deeply and let myself relax my muscles. I "come back" to where I am presently and try to be present; noticing the sights, sounds, and smells. Once I realize my nightmare scenarios are only in my mind, it's easier to let them go. Now, I understand many of my fears could and can come to fruition, but they're not going to right this second. I know I can cope with the present moment and will cope with any other moment when it presents itself, but it's a waste of time and energy to focus on what I cannot change. Also, it's been said, and I agree, the fear we feel about a lot of these horrible possibilities is greater than the thing itself. I can remember suffering through sleepless nights thinking about prison. Those thoughts and the accompanying dread were far greater than my actual prison experience.

The second thought pattern I experience is the "It is what it is" mentality. I just imagine things will never change, and life is just like Bill Murray's character in *Groundhog Day*. These thoughts make me feel powerless over my own future. They paralyze me and drive me to inaction and complacency. I've found that the only way I can overcome these thoughts is through "baby steps." Whenever I start to go down that rabbit hole, I try to

imagine a future that's just a little bit better. For example, when I think about the menial minimum-wage job I'll probably be stuck in upon release, I imagine myself moving up into management. The next time, I think maybe I can make it into senior management, and so on. But I have to be careful with this approach, as I've recently fallen into my most dangerous of fantasy creations.

The third thought pattern I get caught in is when I rewind the clock and create alternate realities, thinking about what could have been. Most times, I think about what it would be like if I win the lottery. I go through extensive planning of what I would do. I take it seriously. I do research on money-management strategies and make lists. I can (and have) spent hours living in these fantasies. Sometimes, I'll even go to bed early just so I can focus and concentrate on these imaginary circumstances. They've come to consume me. They help me "escape" the dark, dank, concrete box I live in. I fear I'm becoming addicted to them — I need them now. I get anxious when I can't "go there."

When this happens, I realize that first, I need to give up the fantasy and dream about a more realistic goal; becoming a published author, for example. Then I need to daydream about the next step I would have to take to make those goals into realities. One step for me would be writing a book query or making an outline for a book. It's by creating "healthy fantasies" that we can vastly improve our lives. Daydreaming and fantasies can be good for the soul. Creativity and imagination are crucial to envisioning our futures and achieving our goals. Just remember, the key is keeping a healthy balance and always pushing ourselves to get out of our heads and into our lives.



Artwork by Michael Roberson

# SEARCHING FOR AN HIV CURE

BY KIRSTEN SANDGREN



Artwork by Josh MacPhee

The human body has a truly amazing set of defenses against infection. Considering how much our bodies are exposed to in the course of our day-to-day lives, it's a pretty rare occurrence for us to get sick. Even when we do become ill, the immune system is able to recognize the invader, signal to the many different cells that are responsible for keeping us healthy, and almost always come out victorious. Despite this, Human Immunodeficiency Virus (HIV) is able to cause lifelong infection. HIV affects over one million Americans and more than 37 million people around the world. There is no cure for HIV/AIDS currently, but there is promising research being done to improve treatment and hopefully find a cure in the future.

## **Why is a cure for HIV/AIDS so difficult to find?**

HIV is a tiny particle, which allows it to live inside of our immune cells. That makes it difficult for the immune system to detect that the virus is present. HIV specifically infects helper T-cells, which play an important role in mobilizing an immune response to disease-causing agents. Without properly functioning T-cells, the body's response to infections becomes much less powerful than it should be. This causes people living with HIV who are not on successful treatment to become vulnerable to many more illnesses than people without HIV or those with HIV whose treatment has kept the virus undetectable.

HIV can live in a person's body for years without making them particularly sick. This is because the virus has a mechanism that allows it to insert the blueprint to make more viruses directly into the DNA blueprint of our cells. Cells that have this hidden copy of HIV virus DNA embedded in them can work normally for years, so they are called latent reservoirs. Since these cells are not actively producing viruses particles, they're nearly impossible to find and destroy. There is only one case in history where these latent reservoirs have been successfully destroyed, the case of Timothy Brown. Brown received bone marrow transplants to treat a very aggressive cancer. The donor who gave bone marrow for Brown happened to have a mutation that prevents HIV from taking control of T-cells. Since the transplant, Brown has had no detectable viral load. Scientists do not believe that the results of Brown's transplant can be replicated.

Another reason a cure is so hard to find is that HIV is constantly changing. These changes, or mutations, happen randomly as the virus is being copied. This means that researchers — and doctors treating HIV — are trying to hit a moving target.

### **What are researchers working on now?**

Medical technology is advancing quickly, and HIV researchers have new tools every day that may help them find a cure. A cure is not impossible, but it is not here yet. We are taking several pathways that can get us there. Researchers are currently investigating these approaches:

- Gene therapy is an exciting technology that attempts to enhance the immune system and has been successful in the treatment of some cancers. Some research aims to use gene therapy to directly cut out the copies of viral DNA in latent reservoirs. Other researchers are trying to make a change to the T-cells that prevent HIV from entering them, like locking a door. Even if you already have HIV, having enough T-cells that are locked against HIV infection could have the effect of eventually ending the infection. This is what scientists believe happened with Timothy Brown.
- Researchers are developing drugs that could trick the virus into revealing hidden reservoirs. The idea is to find the latent cells of HIV that are not active but are hidden, usually in the lymph nodes or the liver, brain or lungs. The HIV medications we have now can't reach those places to kill the virus completely. But if a new drug is developed that can "wake up" the hidden HIV, then other drugs can destroy all the HIV in a person's body and cure it.
- Immunotherapies attempt to train the immune system to operate more effectively. Immunotherapies have made a lot of progress in treating cancer, and researchers are using the lessons they've learned to combat HIV. The idea is that scientists would genetically change a patient's T-cells to recognize the HIV virus or cells infected with the virus that the immune system cannot "see" on its own. Once the immune system can recognize infected cells, the body's natural defenses may be able to overcome the infection.

### **When will a cure be available?**

Unfortunately, there is no clear answer as to when a cure for HIV will be available. Many of the approaches described above are in very early stages, which means that researchers are using animal models to assess the safety of the treatments. There are some human trials in progress, and it is possible that the cure will be a combination of the strategies outlined. In the meantime, HIV treatment is getting more effective, with fewer side effects. It is important for people living with HIV to be as consistent as possible with the treatment prescribed by their doctor.

# PREVENTING OPIOID OVERDOSE AFTER RELEASE FROM PRISON

BY KATHRYN HAWROT

## **What are opioids?**

Opioids are drugs used to control moderate-to-severe pain, obtained through a prescription or illegally. They include oxycodone (OxyContin, Percocet, Roxicodone), oxymorphone (Opana), hydromorphone (Dilaudid), hydrocodone (Vicodin, Lortab, Norco), morphine, codeine, heroin, fentanyl, buprenorphine, and methadone. Some street names for opiates are Captain Cody, kickers, juice, footballs, Apache, TNT, smack, dope, China white, pink, Miss Emma, and M.

## **What is naloxone (Narcan)?**

Narcan is the brand name version of naloxone, a medication that is able to temporarily reverse an opioid overdose. Naloxone can come in an injectable formula, generally used in the hospital setting, and nasal spray, which can be administered by non-medical professionals such as community and family members outside of a hospital setting.

## **Who is at risk?**

Anyone who is taking prescription or illegal opioids is at risk of an overdose. People whose use of these drugs has been interrupted for 24 to 48 or more hours are at a higher risk. This includes people who are currently in detox, treatment or a correctional facility, or who have just been released from one of these places. Individuals who have mixed opioids with other drugs (alcohol, fentanyl, other sedatives), use alone, or have had a previous overdose are also at an increased risk. Studies have shown that overdose is the leading cause of death among people released from prison. Opioid-related deaths account for a significant proportion of those deaths. People who use opioids are at an increased risk of overdosing within the first 15 days after release.

## **Signs of an overdose:**

- Limp body
- Unresponsive or unconscious
- Slow, shallow or no detectable breathing
- Blue lips and fingernails
- Pale, gray, cold, clammy skin
- Loud snoring or gurgling noise
- Slow pulse or no pulse
- Vomiting

## **How does naloxone work?**

Opioids work on the part of the brain that regulates breathing, which is why individuals may be sleepy, unresponsive or have trouble breathing. Naloxone molecules enter the brain and bind to the same receptor as opioids. Naloxone is able to bind more strongly than opioids, so it removes the opioid molecules from the receptors. This allows for a rapid reversal of the potentially deadly effects of an opioid overdose, specifically the decreased breathing.

Naloxone is not a substitute for medical attention. Emergency medical help should be called immediately.

**Steps to administering naloxone:**

1. Stimulate: Tap or shake the person and yell, “Hey, are you OK?” You can also rub your knuckles up and down the bone at the center of their chest (a “sternum rub”) or press firmly on their nail bed. Note: If you perform a sternum rub on a person with breasts, they may be alarmed by this when they wake up.
2. If No Response, Call 911: Tell the dispatcher your location and the person’s symptoms. Stay on the line until the ambulance arrives. In most states, friends, family and bystanders are protected by “Good Samaritan” laws, which offer legal protection for individuals who administer naloxone and call for emergency services. This law is in place to encourage individuals to reverse and report an opioid overdose without fear of arrest, but it’s a good idea to go over these policies in your particular state to be sure of the risk.
3. Give Naloxone: If you are using a naloxone nasal spray that requires assembly, you should spray one half of the capsule in each nostril. If you are using a naloxone nasal spray that does not require assembly (Narcan), you can spray the entire capsule into one nostril.
4. Rescue Breathing: Make sure nothing is in the person’s mouth. Tilt the head back. Lift the chin. Pinch nose. Give 1 breath every 5 seconds until help arrives or their breathing improves.
5. Place in Recovery Position: If you have to leave the person alone, put them on their side and place their hands under the head. This will prevent them from choking on vomit.

**What happens after administering naloxone?**

The nasal spray can take five to eight minutes to take effect, and it lasts for 20 to 90 minutes. It is important that the person does not inject or take additional opioid during this time. The antidote does not flush out the drug — the opioid is still in the person’s body. Using again after an overdose increases the risk of a fatal overdose once the naloxone wears off.

If symptoms persist or return, another dose can be given, but a new package of the nasal spray must be used, as there is only one dose per package. If more than two or three doses are needed to reverse an overdose, it is likely that the drug supply was laced with fentanyl and the person is at increased risk of re-overdosing once the naloxone wears off.

**Side effects**

Administering naloxone may result in opioid withdrawal symptoms for a short period of time. (But remember, a person is at high risk of overdose again if they use any opioids for at least 90 minutes after naloxone is administered, even if they have withdrawal symptoms.) There are no effects if naloxone is given to someone without opioids in their body.

**Where can you get naloxone?**

Naloxone is available without a prescription in almost every state. Most states have a standing order, which means anyone can get naloxone at the pharmacy. It also provides immunity from prosecution for people who administer naloxone and report an overdose.

# HAIKUS FOR HUMANKIND

BY SAMANTHA BURTON

## **Untitled #1**

Procreate respect  
Reproduce intimacy  
Breed family trust

## **Untitled #2**

Love is vanishing  
Please instigate affection  
Humankind needs help

## **Untitled #3**

With or without us  
Life will go on, Earth will turn  
Without permission

## **Untitled #4**

No more lip action  
Embody revolution  
Cause a confusion



I ALWAYS NEED PEOPLE TO KNOW  
I'M NOT DOING THIS ALONE,  
MY FAMILY IS DOING TIME TOO.



Artwork created by Kate Deciccio in collaboration with Felix Rosado, for the LifeLines Project.

LifeLines is a media and cultural project based on a series of interviews conducted in collaboration with eight people serving Death By Incarceration (DBI) sentences — more commonly known as Life Without Parole — in Pennsylvania. How Are We Free is a visual art exhibit that explores the nature of freedom and confinement through creative collaboration between people who have been sentenced to die in prison and visual artists outside prison. The exhibit will be traveling across Pennsylvania to community spaces, churches, art galleries, universities, and more.



The Ralph Brooks Park Project by Mural Arts Philadelphia

## GETTING AND KEEPING THE RIGHT DRUGS YOU NEED

BY RONALD LEUTWYLER

As a rule, prisons try to give you the cheapest medications they can. And if they do give you medications, you have a constant battle to keep them. Rather than cut some time off of your sentence, they cut your medications and healthcare, food menu, yard time, etc. As an indigent inmate for 17 years, constantly in debt and with no one in free society to help, I know exactly how exhausting it can be to battle for the right medications. One of the two things the state (any state) is afraid of is the existence of a paper trail that you can build and use against them in a court of law.

As a person who does not know the law, I had to learn on my own what I am telling you now. Start writing letters (making at least one copy of every one) to the highest of the upper echelon within the prison system. In my state, that is the secretary of state, prisons division, the medical director, mental health director (this is optional), and the director of nursing. Explain the situation and what you are seeking.

On few occasions, they will respond. Other times, they will order that something be done, though you will not know it.

And sometimes they ignore your request.

If you have a loved one or lawyer on the outside, make sure you send the copies to them to file away as soon as possible. The state might run into your cell on a “random search” and steal evidence. Always make sure you send the copy away one day before you send the actual letter off.

If you get no response, write to them again and state what you did before, only this time state that the law says that if a supervisor has direct knowledge of your medical needs and ignores them, you can bring litigation against them personally. The majority of those in power do not want to risk that. They try hard to get you to sue the lower echelon so it does not reflect on them.

But if those in charge of prisons and the health care within them are aware of the risks to your health and don’t take reasonable measures to prevent those risks from becoming reality, this is deliberate indifference to a serious medical need, which violates the Eighth Amendment of the Constitution.

I am a very good example of this technique. They took Wellbutrin (an antidepressant and aid for those quitting smoking) off the formulary and tried to take everybody off of it. I got wind of it six months in advance and immediately started the process of creating this paper trail. I was the only one in the entire state who did not get cut off this medication, and I still remain on it. They even had to put some people back on it.

They tried to constantly check my blood pressure so they could say the medication was causing me to have high blood pressure, in order to have a legitimate reason to cut me off. They even tried to cut down my dose. I overcame all of it by — each and every time — writing and building on my paper trail and letting them know I had that paper trail. Even my psychiatrist was amazed that I overcame the whole upper hierarchy of the Department of Public Safety prison division.

They are taking people off of it again, so I just wrote the third Mental Health director and kindly reminded him of my paper trail in a mental health lawyer’s office going back four years. I was assured I would not be taken off the medication.

Unfortunately, I don’t have much advice as for how to contact a lawyer. I guess persistence played a role in it. The lawyer saw how, with no knowledge of the law, I was determined to defeat the injustice of the Department of Public Safety.

One last thing. For those with a strong will, a hunger strike can also be used with the paper trail. The paper trail is your main power though. Make sure to copy all grievances too.

My lawyer (who helps me without cost) even said I needed to become a lawyer!

# HOW TO AVOID FOOD POISONING

BY SARAH FRANKL

Food-borne illnesses can be painful and serious. Symptoms can include vomiting, diarrhea, fever and aches. Even if you eat bad food and end up vomiting (or having diarrhea) later in the day, some of the microbes that made the food bad can stay in the gut and continue to cause health problems. Although food poisoning symptoms usually last a few days, some foodborne illnesses can cause more serious health issues that can last for longer.

People in prison must be extra careful. Incarcerated people are 6.4 times more likely to suffer from a foodborne illness than the general U.S. population. Said another way, 20% of foodborne illnesses within the United States occur within the prison system, even though the incarcerated population makes up less than 1% of the U.S. population. Not having direct control over your food and its preparation makes preventing illness hard. However, there are some small things that you can do that will reduce your chances of getting a foodborne illness.

First and foremost is hand washing. Hands should be washed early and often. Times at which hands absolutely must be washed are before eating, before preparing food, before touching raw meat, after touching raw meat, and after going to the bathroom.

People working in the kitchen must make sure to wash all equipment and utensils involved in both the eating of food and the preparation of food with warm water and soap. If a dish, pan, cutting board, or counter space is used for the preparation of raw meat, it is very important that it gets washed afterwards. Indeed, it is meat that is most generally the culprit in terms of food poisoning.

So, if you ever are worried about a meal — say you are in the last wave to enter the dining hall and the air conditioning has broken... if there is a vegetarian option available, it is a good idea to pick the vegetarian option! The most common cause of foodborne illness outbreaks in prisons is food, particularly meat, being left out at room temperature for longer than is safe.

Additionally, if you are storing food in your cell, try to not store meat, at least not for more than two hours. Meat is the first food to go bad if kept at room temperature. Other foods to avoid keeping at room temperature are potato salad (or really anything containing mayonnaise) and rice. In the winter, food can be kept cold best on the windowsill. In the summer, food can be kept most cold in a bin where clothes are stored, away from light and heat. If there is no cool area in your cell, unfortunately, it is unsafe to keep any food that you would generally put in the refrigerator.

If you work in food prep and are sick, it is much better to skip your shift than to go to work sick and touch food that will go to many others. Even if you wash your hands multiple times and wear gloves, there is no place for an ill person to be in a kitchen. Here is some other simple kitchen advice — it is up to kitchen workers to make sure food is heated properly. If

something is supposed to reach a boil, even something already pre-cooked like a hotdog, food workers must make sure it gets to that boil. If leftovers are supposed to be reheated, they need to get to a point where they are steaming.

If you do get sick from food, it's important to make sure you drink enough water, if you can keep it down. Imodium, ginger ale, and eating a bland diet — like bread or rice — may help. Ibuprofen can help if you have aches.

There are a few bad illnesses that can result from food poisoning in rare cases. One of these is Guillain-Barré syndrome, which is a rapid onset muscle-weakness disease in which your peripheral nerves get damaged. It occurs, very infrequently, about ten days to two weeks after a food poisoning bout. The symptoms begin with changes in sensation and pain in hands and feet. If left untreated, it can result in paralysis. Therefore, it is important to seek immediate treatment if you start to notice feeling any of the above symptoms. Another illness that can result from a specific type of food poisoning — salmonella — is typhoid. This can happen anywhere from six to 30 days after exposure, and results in issues including fever, headaches, and rash. Again, it is important to seek treatment if you start to feel ill within a month after a bout of food poisoning, and remember to tell whoever sees you that you did previously experience food poisoning.

Overall, food safety may sound a little silly, if not obvious. But, try to make a simple activity, like hand washing, into a habit. Done on a daily basis, these precautions will drastically reduce the chances that you will get ill. Unfortunately, it only takes one bad piece of food to make you sick, so these practices should be done all the time.



## Information and Support Resources

### **Critical Path Learning Center**

Philadelphia FIGHT

1233 Locust Street, 2nd Floor

Philadelphia, PA 19107

Answers 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**

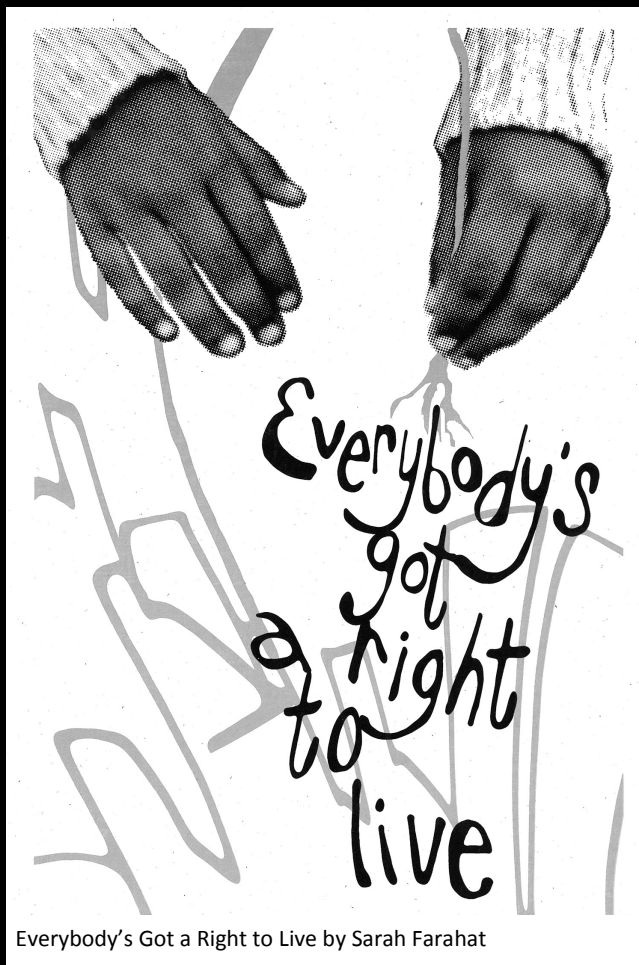
Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: \$5, unused stamps are OK. Subscription: \$30/year.

**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.



Everybody's Got a Right to Live by Sarah Farahat

Edited By:

Lucy Gleysteen  
Samantha Burton  
Suzy Subways  
Teresa Sullivan  
Winner Bell

Envelopes stuffed and  
sealed with care by  
volunteers of  
Philadelphia FIGHT

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For subscriptions and health questions, write to us at:

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Philadelphia PA 19107**

Please write to us if your address changes.

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