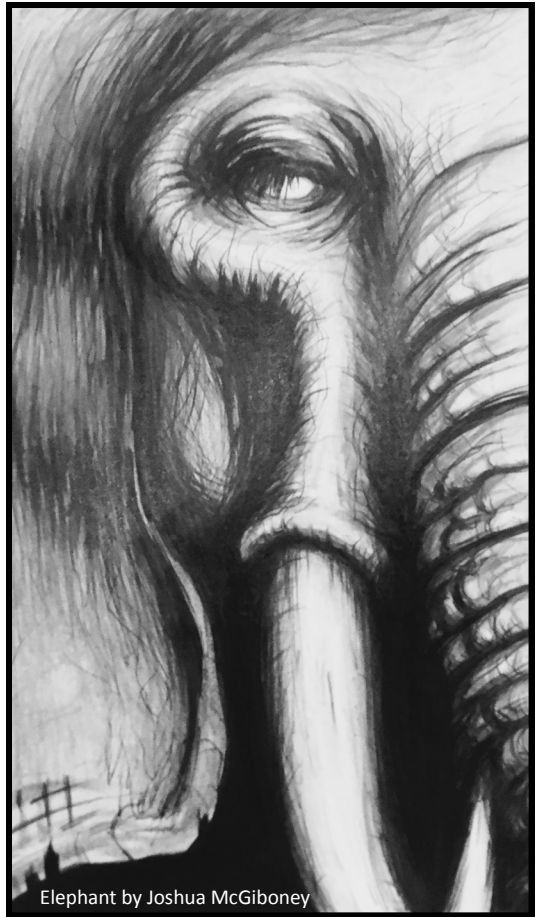


Prison Health News

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Elephant by Joshua McGiboney

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, Suzy, Teresa, and Winner

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**

HOW TO QUIT SMOKING AND HOW TO NOT START AGAIN

BY ARIELLE HOROWITZ

Most smokers know that smoking is bad for their health, but they also know that quitting smoking is not easy. According to the American Lung Association, quitting smoking can be easier if you know your reasons for quitting, talk to a doctor, understand what to expect, and get help. Federal prisons and almost half of state prison systems prohibit smoking cigarettes indoors and outdoors, but more than half of states still allow smoking in prison yards. For those who quit smoking while in prison and are soon to be released, it is important to think about how to not start smoking again outside prison.

Knowing why you want to quit smoking can help motivate you when the process feels difficult. Every smoker has their own reasons for wanting to quit, but some of the most common are to improve their health, to improve the length and quality of their life, to save money, to not have to deal with the hassle of going outside in the cold and rain to smoke, and to protect friends and family who can get sick from secondhand smoke.

Quitting smoking is easier if you know what to expect. Only 4% to 7% of smokers who try to quit "cold turkey" are successful. **Most smokers need a plan to quit smoking.** A successful plan usually includes the following steps:

1. Setting a quit date
2. Building social support
3. Learning how to relax and control weight
4. Developing a plan for dealing with urges to smoke
5. Using medications such as nicotine gum and patches to help relieve the physical symptoms of quitting smoking

Quitting smoking takes time. The first week is usually the hardest. Most people who start smoking again do so during the first 3 months of quitting. “Slipping” by having a puff or smoking one or two cigarettes does not mean you are a smoker again, as long as you don’t give up on your attempt to quit. It is normal to get urges to smoke for months or years after you quit, but these urges will probably happen less and less over time and will almost always eventually stop. It is also normal to face other challenges, such as gaining weight or experiencing withdrawal symptoms.

If you attempt to quit then start smoking again, you don’t need to feel guilty. Think of those tries as “practice quits.” Think about why you relapsed, and create a plan to make your next attempt different.

You may have an easier time quitting smoking if you have help. A doctor or other healthcare provider may be able to give you medication to help you quit. Gum, lozenges, patches, nasal sprays or inhalers may be available. Gum or lozenges can be something for smokers to put in their mouths instead of a cigarette. Some smokers prefer inhalers, which can feel like smoking a cigarette. For those being released, Medicaid programs in every state cover at least some types of smoking cessation treatments.

You can also talk to other smokers who are trying to quit and form a support system to help each other. If you are able to call a toll-free number, or if you are released, you can call the American Lung Association’s Lung Helpline at 1-800-LUNG-USA. Experts on the line can help you start on a quit plan, answer any questions you have, and help you become tobacco-free.

When you quit smoking, there is a lot you can do to prevent yourself from starting again. First, you can reduce triggers by getting rid of any cigarettes, ashtrays, or other reminders of smoking that you are able to remove from your cell or living space. You can also try to eliminate triggers by asking others not to smoke in front of you or walking away if a smoker chooses to light up. You can also wait out cravings to smoke. Cravings to smoke usually only last a few minutes, so when you get an urge to smoke you can try making a phone call, talking to a friend, getting a drink of water, doing some deep breathing, or playing a game. Distracting yourself can help you move past the urge.

If you slip up and smoke, remind yourself of all the good reasons you decided to quit, and figure out what you will do differently in the future. Be patient with yourself. You are still learning to quit. Quitting smoking can take time and many practice quits, but you can end the addiction. The most important thing is that you do not give up.

THE REAL DEAL ON HIV TRANSMISSION

BY ELISABETH LONG

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

What Body Fluids Carry HIV?

HIV is only transmitted through four body fluids:

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

HIV cannot be transmitted through other body fluids, such as saliva (spit), sweat, tears, urine, feces and snot.

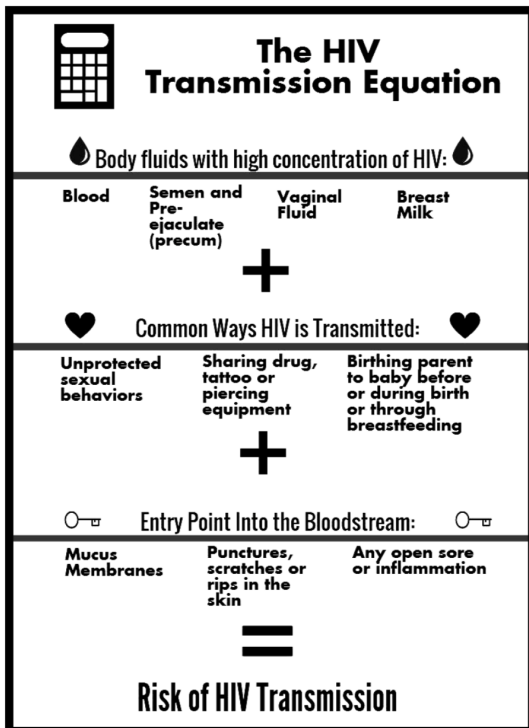
Therefore, HIV transmission does not occur through sharing utensils or coughing and sneezing. You cannot get HIV from skin-to-skin contact (including hand jobs) or sharing a cell, telephone, toilet, or shower with someone who is living with HIV. In order for HIV to be transmitted, one of the four body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

How Does HIV Get Into the Bloodstream?

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

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

HIV gets into the bloodstream through activities that provide access to an entry point. HIV is most commonly transmitted through shared drug



use equipment (including needles used for hormones) and unprotected sex, which includes oral, vaginal, and anal sex.

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

What Can You Do to Reduce the Risk of HIV Transmission?

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

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

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

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

If you don't have HIV but know that you're getting out soon and considering activities that include a high risk of HIV transmission, talk to a health-care provider about PrEP, a daily pill that provides a high level of protection against HIV. If you are HIV-positive and pregnant, work closely with your doctor. Take antiretroviral treatment as prescribed by your doctor, which can reduce your risk of transmitting HIV to your baby to less than 1%. Keep your delivery time as short as possible, and use infant formula instead of breast-feeding.

Finally, if you test positive for HIV, remember that HIV is not a death sentence—people living with HIV are able to live long, healthy, full and rewarding lives. HIV medication is what makes that possible, so start treatment as soon as you can. By taking HIV medication as prescribed, most people can have undetectable viral loads (very low level of HIV in your blood). A person has effectively no risk of transmitting HIV when they're taking treatment as prescribed and their viral load is undetectable. Connect with other people living with HIV and educate yourself. For more information and support, contact the resources on page 14.

QUICK TIPS FOR COMMON AILMENTS

BY TIMOTHY HINKHOUSE

Migraines:

Don't you just hate it when your day hits a brick wall because you feel a blinding migraine coming on? Some people, it practically debilitates them and leaves them curled up in the fetal position in a dark room on their bed with a cool wet cloth on their forehead while wishing for any immediate relief.

When you feel the pain of a migraine coming on, it's a good idea to get well hydrated. If you have on call medicines that can help relieve your pain, such as beta blockers, then ask your officer to call down to medical and get those ASAP.

Over the years of being in prison, I have seen people going to great lengths when trying to get treatment for a migraine headache, whether it is self-medication, court litigation or being treated by a prison doctor. The first hurdle when you go through the medical department is a nurse. Some think they are qualified to diagnose your illnesses — which is only true if they are a nurse practitioner, not a regular RN. You can look up your state's board of nursing rules in the law library to see what their limitations are within the scope of their license(s).

Nausea:

Anyone reading this in prison knows that the food is usually the source of our nausea, the feeling of sickness in our stomach either immediately after we eat or sometime later on. Depending on how sensitive your stomach is, there can be an urge to vomit as well. Believe it or not, nausea can also be alerting you to something else that is wrong and needs to be addressed. It's a good idea to seek medical attention if the nausea lasts more than two days, you're dehydrated, or an injury or infection is causing vomiting.

The following can help ease nausea:

- Ginger ale
- Plain crackers
- Bananas
- Rice
- Apple sauce
- Toast

If you are vomiting, try to drink gatorade to put back the valuable electrolytes that your body has lost. Otherwise, try drinking small sips of water, which will aid in rehydration too.

Sore Joints:

Now that I am getting older, I find myself dealing with sore joints. My mantra each day is, "Getting old sucks!" My cellie, who is 15 years older than me, always asks, "What are you going to say when you are my age?" I tell him, "Being old sucks!" — and then we both laugh. As we age, things tend to hurt more, and we notice them more often. There isn't a whole lot we can do to cure that, but there are in-cell treatments that we can do.

Resting gives our bodies a chance to repair themselves, and I love taking naps. We can take ibuprofen, but be careful... Too much isn't good for the liver. Another way to treat joint pain is by wearing a compression garment such as those for arthritis. An Ace bandage can help if there is swelling. A brace can protect your joint. We can also use a hot pack by using hot water on a towel, then putting it into a plastic bag and applying it to the affected area. Same goes with a cold pack, if you can get some ice and use that or a cold towel. It's best to put some cloth between you and the ice to protect your skin. One thing I do that works for me is some light stretching. I don't do yoga, but I have talked with folks who swear by it and seem to have less overall pain.

Back Pain:

Chronic back pain can have various causes. I was someone who suffered from back pain, and then I spoke with a guy who got me into lifting weights, which has strengthened my core. Ever since I have been exercising, my back doesn't hurt like it used to. I would encourage those of you reading this to look into doing some core exercises to strengthen your back. This could make your life a little better.

The last suggestion I will make for those of you suffering from chronic back pain: Try to get your body weight down to a normal range for your height by walking, doing some light exercise, watching what you eat and taking good care of yourself. Carrying around extra weight can put more stress on your joints and also cause lower back pain.

The last thing to think about... If you have support from friends and family on the outside and you can't get anything done to improve your situation on the inside, you can ask them to call the institution and start asking questions on your behalf. If you don't have outside support, then you can write the following people to let them know what is going on:

Manager of Accreditation Services
National Commission on Correctional Health Care
1145 W. Diversey Parkway
Chicago, Illinois 60614-1318
(773) 880-1460

Good luck!
—Tim H.

ADVOCATING FOR YOURSELF IN A MEDICAL SETTING

BY TERESA SULLIVAN

Principles:

- You have a right to information.
- You have a right to be treated with dignity and respect.
- You are entitled to a good relationship with your doctor or health care provider.
- You have a right to make decisions that affect your health care and your life.
- You have a responsibility to be effective.
- You will be more effective if you have a strategy and a plan.

Effective advocacy in the doctor's office:

- It helps to be organized.
- Write down your questions on a piece of paper and bring it to your appointment.
- Be polite, but be persistent.
- Form alliances by being respectful to staff who treat you with respect and dignity.
- You don't want to be seen as a "problem patient."
- To be effective, it's important to remain as calm as possible when asking for what you need.
- When filling out a sick call request, make sure to include details about what it's for and what matters to you. This could be that you are low on meds, in pain, or having side effects, new symptoms or a new illness. Describe anything new that's happening that's not normal.

How to get your medicine:

- Make sure that you know what all your medications are. If you don't know, ask a health care provider during a visit.
- Ask about what side effects to expect and what you can do about them.
- During the visit, if you are low on your medications, inform the health care provider.
- Your medications should be ready for you at the medicine window. If they are not ready when you need them, or if staff try to give you the wrong meds, put in a request to see the doctor. It's important to be polite even when you are upset, because you are more likely to get what you need if you are polite.
- If your sick call request is not answered within a few days, fill out another sick call request.

In the hospital:

- Make sure you ask any questions you have, and ask the doctor to explain anything they say that you don't understand. You can ask, "Could you please tell me what that means, so I can take better care of myself?"

Pain management:

- The rule is: When people are really sick, pain can be controlled.
- There are many drugs that can be used, some opioids (such as morphine, fentanyl and oxycodone) and some not.
- People who have previous issues with substance abuse should talk to their doctors about this now, or soon.
- You have options — there are other painkillers besides opioids that work just as well.

Planning documents for the end of life:

- Advance directives say what you want done in the event that you cannot speak for yourself.
- The paperwork is different for each state, so it's important to make sure that you have completed the correct paperwork for the state where you are being held. If you are in a federal facility, you need the paperwork for the state where your facility is located.
- Living wills are a kind of advance directive, usually written to say you do not want extraordinary measures taken.
- You may want to consider giving a loved one on the outside power of attorney. This allows them to make legal and financial decisions (and decisions about your children) for you if you cannot speak for yourself. However, this could allow the person to make decisions you disagree with, so it's wise to be very careful about what you sign. One benefit of granting your loved one power of attorney is that they can speak to medical staff to make sure you get the care you need. And, should something happen to you, they can make sure to receive your body.
- You cannot predict every scenario, but you can talk with a loved one so they know what you want done.
- If you give someone power of attorney, it doesn't have to be a family member. Sometimes family members are stressed out enough already.
- Take time to make decisions about these important documents. It doesn't have to take a week — these documents can take months to complete.
- If you can, have four copies of each document notarized, and send one copy to the prison warden, one to your lawyer if you have one, and one to a trusted family member or friend on the outside if you have one. Keep one for your records.

Decisions when your life is threatened:

- The goal is for you to decide what you want.
- It is important to say that you do want treatment or do not want whatever extra measure the medical provider is taking.
- Different people want different things.
- The goal is to have the amount of control you want to have, now!
- You can get these documents by writing to your state's department of health or the AARP:

AARP
601 E Street, NW
Washington, DC 20049

GET THE FACTS ON THIS COMMON VIRUS

BY LUCY GLEYTEEN

Overview

Genital herpes is a common virus that impacts 50 million people in the United States (one in every six people). Herpes is a lifelong infection characterized by painful or itchy sores and blisters around the mouth and/or genitals. Herpes is caused by two types of viruses: herpes simplex virus type 1 (HSV-1) and herpes simplex virus type 2 (HSV-2). Many people do not have any symptoms of herpes but can still carry HSV-1 or HSV-2. This article will focus on genital herpes.

The Herpes Viruses

Herpes Simplex Virus Type 1 (HSV-1) typically causes oral herpes. This often appears as blisters and cold sores around the mouth. HSV-1 can be transmitted through direct contact between the infected area and broken skin (a cut or a break) or mucous membrane tissue (this can be the mouth or genitals). It is possible for HSV-1 to be transmitted through kissing or other forms of skin-to-skin contact. HSV-1 can be spread from mouth to genitals through oral sex. Even though the virus is different, HSV-1 can still cause genital herpes.

Herpes Simplex Virus Type 2 (HSV-2) more frequently causes genital herpes. HSV-2 is considered a sexually transmitted infection because most of the time, the HSV-2 infection is spread through genital contact with someone who has genital HSV-2. HSV-2 is more common among women than among men. This is because genital infection is more likely to occur for a person with a vagina during penile-vaginal sex than for a person with a penis.

It is possible to have both HSV-1 and HSV-2. While barrier methods (like condoms or dental dams) can reduce infection, they don't eliminate it. It's possible to spread the infection even when no sores are present.

Transmission of HSV-2

Genital herpes can be spread by having vaginal, anal or oral sex with someone who has herpes. It is possible for herpes to be transmitted through a herpes sore, saliva or genital secretion, or skin near the oral area of a partner. It is possible to get herpes from a sex partner who does not have symptoms or who does not know that they have the virus. It is possible to get genital herpes if you receive oral sex from a partner who has oral herpes. HSV-2 does not live for very long outside of the body, so it **is not** spread from toilet seats, bedding, or other objects.

The only way to avoid transmission is to not have vaginal, anal or oral sex. However, being in a monogamous sexual partnership and/or using

condoms every time you have sex significantly reduces the risk of herpes transmission.

While condoms are important in reducing transmission of HSV-2, herpes sores can be present in areas that are not covered by a condom, so condoms do not offer full protection.

Symptoms

Many people who have genital herpes do not have symptoms or have mild symptoms. The most common symptoms are herpes sores. Herpes sores present as blisters around the genitals, rectum, or mouth. These blisters can be painful, especially when they break, and can take two to twelve days to heal. When blisters appear, this is called an outbreak. Outbreaks are sometimes accompanied by flu-like symptoms such as fever, aches and swollen glands. The first outbreak usually lasts the longest and is more severe than all subsequent outbreaks. Additional symptoms can include soreness, burning when urinating, or bad-smelling genital discharge. If you notice any of these symptoms, try and schedule a sick visit with your facility's medical provider.

Herpes and HIV

For people with suppressed immune systems such as people living with HIV, herpes may cause painful genital ulcers. Herpes makes it easier to transmit and acquire HIV through sexual contact because it increases the number of CD4 cells (the target cells for HIV entry). It is estimated that it is 2 to 4 times more likely to acquire HIV if individuals with genital herpes are exposed to HIV.

Diagnosis

Medical providers might diagnose herpes based on the presenting symptoms. They also can take a sample from a sore and test it. If there are no symptoms, a blood test to look for herpes antibodies will be necessary. If you think you might have been exposed to HSV-1 or HSV-2, tell your medical provider, because testing might not be a routine part of your medical visit.

Treatment

While there is no cure for herpes, there are antiviral medications that prevent or shorten outbreaks. Taking daily herpes medication (daily suppressive therapy) reduces the risk of transmitting herpes to sexual partners. Without treatment, it is possible for herpes to spread to other body parts. For instance, if you touch sores and do not wash your hands, it is possible to spread the infection to areas such as your eyes.

Implications

It is possible for people with genital herpes to experience anxiety, depression and hopelessness following their diagnosis. While it can sometimes be frustrating and painful to have genital herpes, it does not have major health implications for people who do not have other health concerns. Genital herpes does not impact fertility, it cannot evolve into cancer, and it is not life-threatening. There is medication to help reduce symptoms and outbreaks.

NEW MAIL RULES IN PENNSYLVANIA MAY SPREAD NATIONWIDE

BY SUZY SUBWAYS

On September 5th, after a 12-day lockdown of all 25 prisons in the state, the Pennsylvania Department of Corrections (DOC) made drastic permanent changes to mail and visits. The DOC claimed that dozens of guards had been exposed to synthetic drugs, and that the lockdown and new restrictions were intended to protect them. But no tests showed that the drugs were in the sick officers' bodies. Toxicology experts and the medical directors of the hospital emergency rooms where the guards were taken told the *Philadelphia Inquirer* that the guards' symptoms were consistent with anxiety. They called it a "mass psychogenic illness" — anxiety symptoms that can happen when groups of people share a contagious fear of being exposed to something, even though they haven't been. No mailroom staff reported getting sick.

Governor Tom Wolf and DOC Secretary John Wetzel announced a contract with a private company for \$15 million to tighten security. Because the DOC considered it an "emergency," they could sign this contract without hearing competitive bids from other companies or any oversight from the state legislature. All mail for people in Pennsylvania prisons must now be sent to a private company in Florida called Smart Communications. This company scans the mail electronically and emails it to the prison, which prints a copy for the recipient. The originals — letters, greeting cards, photos, children's art — are destroyed.

The electronic version of all mail is converted to searchable text and kept in a database. This means the DOC can search for key words to find information about people in prison and their loved ones. As the Smart Communications website states, "Converting your inmate postal mail to electronic media, allows for a searchable database of inmate mail and opens a whole new field of intelligence for your agency.... Eliminate the last form of undocumented, uncontrolled communication."

Legal mail is photocopied in front of the recipient, who is given the copy. But the prison keeps the original for 45 days. Many lawyers have stopped sending mail to their clients because of the new policy, which has delayed people's ability to prepare for court and caused them to miss court deadlines. The Pennsylvania ACLU, Pennsylvania Institutional Law Project, Abolitionist Law Center and Amistad Law Project have filed a federal First Amendment lawsuit against the policy.

Visitors now go through body scanners and cannot access food or water during the visit, due to a three-month ban on vending machines. Major Tillery, a currently incarcerated writer, reports, "Not being able to get vending food and drink prevents visits from children, older people, people with medical problems. That is the point. This is an attack on the social values of Black families." This echoes a growing national trend of prison systems replacing in-person visits with video visits.

At first, the new policy required all books to be bought directly from the DOC as expensive e-books and read on tablets that cost \$155. All of the restrictions hurt people in solitary confinement the most. Loved ones of people in Pennsylvania prisons have organized several days of phone calls to elected

officials and the DOC secretary to object to the restrictions. Currently incarcerated activists have written op-eds in local newspapers, and activists outside have organized several demonstrations in Philadelphia and Harrisburg. In response to



Philadelphia Protest Against Mail Policies by Kaytee Ray-Riek

this pressure from the community, the DOC reversed its book policy and will now allow books sent by publishers, bookstores and free book donation programs. And publications such as *Prison Health News* will not be scanned and monitored electronically, but they must be sent to a security processing center in central Pennsylvania, which will forward them to subscribers.

More than half of the \$80 billion the United States spends every year on prisons goes to private companies. Secretary Wetzel is president of the Association of State Correctional Administrators, which holds conferences that private contractors pay to attend so they can lobby elected officials for contracts. These contracts for phone services, tablet computers, video visitation, email, e-books, and more also mean kickbacks for the DOC. The Human Rights Defense Center obtained the Pennsylvania DOC's contracts for mail processing and tablets from Smart Communications, GTL, and JPay. In February, the amount of money the state receives every month as a percentage of what incarcerated people pay for things like e-books, music, games, and email was reduced by almost a third. The DOC would only get a higher percentage if people had to buy more products for their tablets — for example, if other options for communication were limited.

Pennsylvania's new restrictions also please the PA State Corrections Officers Association, which has been unhappy about reforms to solitary confinement. Activists in prison and outside have protested for human rights and won some victories, but the security departments of the DOC seek to re-assert their control. Governor Wolf supported these repressive mail policies, in part, to win the support of the guards' union while running for re-election this November.

Pennsylvania is the first state to dramatically limit mail in prisons, but most states eventually want to eliminate postal mail entirely. It's important to keep track of your prison system's policies and when they might change. Be forewarned if an emergency situation is declared — this may be a way to put dramatic changes in place without oversight. But remember, these changes can be reversed.

Information and Support Resources

Critical Path Learning Center

Philadelphia FIGHT

1233 Locust Street, 2nd Floor

Philadelphia, PA 19107

Answers questions about any health condition. 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.



Artwork by Charlie Patterson

Prison Health News Updates

We would like to hear from you!

Have you ever had a visit with a medical provider or mental health provider over the phone or video? This is called telemedicine. What was it like for you? What were the pros and cons of receiving medical or mental health care through telemedicine? Was it what you expected and is there anything you wish you knew ahead of time?

Edited By:

Lucy Gleysteen
Suzy Subways
Teresa Sullivan
Winner Bell

Envelopes stuffed and sealed with
care by volunteers of Philadelphia
FIGHT

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

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