

PRISON HEALTH NEWS



Uncertainty by Joshua Smith

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WHO WE ARE...

We are on the outside, but some of us were inside before and survived it. We're here to take your health questions seriously and make complicated health information understandable. We want to help you learn how to get better health care within your facility and how to get answers to your health questions. Be persistent—don't give up. Join us in our fight for the right to health care and health information.

Read on...
From
The PHN Team

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. You can submit your work to this address:

**Prison Health News
4722 Baltimore Ave.
Philadelphia, PA
19143**

MANAGING UNCERTAINTY

BY LEO CARDEZ

From the new Department of Corrections leadership to politics and the coronavirus pandemic, inmates live in volatile times. In prison, all we know for sure is that we don't know shit—we live off of rumor and conjecture. And that's not good for us. The damage caused by our unpredictable circumstances causes havoc on every aspect of our being.

- Activity increases in brain areas associated with fear and hypervigilance. Persistent uncertainty can alter the brain's architecture and increase the long-term risk of depression and cognitive impairment.
- It affects our body through a cascade of stress hormones released as part of the fight-or-flight response, making us sweaty, dilating our pupils, quickening our breathing, and tensing our muscles.
- It affects our thinking as we become more reluctant to take risks and less likely to focus on future rewards. Also, our perception of time changes: The present seems endless, and we feel cut off from the past and future.
- It affects our feelings, creating unease. Research shows that waiting for sentencing generates more anxiety than the sentencing itself, which may bring a sense of relief. (I can attest, the year I spent waiting to be sentenced was the longest and hardest for me.)

Incarceration during this historic epidemic seems to hold more questions than answers: Will I or someone I love get sick? Are my job, school and cell, assignment secure? What do the election results mean to our shadow community—are there any criminal reform initiatives on the horizon? And when will my facility go back to normal—if at all?

Not knowing what tomorrow will bring creates physical and emotional stress. The good news? There is a proven way to cope: Make a plan. "Failing to plan is like planning to fail," says Prison Counselor Brooks. "Planning does something to you; it gives you a sense of control in your otherwise uncontrollable circumstances. Control what you can."

Above my desk/pseudo kitchen of my cell I have a calendar. In early April 2020, it was full for the next two months with school assignments, planned visits from family and friends, work and volunteer schedules.

The pandemic quarantine lock-downs blew all of that out of the water—leaving everything blank. I would write my TV schedule just for fun. But it meant nothing... Like many others, I found myself in unexpected territory—marooned with my celly, no job, and feeling anxious as COVID-19 turned my world upside down.

Then two fellow inmates and friends died from COVID, and my mother was fighting for her life in the ICU. That really messed with my head. It was like, *Is this really happening? This is a nightmare come to life.*

That reaction is not unique. Humans are biologically wired to dislike uncertainty. In psychological experiments, people prefer suffering a strong electric shock immediately versus waiting up to 15 minutes for a milder jolt. (Could this also be why detainees will often accept a higher offer from the state's attorney office versus waiting an undetermined amount of time for a possible—and probable—lower plea deal?)

"We have this very complex system of emotions because they do things for us," says Kate Sweeny, a psychology professor at the University of California, Riverside. "They motivate us to act in ways that are beneficial for our well-being and survival. If you're too comfortable with uncertainty, then you won't work to resolve it, and many more bad things could happen."

It may seem silly to plan when everything is up in the air, but that's exactly when we should start. The key, experts say, is setting small, achievable goals with realistic expectations for what you can accomplish in the long and short term—all of which may help you manage the stress and anxiety of the constant unknowns.

"Inmates can push past fear and feel more empowered in their lives when they feel they have a say in their future," says Counselor Brooks. "Prison is a mindfuck, and these walls have dark magic capable of taking so much from a man. Inmates must exercise some type of future thinking in order to survive—otherwise, they just feel like they're stuck in a barrel at the bottom of the ocean with no options. I can't imagine a worse feeling in the world."

At the height of my worries, I had a long conversation with my family. We talked through all the what-ifs: What if I got sick and died? What if they did? We talked through our fears, and by doing so, took back their power over us. It wasn't easy at first, but the longer we spoke, the better we all felt. And we all left feeling as if a heavy weight had been lifted.

As inmates, we already know all too well that many things are out of our hands, so we can't stress about every little thing. Hopefully, this pandemic is teaching us to take things as they come and affect our future through small acts of planning.

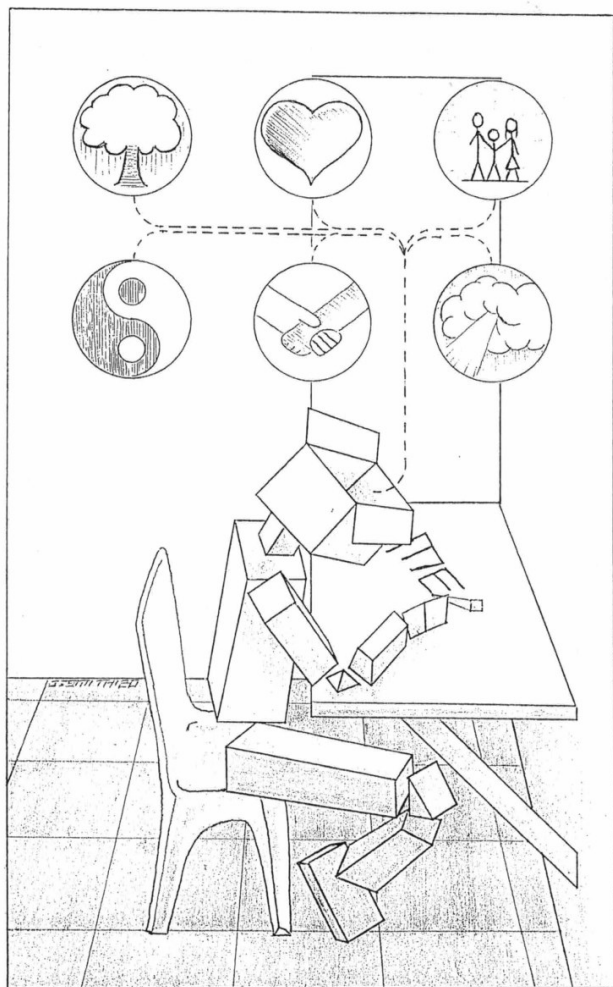
MAKE A PLAN

In the past, I've used up to three planners at a time. I'd have one for work, another to track my meals and exercise, and still another for personal use. You may be wondering, how many to-do items could he possibly have when he's locked in an 8x12 iron tomb for 23 hours of the day? Well, that's because there's a lot more to planners than to-do lists.

I use the first couple lines on the daily schedule to post the daily menu, track my meals, post my exercise goals, and track my progress.

The next line is my 'spiritual' space. I remind myself to pray and meditate, jot an inspirational quote or Bible passage, identify three things to be grateful for, and name at least one friend or family member to connect with that day via either a call or a letter. Lastly, I schedule some downtime for myself, whether that means solving some puzzles or playing cards with my cellmate.

Next comes my 'household' line. I use it to remind myself to clean my cell, do laundry, and any other cell-related obligations. I also note new items mentioned on #inmatetwitter (aka the rumor mill) or save a new convict chef recipe.



Artwork by Joshua Smith

Probably one of the most important uses of a planner is a journal (i.e. diary). In prison, it is imperative we self-advocate for any personal or medical needs we may have. Therefore, tracking doctor's visits, counselor meetings, grievances, etc. becomes crucial when addressing issues.

Planners aren't some magic panacea. When the COVID crisis hit and my mother fell ill, I struggled to fill the pages. Days passed without so much as a peep in my planner, but I knew I needed to get back to my routine. So, I started small, writing things like, "watch Shameless episode" or "share a celly meal." That's okay, one day I'll look back on those days and know that's when I struggled. Those blank pages will speak louder than anything I could have written ... and that's the point.

HAND ARTHRITIS TIPS

BY EDWIN RIVERA

This idea stemmed from the arthritis I've now had for several years. I have it on different parts of my body, but I am focusing on the arthritis on my hands, which causes my fingers to lock. And believe you me, it hurts when I have to pry them back into place! Anyone with this condition knows all too well what I'm talking about. It's mainly my ring finger and my right pinky. I started to do light finger curls every day and washing my hands with hot water.

I take magazines, roll them up, tie or tape them while they're rolled, and do finger curls. The magazines may weigh between 1 and 2 lbs a piece. I usually wash my hands with warm to not-too-hot water for 20 to 30 seconds before and after I do the finger curls. Maybe that hot water softens up my bones a little, and I'm able to do these curls without any pain.

1. Hold the weights in your hands, with your palms up and fingers around the weights.
2. Open your fingers downward, and let the weights roll toward your fingertips.
3. Curl your fingertips back toward your palms so the weights go back to their original position.

Don't ask me if it was a miracle, because it isn't. But ever since I started doing these light curls (which, by the way, it has been months now) and washing my hands with hot water, my fingers don't lock as much. This combination is somehow working out for me. Do I still have arthritis? Absolutely! Has this routine worked out for me? Yes, it has.

Stay safe, sisters and brothers in the penal system.



Artwork by Gina Lerman

AGAINST THE ODDS

BY: ANTWANN JOHNSON

My name is Antwann Johnson, and I felt compelled to share my experience with COVID-19 while incarcerated. On October 16, 2020, I was working as a DLA (Daily Living Assistant) and I was approached by the Housing Unit FUM (Functional Unit Manager). He asked me if I would be willing to live in the Medical TCU for the purpose of giving assistance to the medical personnel who cared for inmates that had contracted COVID-19 and were severely ill and dying.

At first, I felt reluctant because this virus was still a mystery to us all. Not long after that conversation with the FUM, I was informed that my cousin and two of my close friends had tested positive for COVID-19. After that, I made the decision to go to the TCU Unit. I've seen firsthand how many of the inmate patients don't have any family or people who care about their well-being. The primary purpose of being selected to live in the medical unit was to help prevent any cross-contamination or spread of the virus as much as possible. It would be two inmate patients that I grew close to while they were battling COVID-19 who would ultimately give me the strength to continue fighting this worthy cause.

One of the patients who I helped to care for was named Stanley, who was 64 years old and had been diagnosed with both COVID-19 and pneumonia. He was in such bad shape that the outside hospital sent him back to the facility and said that he would not make it due to the fact that his lungs were so severely damaged. As time went on, we became close, and I did all that I could to assist the nurses with Stanley's care. He thanked us all, because he knew that his condition was bad and that we were doing our best to keep him alive. He expressed to me how he didn't have any family or friends, so I took it upon myself to care for him as if he were my own family.

George was another person I helped support on the TCU unit. He was diagnosed with terminal cancer. George was a fighter. Just as with Stanley, George and I became close, and there were even times when George would not allow the custody staff to touch him unless I was present. The times when we all worked together to give George the best care, we were lucky if we even got 5 hours of sleep. You would have to be here to truly experience the joy these patients bring to our medical team and vice-versa. Collectively, we're a big family that relies on each other for strength and support, and we have the biggest prison medical facility in Missouri.

Each nurse personnel plays a pivotal role in making this unit function, but it's the hospice workers who give compassion for human lives its true meaning. While we were experiencing the outbreak of COVID-19, there were a total of 25 patients who had contracted the virus assigned to the medical TCU Unit, and 8 deaths due to complications with the illness. There were countless more inmates in the general population of the prison who had COVID-19 as well. We literally gave up everything to assist the staff. For me, someone who is trying to prove my innocence, it was very difficult not being able to go to the law

library. I also missed going to the gym, simply being outdoors, enjoying the company of friends. But again, I knew these inmates were relying on us for help.

There were times when things were so chaotic that nurses just wanted to walk off the job, and us hospice porters were losing hope in this fight. I know that just staring down at a lifeless body did something to us all emotionally. There would be times when the power from the generator would go out, and we would sit in the still darkness, quiet, listening to the halls, wondering when we were going to hear our names being called for assistance. If I told you I wasn't affected by the death of another human, I'd be lying. I honestly have a newfound respect for any and all healthcare workers.

While I have been a hospice porter, working alongside medical personnel, I actually feel like a real human being and not just some worthless criminal. This is the first time in my 24 years of incarceration that I have felt like this. It's hard to hold back tears as I think about all the work we have done, but how we've received little to no recognition for our help and support from the prison officials who are higher up. I've witnessed firsthand how this virus attacks the body with no regard for human life.

It has been a rough journey being a hospice porter, and it has definitely humbled me. There were many times when I felt lost, confused, and couldn't process the loss of the patients we had. The fact that Ralph and Limbo were my two friends that initially caught the virus first, but they came back to work in order to help others, knowing that they could contract this deadly virus again and die, gave me the strength to say, "Against the odds for a worthy cause."

Artwork by Gina Lerman



COVID-19 UPDATES: DELTA VARIANT AND VACCINATIONS

BY LILY H-A

A newer variant of the COVID-19 virus called the delta variant, which is more than twice as contagious as earlier variants of the virus, is now the most common coronavirus variant in the US. Earlier in the summer, US cases had dropped to some of their lowest levels since the beginning of the pandemic, but now the delta variant is driving new surges. In the US, Southern states are currently most affected. Hospitals in some heavy-hit areas have reached their capacity. Many states, after rolling back COVID-19 restrictions earlier in the summer, are putting some restrictions back in place. There have also been new lockdowns in some jails and prisons after outbreaks.

Based on data coming out so far, it seems like the currently available vaccines are still very good at preventing serious illness, hospitalizations and deaths from the delta variant. The large majority of hospitalizations and deaths from COVID-19 are people who were not vaccinated, and spread of COVID-19 seems to be worse in communities with low vaccination rates. But, vaccines do seem to offer less protection from people getting milder cases of COVID-19 with the delta variant, and spreading it to others, than with earlier variants.

On August 23, 2021, the FDA fully approved the Pfizer vaccine for people ages 16 and up. It was previously approved under an abbreviated process called an Emergency Use Authorization (EUA). The Moderna and Johnson & Johnson vaccines are still approved under an EUA, but are expected to receive full approval soon as well. Children from 12 to 15 are also approved for the Pfizer vaccine under an EUA, and younger children may be approved soon too.

Vaccination rates in the US have slowed down since the vaccines first became available to everyone, but are starting to pick up again slightly during the latest surge. As of September 15, 65% of US adults were fully vaccinated, and 76% had at least one dose of a COVID-19 vaccine. With millions of people now vaccinated, the vaccines still seem to be extremely safe.

The federal government and some state and local governments as well as employers have begun to issue policies that require vaccination for certain people, such as government employees, health care workers, and teachers, by a certain date. In some cases people can continue to work if not vaccinated, but must get regular COVID-19 testing or comply with other requirements. Some of these policies requiring vaccination cover health care workers caring for incarcerated people, and some cover other prison and jail staff as well. Currently, prison and jail staff in the US are vaccinated at significantly lower rates than incarcerated people and the surrounding community.

Many experts are now saying it is unlikely that COVID-19 will be completely controlled or eliminated through vaccination, like it had been hoped. They think it is more likely that COVID-19 will continue to exist for a long time, but that vaccination will make it a much less dangerous disease for people who are vaccinated.

Third dose of vaccine recommended for immunocompromised people

Because of data suggesting that people with weaker or suppressed immune systems may get more protection from an extra dose of the Pfizer or Moderna vaccines, the CDC is now recommending a third dose of the vaccine for people who have:

- Been receiving active cancer treatment for tumors or cancers of the blood
- Received an organ transplant and are taking medicine to suppress the immune system
- Received a stem cell transplant within the last 2 years or are taking medicine to suppress the immune system
- Moderate or severe primary immunodeficiency
- Advanced or untreated HIV infection
- Active treatment with high-dose corticosteroids or other drugs that may suppress your immune response

Right now, in mid-September, the CDC says they do not have enough data about immunocompromised people who received the Johnson & Johnson (J&J) vaccine to recommend a second J&J dose. This may change in the future.

There has also been discussion about offering a third vaccine dose to people who are not immunocompromised, but as of mid-September, the CDC is not recommending this.

Long COVID

As we wrote in the last issue, many people have reported that even after recovering from COVID-19, they have symptoms that outlast their infection. This has become known as “long COVID” or “long-haul COVID.” People with long COVID have described a wide range of symptoms like fatigue, “brain fog” (trouble with concentration and memory), shortness of breath, cough, joint pain, and chest pain.

These symptoms have been recognized by the National Institutes of Health, CDC, and World Health Organization, and many research studies about them are underway.

Unfortunately, scientists and doctors still do not know much about what might be causing these symptoms, or how best to treat or prevent them. Since many people with long COVID seem to have similar symptoms to those found in myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), they may benefit from similar approaches as ME/CFS. ME/CFS patient advocates have developed an approach called “Stop. Rest. Pace.” which involves taking a cautious approach to increasing activity, resting often, and respecting your limits, since pushing yourself too hard can worsen symptoms. For other long COVID patients, who are dealing primarily with reduced lung capacity or muscle weakness, gradually increasing exercise might help. As with many health conditions, what works may be different for different people, and listening to your body is very important.

If you think you might have long COVID, it is important to share your symptoms with a healthcare provider, especially since the symptoms of long COVID can also be caused by other health conditions that need to be ruled out. Unfortunately, many people with long COVID report they have had a difficult time getting their doctors to take their symptoms seriously. You may have to be persistent and advocate for yourself. For a tipsheet on how to best advocate for your healthcare in prison, please write to us. We can also send you articles and other written materials about long COVID.



COVID-19 UPDATES (CONTINUED)

We would like to hear from you if you are experiencing long COVID. Please write to us about your experiences, and if you have found anything that helps. We would like to include more information and tips about dealing with long COVID on the inside in our next issue.

COVID-19 prison lawsuits

Since the pandemic started, hundreds of lawsuits have been filed across the country at the local, state and federal level about the treatment of prisoners during the COVID-19 crisis. Many court orders and settlements have been issued requiring prisons and jails to implement better safety measures, improve conditions, and release medically vulnerable prisoners. Many other cases are still working their way through the courts. A few examples of recent victories:

- In December 2020, a California Superior Court judge ordered that the Orange County jail population must be cut in half, which would result in the release of around 1,800 people.
- In February 2021, North Carolina reached a settlement requiring them to release 3,500 prisoners to supervised release over the next six months.
- In March 2021, Illinois reached a settlement requiring them to release prisoners nearing the end of their sentences meeting certain conditions; advocates said this would likely affect 1,000 prisoners.

The Prison Policy Initiative, however, reports that after dropping in 2020 (mostly from reduced admissions rather than releases), prison populations are starting to increase again in many states.

IDENTIFYING AND TREATING URINARY TRACT INFECTIONS

BY: AVERY COX

UTI stands for urinary tract infection. This is a very common infection that affects millions of Americans each year. UTIs can affect all people, not just women. Symptoms are similar in all people.

This infection usually takes place in the urethra (where you pee from) or the bladder (which holds the pee). Different kinds of bacteria cause UTIs. If the infection is very serious, it may be in your kidneys. If you recognize the symptoms, you can often diagnose a UTI by yourself.

You are more likely to get a UTI if you:

- Have internal genitalia (vagina)
- Are sexually active or have a new sexual partner
- Use diaphragms or spermicides (types of birth control)
- Use any kind of creams or lotions near your genitals
- Went through menopause
- Have a urinary catheter
- Have kidney stones or an enlarged prostate
- Have a condition like diabetes that weakens your immune system

Here are some common UTI symptoms:

- Feeling like you really need to pee urgently and without warning
- Burning when you pee
- Only peeing a small amount at a time
- Cloudy pee
- Red, pink, or brownish pee
- Smelly pee

Seek medical help as soon as possible if you experience:

- Pain in your back or side
- Fever (feeling hot)
- Shaking and chills
- Nausea and vomiting

These may be signs of a more serious infection.

How to help yourself if you think you have a UTI:

- Drink lots of water and stay hydrated
- If you can find 100% cranberry juice without a lot of added sugar, it can help
- Try to avoid other beverages (such as soda, coffee and alcohol)
- Pee often
- Get lots of rest
- Write down your symptoms and note any changes
- Seek medical for antibiotics if mild symptoms do not go away in a couple days

If you think you have a UTI, consider asking a health care provider to **test your pee for an infection**. They may give you **antibiotics**. If you do not treat the UTI, it could get worse

How to prevent UTIs before you get one

- Drink lots of water
- Wipe your genitals front to back (from urethra to anus) when going to the bathroom
- Pee after sex
- Don't hold your pee in for a long time after you feel the urge to pee

If you have had a UTI before, you know they are not fun. They are painful and uncomfortable. If you get a UTI, know that you are not alone. Sometimes, they will go away without getting worse. But you should seek medical help to be safe. Tell your healthcare provider all of your symptoms. Ask for antibiotics. Tell them you think you have a UTI. Stay in control by acting fast. When in doubt, drink both water and cranberry juice. **You got this!**

PRISONERS' HEALTH MUST MATTER

BY BOBBY BOSTIC

Although they have committed crimes, prisoners are still entitled to adequate healthcare

They are still human beings that should get medical treatment that's fair
To be captured and denied care by your captor is a form of torture
As a result, you also suffer mentally and emotionally from your internal physical scorture

Locked away from society, you have no one to call out and cry to
You file your medical grievances to demand the treatment that you are due

For many decades, prison advocates have been litigating against greedy medical providers

Battling against powerful law firms hired by government insiders

During the height of the prison reform movement, this led to the landmark case of *Estelle v. Gamble*

Therein, the Eighth Amendment to the Constitution was held to guarantee medical care as part of a prisoner's rights preamble

In spite of this, the prisoncrats have continued to be deliberately indifferent to the average prisoner's serious medical need

All because the prison healthcare provider puts profit first due to corporate greed

Sometimes, it feels helpless as prisoners lay dying—on the verge of death

Profits come before a prisoner's health

Although there is a cure for many prisoners' curable disease

It will cost too much, so the prisoner suffers silently in the prison infirmary, hardly at ease

As a society, we must care about what goes on behind prison walls
Prisoners' health will only become an important issue if we protest and make the calls

The citizens pay taxes for their care, so we must not sit idly by while the medical corporate pockets get fatter

Society must take a stand and declare that prisoners' health must also matter

I ENCOURAGE YOU TO GET YOUR COVID-19 VACCINE

BY COMRADE ANGEL UNIQUE

As a fellow prisoner and comrade, I encourage you to get your COVID-19 vaccine when you are allowed to do so. I did—two doses of Moderna. The way I see it, our captors shamelessly made no realistic attempts to protect us. None. But, now they are offering us a chance to protect ourselves, the communities our prisons are located in, our potential visitors ... on the streets. The luxury of the option to get vaxxed or not is there, but for those of us inside, we each know our own conditions. There is simply no way—zero—we can ever hope to go somewhat back to normal programming without the benefit these vaccines guarantee!

About 90% to 95% effective at preventing hospitalization or death! Wow! Serious side effects are extremely rare ... so, please. Get vaccinated. It's the only way for prisoners. I send my love and solidarity by the stars above.

—Comrade Angel Unique :) xoxo



Prison Health News recommends getting vaccinated for COVID-19. Photo by Heather Hazzan for SELF magazine, licensed under Creative Commons

Information and Support Resources

Center for Health Justice

900 Avila Street #301

Los Angeles, CA 90012

Prison Hotline: 213-320-8829

Free health (including HIV and mental health) 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.

Prison Yoga Project

P.O. Box 415

Bolinas, CA 94924

Write to ask for a free copy of one of the following books: *Yoga: A Path for Healing and Recovery*, *Yoga: un Camino para La Sanacion y la Recuperacion*, or the prison yoga book for women, *Freedom from the Inside*.

POZ Magazine

Attn: Circulation Department

157 Columbus Ave, Suite 525

New York, NY 10023

Magazine for people living with HIV/AIDS.

Give your full name and address, and state that you are HIV positive and cannot afford a subscription.

Black and Pink

6223 Maple St. #4600

Omaha, NE 68104

Black & Pink distributes a free national newsletter to incarcerated LGBTQIA2S+ members and incarcerated members living with HIV/AIDS around the country. Each issue includes pieces submitted by incarcerated members, relevant news, history, opinions from our non-incarcerated community, and a calendar.

California Coalition for Women Prisoners

4400 Market St., Oakland, CA 94608

For women, transgender, and gender non-conforming people in women's prisons only. They send a newsletter and info on health, commutation and legal advocacy to people in all states, not just California, although some laws are different by state.

National Prisoner Resource Directory

Prison Activist Resource Center

PO Box 70447

Oakland, CA 94612

Free 26-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 living with HIV working to end HIV criminalization, mass incarceration, racism and social injustice and to improve policy outcomes, advance human rights and promote healing justice.

Just Detention International

3325 Wilshire Blvd, #340

Los Angeles, CA 90010

If you have experienced sexual harm in custody, write to ask for their Survivor Packet, which includes a self-help guide for survivors and info on 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. Please note that they do not provide legal representation or counseling services.

Hepatitis Education Project

1621 South Jackson Street, Suite 201

Seattle, WA 98144

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

Jailhouse Lawyers' Handbook

National Lawyers Guild - Prison Law Project
PO Box 1266

New York, NY 10009-8941

Write them to ask for a free copy of the newly updated 6th edition.

Coalition for Prisoners' Rights Newsletter

P.O. Box 1911, Santa Fe NM, 87504

Monthly newsletter about current events important to people in prison. Send them a SASE for every month's issue you are requesting, up to 12 at one time, with their address in the upper left corner.

ameelio.org

If you have loved ones on the outside, they can use this nonprofit phone app to send you letters and photos for free.

National Resource Center on Children and Families of the Incarcerated

856-225-2718

<https://nrccfi.camden.rutgers.edu/resources/>

This is a resource for those with family members on the outside.

They do not respond to mail, but your loved ones can find their resources on their website. They have fact sheets and a directory of programs in the United States and around the world that offer services for children and families of the incarcerated.

Fair Shake Re-Entry Center

P.O. Box 63, Westby, WI 54667

Write to them to ask for a free re-entry packet to help you plan for your release.

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

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

Prison Legal News

Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: \$5. 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, while supplies last.

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

Request for Tips on Hep C Legal Advocacy

Getting the hep C cure? Trying to get it for yourself or someone else in your facility? We'd like to hear from you about what has worked in your fight for hepatitis C treatment access, whether you're a jailhouse lawyer or organizing another way. We'll share your tips with other people in prison who are advocating for hep C treatment around the country. Please keep your responses to a page or less, if possible. And keep up the good fight!

Write to Prison Health News at 4722 Baltimore Ave Philadelphia, PA 19143 and we will do our best to answer your health questions. Below is information to consider when writing to us for health information.

Here's what we CAN do:

- Provide medical factsheets
- Send information about medications
- Offer information about options for testing and treatment
- Send general information about specific conditions

Here's what we CANNOT do:

- Answer more than 2 questions in one letter
- Interpret health test results
- Suggest a diagnosis for your symptoms
- Provide analysis for complex cases
- Provide legal advocacy
- Send books
- Offer pen pal referrals

Many thanks to the PHN Advisory Board for their wisdom and insight:

Ignacio H. Carrillo, currently incarcerated in Illinois

A. Maxwell Hanna, currently incarcerated in Oregon

Elisabeth Long, San Francisco

Fatima Malika Shabazz, Los Angeles

Lisa Strawn, San Francisco

Teresa Sullivan, Philadelphia

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