

Artwork by Alec Dunn

# PRISON HEALTH NEWS



## 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

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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. You can submit your work to this address:

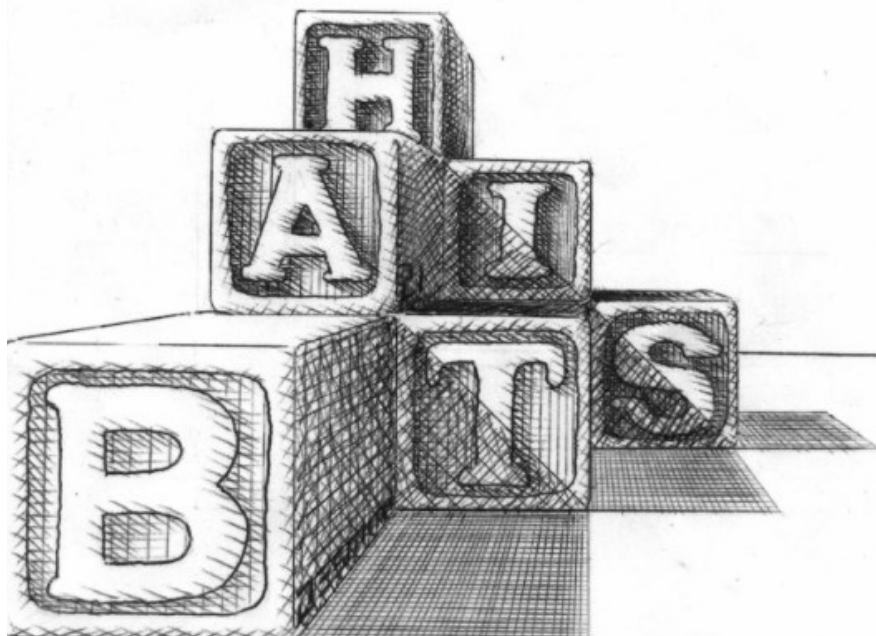
**Prison Health News  
4722 Baltimore Ave.  
Philadelphia, PA  
19143**

## ELEVATE YOUR INMATE GAME: BUILDING HABITS TO HELP YOU SEIZE THE DAY BY LEO CARDEZ

There's a note on my planner that I update each year on my birthday with annual increasing numbers. On my 40th birthday, eight. On my 41st birthday, nine. And so forth. That number is how many healthy habits I live by. I add one new habit each year. This goal I set each year is a gift I give to myself. I might be getting older, but I am doing something that can help me live longer and makes me a better and happier person overall. My good habits have increased each year, often replacing old, bad habits. I love the idea of becoming a better version of myself. There may come a day when I won't be able to adopt a new healthy habit. That felt all the more real this year with the COVID-19 pandemic. But I try to take this in stride, realize it is about the journey, take a deep breath and try again... and then again. Sticking with new habits can be difficult, but it is all about taking one small step at a time and understanding that it is okay to fail, as long as you try again.

I have done a lot of research about healthy living and tried all the recommendations that I could. Below you will find a list of my top tips—those that have worked best for me. I wholeheartedly recommend them all, but remember to start small, and try one at a time. I'm living proof that small steps work towards arriving at a better destination. It's never too early—or too late—to adopt a new healthy habit into your life, but you have to choose them every day. Over and over and over until they become automatic.

1. Start your day with a cup of ice-cold water. This fights overnight dehydration and jump starts your immune system. Drink at least eight more cups of water throughout the day.
2. Eat the right food as much as you can: like protein, veggies, and fruits. Avoid sweet or salty processed foods.
3. Read at least 30 minutes everyday. Fiction or nonfiction. To learn something, or just for fun.



4. Do mentally challenging puzzles (sudoku or crosswords, etc.) at least 30 minutes a day. Or challenge yourself to learn a new language or study a new topic.
5. Connect with others at least 30 minutes a day. Play games, walk and talk, call home—the key is to avoid self-isolating.
6. Listen to music at least 30 minutes a day, especially when exercising.
7. Be grateful. Find five things to be grateful for every morning and evening—even if they are small things. Start a gratitude journal by writing these things down every day. Positive thinking can literally rewire your brain.
8. Do something physical for at least 20 minutes every day. Exercising, cleaning your cell, or walking to chow—the point is to move.
9. Limit TV watching to no more than three hours a day, and try to watch educational programming when possible.
10. Clean and organize. There are whole books dedicated to the benefits of organizing—even just making your bed every day can have a positive effect.
11. Find ways to connect with nature as much as possible (yard, watching nature shows, reading travel/nature zines). As humans we have a deep, instinctual connection with nature.
12. Sleep 7-9 hours a night. The benefits of getting enough sleep are endless.
13. Care about yourself by taking care of yourself. All of you: physically, mentally, emotionally, and spiritually.
14. Give yourself time to create and stick to your new habits. Research shows creating and sticking to new habits takes at least 90 days.
15. Start now.

# COVID-19 VACCINE UPDATE

BY LILY H-A

There are two COVID-19 vaccines currently being used in the US as of late January. One is made by Pfizer-BioNTech and the other by Moderna. People understandably have a lot of questions about the vaccines and we will try to answer some of them here.

## **How do the COVID-19 vaccines work?**

The two currently approved vaccines are mRNA vaccines. They contain instructions (also known as mRNA) that teach our body to produce harmless proteins (a type of biological material) that are very similar to the ones on the outside of the COVID-19 virus. Once our body makes those proteins, our immune system recognizes they are not supposed to be there, and attacks them. Our immune system then “remembers” these proteins. If COVID-19 enters our body, our immune system recognizes it and attacks, which can keep us from getting sick. The vaccines do not contain the COVID-19 virus, so you cannot get COVID-19 from them.

## **What was the process for these vaccines getting approved?**

The Pfizer and Moderna vaccines were approved by the Food and Drug Administration (FDA) to be used under an “Emergency Use Authorization” (EUA). This means that the need for the vaccine was urgent enough that the vaccine manufacturers went through a shorter approval process than usual. For an EUA, the FDA has to determine that the “known and potential benefits outweigh the known and potential risks of the vaccine.” The vaccines were tested in clinical trials on tens of thousands of people over several months to test their safety and effectiveness. The FDA then reviewed that data before making their decision to use these vaccines. The FDA is still collecting safety reports as people get the vaccine in the community. However, people who get the vaccine now (including people in jails and prisons) are not part of an experiment or clinical trial; they are receiving the vaccine as part of their regular medical care.

## **How effective are the vaccines at preventing COVID-19?**

In the Pfizer and Moderna clinical trials, the vaccines were more than 95% effective in preventing people from getting sick with COVID-19 after two doses. Once more people have been fully vaccinated, we'll know even more about the effectiveness of these vaccines. There are several additional vaccines being developed that may be approved soon. So far, the vaccines we have seem effective against new strains of COVID-19 that are emerging, but researchers are also working on ways to make the vaccines more effective against new strains of COVID-19 that may emerge in the future.

You need two doses of the vaccine, three weeks apart for the Pfizer vaccine and four weeks apart for the Moderna vaccine. About a week after the second dose is when you'll likely have full protection. It's very important to get both doses, and the second dose should be the same type as the first one you got (Pfizer or Moderna).

It isn't known yet how long immunity from the vaccine will last. It's possible people might need "booster" doses of vaccine in the future to stay immune and protected.

### **Are the vaccines safe? Are there any side effects?**

So far, data from clinical trials and experience from millions of people getting them suggest the vaccines are very safe. However, it is important to note that we don't have long term data yet, since people haven't been getting the vaccines for very long. Scientists are carefully watching for any problems and will keep the public informed. A lot of people do have mild side effects from getting the vaccine, such as pain where they got the shot, fatigue, headache, chills, fever, and joint and muscle pain. These side effects usually only last a few days. They may be worse after your second dose than your first. These side effects are caused by your immune system learning to fight the virus. Some people have also had allergic reactions, but severe reactions are very rare so far. Typically, you will be observed for at least 15 minutes after getting your vaccine to make sure you aren't having an allergic reaction.

### **When will people get the vaccine? Who's getting it first?**

More than 29 million doses of COVID-19 vaccine have been given out in the US, as of January 31. Not enough vaccines have been manufactured yet for everyone to get them, so the Centers for Disease Control and Prevention (CDC) put out recommendations for prioritizing who should get it first. Health care workers have been the first in line in all states, and some states have now expanded to other high-risk people, like frontline workers, nursing home residents, older adults, and people with certain chronic illnesses. The position of incarcerated people on the vaccine priority list varies from state to state. In some states staff are getting vaccinated before those incarcerated, even though the CDC recommended they should get vaccinated at the same time.

The goal is for enough people to get vaccinated that we reach "herd immunity," which means enough people are immune to the virus that it stops spreading. The percentage of people that will need to be vaccinated for that to happen with COVID-19 is not known yet, but Dr. Anthony Fauci, the top infectious disease doctor in the US government, has estimated it may be about 75% of the population. It will likely take at least several months before there is enough vaccine available to reach that figure of 75% in the US. If many people choose not to get the vaccine, it is also possible that we won't reach herd immunity through vaccination. People refusing the vaccine could significantly weaken our chances to fight against the spread and impact of COVID-19.

### **Who should not take the vaccine?**

Anybody who has had a severe allergic reaction to the COVID-19 vaccine or any of its ingredients should not take the vaccine. People with a history of allergic reactions to other vaccines should talk to their doctor and may need to take extra precautions. The vaccine hasn't been approved for people under 18 yet. The CDC says that people who are pregnant can choose to take the vaccine—it has not been tested on pregnant people yet, but there isn't reason to think it is unsafe for pregnant people or their fetuses.

# COVID VACCINE UPDATE (CONTINUED)

## **Can I take the vaccine if I already had COVID-19?**

Yes. There is evidence that people can get COVID-19 again several months later, although scientists think that may be rare. People who have contracted the virus have antibodies for at least six months that likely help protect them. But a vaccine will offer additional protection that may last longer. If you currently have COVID-19, you should wait to get the vaccine until it has been at least two weeks after your first symptoms and at least 24 hours since you have had any symptoms.

## **Once I get the vaccine, can I stop taking precautions like wearing a mask and social distancing?**

Not yet. Since the vaccine doesn't offer 100% protection, scientists are recommending that we keep taking these precautions for now until more people are vaccinated. Scientists also aren't completely sure how immunity from the vaccine works yet—it is possible that the vaccine could keep you from getting sick, but you could still have the virus in your body and pass it on to others. We'll hopefully know more soon, but for now, to protect yourself and others, you (and correctional staff) should keep taking the same precautions even after being vaccinated.

## **Why should people get the vaccine?**

Getting the vaccine is an individual choice. It is your right to choose to get the vaccine or not. However, doctors, public health professionals, and community activists are strongly recommending everyone get the vaccine. Choosing to get the vaccine greatly reduces your own risk of getting seriously ill or dying from COVID-19 and provides the added benefit of protecting others.

Dr. Jubril Oyeyemi, a Black primary care doctor in Camden, New Jersey, wrote an article for the Philadelphia Inquirer about why he is getting the vaccine and encouraging his patients to. He wrote: "While our skepticism and distrust of the establishment is understandable, the COVID-19 vaccine is different. We are not being experimented on, and we are neither the first nor the only ones to receive it. Of the 40,000 people in the Pfizer vaccine trial, there were 16,775 people of color (of whom 3,492 were Black) in the study already done. The 95% efficacy of the vaccine was seen in us, too. More importantly, the vaccine was just as safe for those 16,775 people of color as it was for white study participants."

Dr. Ala Stanford, founder of the Black Doctors' COVID-19 Consortium, said to MSNBC: "The experience that African Americans have had with the healthcare system being untrustworthy ... I know the history, but we cannot allow that to impede us from receiving the help that is on the way." The National Medical Association, the nation's largest organization for Black doctors, convened a task force to evaluate the safety of the vaccines. They released a statement on Dec. 21 fully supporting the FDA's approval of the COVID-19 vaccines.

### **Additional COVID-19 Information**

1. Rapid COVID-19 tests often give a false positive result, so the test should be done twice to confirm the results.
2. People in prison who have not received their stimulus checks must file a 2020 tax return by April 15.

# STAYING SAFE IN PRISON DURING COVID-19

BY THE PRISON HEALTH NEWS ADVISORY BOARD

**Prison Health News asked our Advisory Board members for suggestions on how people in prison can advocate for their safety during the pandemic. We're very grateful for these responses, which we edited for length and clarity.**

Try and stick together, because there are a lot of people fighting for you. I'm for sure one of them.

The first thing I thought of was having people join the lawsuits being represented by the ACLU. People can write to their state representatives and the health department about health violations related to COVID-19 and lack of personal protective equipment (PPE) for inmates. I also would recommend consulting with the healthcare workers in the prison, because they could be allies in fighting for more PPE and better health conditions during the COVID-19 pandemic.

These guys are left to fend for themselves while quarantined (without access to commissary) so I have taken it upon myself to try and help them by making sure they get extra T.P. (diarrhea), aspirin (headaches and fever), blankets (chills), cough drops (cough), gatorade (dehydration), stamped envelopes, and pens and paper to write to their families or whatever they may need that I can buy at the store.

An institution should have a "safety manager" who should coordinate the cleaning supplies. The superintendent is also liable for our lives, so they have the ultimate responsibility for us. The staff who have ignored mask mandates are subject to the grievance process available to prisoners. Every state has an ombudsman who is appointed by the state governor. Their duty is to police long-term care facilities, which also includes prisons. Complaints can be made to them.

For extended solitary confinement, my suggestion is to ask for a "federal habeas corpus" challenging their conditions of confinement to have a court make a ruling in an emergency setting. As for denial of phone calls, their right to talk on the phones has "some protection under the First Amendment" of the U.S. Constitution. "Most courts agree that prison officials can restrict telephone privileges in 'a reasonable manner.'" —*McMaster v. Pung*, 984 F.2d 948, 953 (8th circuit, 1993).

People in prisons should get copies of their DOC policies for "code of ethics," "code of conduct," and whatever else their state rules are for holding correctional staff accountable. So that way, when they file grievances, inmates can quote an actual rule that staff violated. The DOC Inspector General can be complained to about staff as well. When an IG gets voluminous amounts of complaints about certain staff members, they pay attention to that. DOC directors hate getting bad publicity about their prisons. They can get motivated to make changes from lots of outside inquiries!

You can write to these organizations about what is going on at your facility. They might not write back unless they think they can help you:

ACLU National Office: 125 Broad Street, 18th Floor, New York, NY 10004  
Ask them for the address of your local or state ACLU chapter.  
Center for Constitutional Rights: 666 Broadway, 7th Floor, New York, NY 10012

# COVID-19 TREATMENT OPTIONS

BY FRANKIE SNOW

## The Search for the Right Treatments

Over the past year, many types of medications have been studied and tested as possible treatments for COVID-19. Currently there are some that are approved by the Food and Drug Administration (FDA) on an emergency basis and some that have been shown to be effective but are still being studied. It's important to get health information from trusted sources and talk with a doctor about what is best for your health needs if you are seeking treatment for COVID-19.

Many people catch COVID-19 but do not require treatment because they do not have symptoms. Others may be able to recover on their own, with basic care like rest, drinking enough water, and acetaminophen (Tylenol). Other cases become more severe and require further treatment. Reports from *Prison Health News* readers and journalists have indicated that prisons are not offering the same treatments available on the outside. The information in this article is being shared to help our readers know what treatments should be available to them. When filing a grievance or lawsuit, it may be helpful to specifically list what medications have not been offered. The following are different treatment options available outside prison, based on the severity of symptoms.

## Treatment Outside the Hospital for Mild Cases That Could Become Severe

For those at risk for developing severe COVID-19 symptoms, certain treatments have been recommended and are available outside the hospital.

### Immune-Based Treatments

These medications are still being studied but have been given an emergency authorization by the FDA. They work by attaching to a part of the virus and then helping the immune system to recognize and fight against the virus. They are recommended for those who have tested positive and have mild to moderate symptoms, but are at risk for severe symptoms and hospitalization because of a chronic health condition or older age. These medications are not authorized for anyone already hospitalized.

- **Bamlanivimab & Etesevimab** are medications developed with a human-made version of an antibody that naturally develops the body's ability to fight the virus. They have been authorized for emergency use by the FDA as of 2/9/21. These medications include a protein created in a lab that is given intravenously with an IV as a single dose within 10 days of onset of symptoms.
- **Casirivimab & Imdevimab** are also antibodies made in a lab to help build up the body's immune response. These medications are used in combination and given by IV.
- **Convalescent Plasma:** This treatment uses blood donated by people who have recovered from COVID-19 to help treat those who are still ill by building up their immune response. The plasma from the donated blood is

transferred by IV, and it contains antibodies for COVID-19, helping the body understand how to fight the virus. This type of treatment—with the blood of recovered patients—has been used for over a century to treat illnesses like measles, chickenpox, polio, and SARS. This treatment has been shown to be most effective very early after symptoms develop.

### Over-the-Counter Medications

- **Acetaminophen** (*Tylenol*) can be used to reduce a fever and help with muscle aches. It's important to follow the directions. If taking multiple types of cold or flu medicines, some might also have acetaminophen in them, so be careful to not exceed the daily dose. The maximum dose for acetaminophen per day is 3,000 mg.
- **Ibuprofen** (*Advil* or *Motrin*) has been recommended by the World Health Organization as a treatment to help reduce fevers and muscle aches during COVID-19. Some doctors have concerns about taking them regularly; however, there is currently no data to support these concerns. For individuals with kidney issues and ulcers, it is best to consult with a doctor before taking ibuprofen. The maximum daily dose for ibuprofen is 3,200 mg, and it is important to monitor if taking multiple types of pain relievers.

## **Treatments During Hospitalization for Severe Cases**

### Antiviral Medications

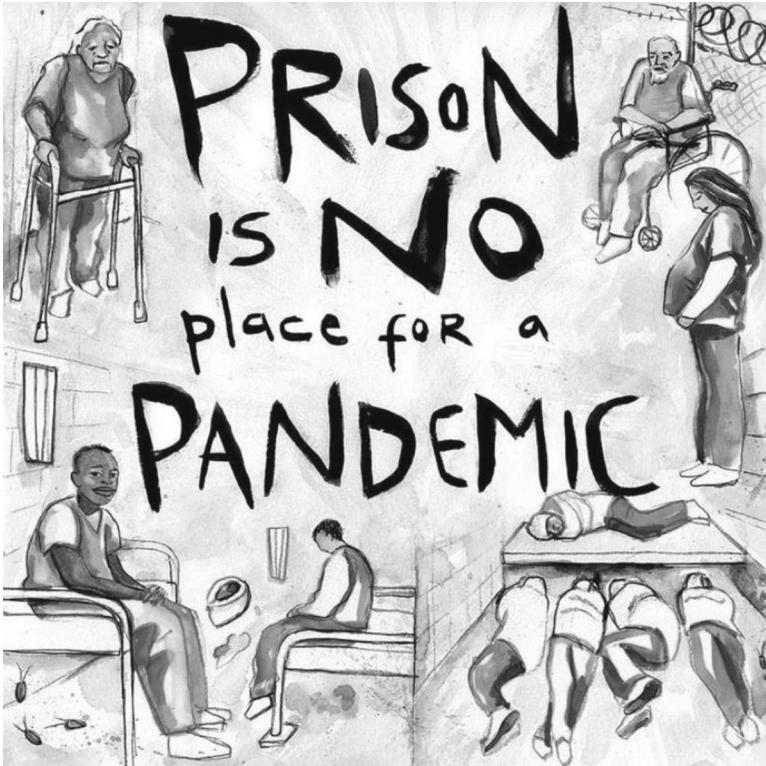
- **Remdesivir** (*Veklury*): This is the only drug that has been formally approved by the FDA to treat COVID-19 beyond just experimental and emergency use (as of January 31). In studies, it has reduced recovery time for COVID-19 by preventing the virus from multiplying and spreading throughout the body. The medication is given by IV.
- **Baricitinib** (*Olumiant*) **in combination with remdesivir**: Baricitinib is an arthritis medication that has been authorized for emergency use as treatment of COVID-19 when used with remdesivir. It helps to fight the virus by slowing inflammation and may also act as an antiviral medication. Baricitinib can be taken as a pill, though it is only recommended for those who are hospitalized with COVID-19 and are on a mechanical ventilator or receiving supplemental oxygen.

### Blood Thinners or Anticoagulant Medications

- **Heparin or Enoxaparin**: Many people who are hospitalized for COVID-19 may receive blood thinners to prevent the development of blood clots. To prevent clots, a doctor would prescribe heparin or enoxaparin at a low dose, but to break down clots that have already developed, they would prescribe higher doses. The dose is important, because too high of a dose can also lead to internal bleeding.

### Anti-Inflammatory/Steroid Medications

These medications can help to prevent organ and tissue damage in severe cases of COVID-19 when the body's immune system reacts very strongly. Anti-



## COVID-19 TREATMENT OPTIONS (CONTINUED)

inflammatory medications are only recommended for severe cases of COVID-19. In less severe cases, prescribing anti-inflammatory medications can worsen symptoms.

- **Dexamethasone:** Though it is not yet authorized by the FDA for COVID-19 treatment, studies have shown that it helps to prevent lung injury by reducing inflammation. Individuals on a mechanical ventilator or supplemental oxygen are the primary target for this treatment.
- **Other anti-inflammatory medications:** When dexamethasone is unavailable, other anti-inflammatory medications including prednisone, methylprednisolone or hydrocortisone have been used.

### **Other Treatments with Poor or Unclear Results**

**Effectiveness in COVID-19 unknown as of January 31:** Amlodipine, ivermectin, losartan, zinc

**Show no or little benefit as treatment for COVID-19:** Famotidine, lopinavir, and ritonavir have been studied and are found NOT to be effective.

**Can cause harm to patients:** hydroxychloroquine and chloroquine have been found to be ineffective and have caused heart problems for patients.

# HELPING OTHERS HELPED ME

BY JOHN W. DUNN

I walked into a unit and saw an inmate/patient that was being ignored. His name was Michael. He was paralyzed and refusing treatment and meals. Officer Threat-Johnson allowed me to feed him, and give him company. Michael became my friend. He started eating, gaining weight, and got better. He has since been sent to an outside institution.

That was my beginning. Now I only care for paralyzed, extremely ill, and mentally challenged inmates/patients.

This service of caring for others has a two-fold reward. I, too, receive healing in my spirit. I never knew I possessed this ability, and am happy to be of service. I have been trained in all areas of healing this prison has to offer.

I have always had a problem writing about myself. But I'd be nothing without the ability to assist the men here at CHCF.

This has to be the most rewarding experience in my life. If I should ever get out, I want to work with our wounded warriors. I personally believe I would be awesome at it.

## NO ONE SHOULD DIE ALONE

BY SHEENA KING

My name is Sheena King, and after 28 years of incarceration in a female facility, I have witnessed many women provide care for each other in various ways. We provided simple things for each other, such as throat lozenges and acetaminophen for a cold or flu, or ibuprofen for pain or injuries. We push wheelchairs for our sisters and help them up and down steps.

As a volunteer hospice worker, I can attest that there is nothing more rewarding, yet heartbreaking. I have never been more aware of my own aging body and mortality. There is a heaviness that settles over you and a keen awareness of the fear and loneliness of the woman lying in front of you. It breaks your heart but any sign of anguish from me would only increase her fear. You must just be. That is the sole purpose, to be with her, ease her loneliness and pray or read from a Holy Book if she wants you to. This isn't about you.

For myself and other volunteers that I have spoken to, it is imperative to be spiritually connected to a Higher Source. For me, it is God. When I am not with my hospice patient, I pray for her, her family and for strength for myself so that I can be there for her as she needs me to be. When she dies, many of us cry and allow each other the space to talk. I will generally journal about the experience, read scripture, and meditate to re-center, re-orient myself.

I would be lying if I said I wasn't affected by each death. It's something you don't forget, but I do it because no one should die alone in a cold, uncaring prison infirmary.

# INCREASING SELF-COMPASSION

BY LORIN JACKSON AND LUCY GLEYSTEN

Many people are not fully aware of the ways in which their negative thoughts impact them throughout their day and in their lives. One of the reasons we experience negative thoughts are our past (or current) experiences with trauma. In other words, trauma can impact the way that we see and understand ourselves.

Some people who have experienced trauma, oppression, and/or abuse at a young age develop what is called a “negative internal voice.” This voice (or these internal “tapes”) might reveal themselves in the form of feelings of worthlessness, self-hatred, or hopelessness. Examples of negative thoughts can include recurring thoughts like, *“I’m stupid,” “I’m a horrible person,”* or, *“No one will ever want to be close to me.”*

Some of these messages are things we’ve been told at different points in our lives, sometimes by parents, teachers, or people in our community. Sometimes, these messages come from people with power and privilege who feel a sense of superiority because of their identity. Sometimes these feelings emerge as a response to recognizing we might have hurt someone else or caused harm.

These feelings have an enormous impact on how we live our lives and relate to people. These thoughts impact our emotional wellbeing and overall sense of self worth. These thoughts can make it harder to seek support and comfort because of our feelings of worthlessness. Negative thoughts contribute to anxiety, depression, suicidality, and other mental health concerns.

This article is about how to tolerate and redirect distressing emotions. If these feelings have been growing over the course of a lifetime, this article can be a possible starting place for learning to grow an internal sense of self-compassion.

**Noticing Emotions:** One way that you can assist yourself and strengthen your self-care is by doing a check-in with yourself. You can ask yourself by doing what is called a self-assessment and try to identify what you are actually feeling.

It can be hard to put names to feelings, but our bodies can give us data to identify the type of emotion we’re experiencing. An example of this is when we feel a sinking feeling in our stomach when anxious or a light warm feeling when happy. Noticing what you feel and having the chance to pinpoint how to describe what you’re feeling is called naming. This process of identifying your emotions, naming them, and attempting to identify underlying causes or even reasons for what you feel can help make often overwhelming emotions less scary and more tolerable—like letting light enter where you saw only shadows before. Oftentimes, something has aggravated our fears and played off of what we didn’t know or could not immediately access. This causes more negative emotions that tend to build like items in a storage closet.

There are some additional questions you can ask yourself to self-regulate when you feel difficult or overwhelming emotions.

**Self-Regulation:** Self-regulation is the ability to manage emotions and behaviors in a positive way. It's the ability to keep disruptive emotions and impulses under control.

One way that people manage to self-regulate is through engaging in coping skills. Coping skills are the things we do to feel better. It is important to note that there is a difference between healthy and unhealthy coping mechanisms. Coping skills are different for everyone, as well, but some examples of healthy coping skills include: talking to a friend, journaling, exercising, working on art, eating comforting food, taking a nap, or listening to music. Healthy coping skills help you self-regulate, while unhealthy coping skills can enact more harm and stall the healing process.

**Reality Testing:** If you're stuck on a negative thought, you can ask these questions:

- Is it true? Is it absolutely true? If so, what is the evidence?
- How does this thought make me feel?
- What are kinder, more compassionate ways to view this situation?
- What would things be like if I didn't hold this belief?

It can also be helpful to get an outside perspective if these questions feel hard to answer on your own.

**Trying to Calm Your Body:** This can be done through:

- deep breathing or sighing
- grounding exercises
- lengthening the spine, then holding that posture for at least 30 seconds
- placing your hand on your heart, holding it while noticing how it feels
- repeatedly tensing your body, then releasing it
- releasing tension in your jaw
- relaxing your arms and legs

**Taking Space:** Sometimes, we need a minute away from others to check in with ourselves. You can communicate with others that you need time alone. This can signal to others that you are carving out time for yourself and engaging in good self-care practices.

**Mindfulness:** Mindfulness is the ability to be aware of what we are feeling and thinking. There are different ways of engaging in mindfulness, including sitting in stillness/in quiet, meditation, yoga, journaling, focusing on breathing, and bringing awareness to all of your senses.

### **When It Feels Like Nothing Is Working**

Sometimes no matter how hard we try, it can be challenging to overcome difficult emotions by ourselves. Despite our best efforts, sometimes the only way out of hard feelings and experiences is through them. In situations like these, one way to self-soothe is by reminding yourself that emotions are temporary and also survivable. Sometimes emotions feel impossible, but we have all survived difficult emotions and lived to see another day. Even when we thought we would not survive, we have.

# Information and Support Resources

## **Prison Covid**

P.O. Box 48064

Burien, WA 98148

Newsletter with updates on how COVID-19 is impacting people in prison. Send two stamps per issue. People outside prison can get a free electronic copy via email at [contact@prisoncovid.com](mailto:contact@prisoncovid.com).

## **Center for Health Justice**

900 Avila Street #301

Los Angeles, CA 90012

Prison Hotline: 213-229-0979

Community Resource Warm Line: 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. Due to COVID-19, the speed of services may have changed or some services may be suspended.

## **Prison Yoga Project**

P.O. Box 415

Bolinas, CA 94924

Write to ask for a copy of the book, *Yoga: A Path for Healing and Recovery*, free of charge on request.

## **Jailhouse Lawyers' Handbook**

National Lawyers Guild

PO Box 1266

New York, NY 10009

Write them to ask for a free copy.

## **POZ Magazine**

Attn: Circulation Department

212 West 35th Street, 8th Floor

New York, NY 10001

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

An open family of LGBTQ prisoners and "free world" allies who support each other. Free newspaper.

## **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 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.

## **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.

### **Justice Now**

1322 Webster St. #210  
Oakland, CA 94612

Legal and health resources for women, including trans women, in California prisons only. Their collect call line (for women in prison in CA) is 510-832-4357, 1 p.m. to 4 p.m., Tuesday-Friday. Due to COVID-19, the speed of services may have changed or some services may be suspended.

### **Transforming Re-Entry/MWIPM**

10 W. 35th Street, 9th Floor Chicago, IL 60616

For those returning home to the Chicago area, they can answer questions about re-entry, faith, health, and other organizations, and help obtain personal documents, such as birth certificates.

### **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 to them for a free *Handbook for Writers in Prison*.

### **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.

**Write to this  
address for the 4  
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.

### ***Prisoners' Self Help Litigation Manual, 4th Edition***

928 pages, \$54.95. Clear, practical advice on the rights of people in prison related to conditions of confinement, civil liberties, procedural due process, the legal system, how to litigate, conducting effective legal research, and writing legal documents.

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

# WINTER ISSUE WORD SEARCH

By KB



Find the following words in the puzzle.

Words are hidden: ↑ ↓ → ← ↘

ANTIBODIES	EXPOSURE	PFIZER
ARTHRITIS	GROUNDING	SELF COMPASSION
CARE	INFLAMMATION	SPIRITUALITY
COTAMINATES	JOURNAL	VACCINE
COPING	MINDFULNESS	WOUNDED WARRIORS
ENVIRONMENTALIST	MODERNA	

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

**Ignacio H. Carrillo**, currently incarcerated in Illinois

**Timothy Hinkhouse**, currently incarcerated in Oregon

**Elisabeth Long**, San Francisco

**Fatima Malika Shabazz**, Los Angeles

**Lisa Strawn**, San Francisco

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