

PRISON HEALTH NEWS

Support Liberation Struggles by Roger Peet



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

IN THIS ISSUE

COVID-19 Updates.....	2-5
COVID Tips	5
Transformative Justice from the Perspective of Incarcerated Human Beings.....	6-7
What is Long-Haul COVID?.....	8-9
Indiana Begins to Allow Hormone Therapy Treatment.....	10-11
Convict Chronicles: Tip #21: Breathe Easy.....	12
A Guide to Creative Writing.....	13
Resources and Support.....	14-15
Subscribe!.....	16

WRITE AN ARTICLE OR SEND US YOUR ART!

Would you like to see your art, writing or poetry in *Prison Health News*?

If you want to write an article on something you think is important for prison health, send it and we will consider publishing it in *Prison Health News*. Tell us your story of struggling to receive quality health care, either for yourself or others. Do you have tips and tricks for staying healthy and taking care of yourself behind the walls that could be useful to others in the same position? You can also write us first to discuss ideas for articles. If you want your full name kept confidential, you can sign your article with your first name or "Anonymous."

Please keep in mind that we may make small changes to your article for length or clarity. For any major changes to your work, we will try to get in touch with you first. You can submit your work to this address:

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

COVID-19 UPDATES

BY LILY H-A

As of January 2022, the United States is experiencing record numbers of COVID-19 cases. There are currently (as of January 5) over 500,000 new COVID-19 cases in the US every day—more than ever before. This surge in cases has been caused by many factors including holiday travel and gatherings, as well as the more contagious delta and omicron variants.

Most scientists now think that COVID-19 is here to stay and that it is not likely to be eliminated completely. Over time, it will probably become "endemic" in most places, which means it sticks around in the population, but its spread becomes more stable and predictable. For example, the flu and chickenpox are endemic diseases, and HIV is endemic in some places.

However, even if COVID-19 cannot be eliminated, its spread can still be slowed down with masks and social distancing, and vaccines and treatments can help prevent serious illness and death. As of mid-November, according to CDC data, unvaccinated people were 13 times more likely to die of COVID-19 than vaccinated people.

Omicron variant

The coronavirus continues to evolve into new versions or "variants." This is typical for viruses, especially when their spread is not well controlled. The more people a virus infects, the more chances it has to get new mutations in its genetic code.

The newest important coronavirus variant, called omicron after a letter in the Greek alphabet, was first reported at the end of November in South Africa and has quickly spread all over the world. As of January, most coronavirus cases in the US are caused by the omicron variant. (It is usually not possible to find out what variant of COVID-19 you have if you get sick. This type of testing is done by researchers but is not usually available to individuals.)

Omicron is a lot more contagious than all other coronavirus variants so far, which is why it has spread so fast. Based on early data, people with omicron get less sick than with other

variants and people who get it are less likely to be hospitalized. But it is infecting so many people that there are still a lot of hospitalizations.

Our current vaccines seem to be less effective in keeping people from getting the omicron variant than they were with other variants. Many people who are fully vaccinated are still getting “breakthrough” infections. But vaccines still seem to be very effective at preventing hospitalization and death, even with the omicron variant.

We will continue to see new variants of the coronavirus. By the time this newsletter reaches you, there may even be another, even newer variant. The main things to look for with new variants are:

- How contagious is it compared to other variants?
- How severe is the illness it causes? Are people more likely to be hospitalized or die?
- How well do vaccines and treatments work against this variant?

It is likely that our treatments and vaccines will need to continue to evolve as the virus evolves. It may turn out that vaccine boosters are needed regularly to keep strong protection against the virus.

Vaccines and booster shots

It has now been over a year since people started to get coronavirus vaccines, and scientists now have even more data showing that the vaccines are very safe and effective at preventing severe illness and death.

The CDC’s recommendations for booster shots (an extra dose of vaccine given after the protection provided by the original shots has begun to decrease) continue to change as they get more data showing that these shots are also safe and effective. As of January 5, 2021, the CDC is recommending booster shots for all adults 18 and over.

If your first vaccines were:

- Pfizer-BioNTech - you can get a booster 5 months after you finished your first two vaccines. Your booster should be either Pfizer or Moderna.
- Moderna - you can get a booster 6 months after you finished your first two vaccines. Your booster should be either Pfizer or Moderna.
- Johnson & Johnson - you can get a booster 2 months after you got your first vaccine. Your booster should be either Pfizer or Moderna.

The CDC is now recommending the Pfizer and Moderna vaccines over the J&J vaccines in general, except in rare situations. This is because the J&J vaccines have a higher (though still very small) risk of causing severe side effects.

The CDC also recommends that immunocompromised people (people whose immune systems are weaker from certain medications or diseases) get three Pfizer or Moderna shots (instead of two) for their first vaccine series. The third dose should be given 28 days after the second dose.

In the United States, as of January, 74% of people have had at least one vaccine dose and 62% are fully vaccinated. These rates are similar or higher in most wealthy countries. However, in many poor countries, very few people have been vaccinated. A big part of this is the high cost of vaccines, which are being stockpiled by wealthy countries. Scientists think that this inequality is making the pandemic worse everywhere by allowing COVID-19 to spread faster and evolve into new variants.

New quarantine guidelines

The CDC recently updated its guidelines for how long vaccinated people should quarantine. People who are fully vaccinated for COVID-19 are now allowed to go back to work sooner after getting sick, and do not need to quarantine after being exposed to COVID-19 if they don't have any symptoms. This includes staff at jails and prisons. These guidelines were based on evidence showing that vaccinated people are less contagious, but are also influenced by logistical concerns about people having long absences from work, especially in health care facilities.

These recommendations have only changed for people on the outside for now. For people living in "congregate settings" like prisons, jails, and homeless shelters, these are the CDC recommendations:

- If you came into contact with someone with COVID-19 but are fully vaccinated, the CDC recommends quarantine for 10 days.
- If you came into contact with someone with COVID-19 and you are not fully vaccinated, the CDC recommends quarantine for 14 days.
- Anybody with symptoms of COVID-19 should be put in medical isolation and tested for COVID-19.
- People with confirmed COVID-19 should be put in medical isolation. Regardless of vaccination, isolation can end 10 days after symptoms first show up and 24 hours after fever goes down.

Face masks

We now have even more data showing that face masks work well to slow the spread of COVID-19, although the omicron variant is so contagious that masks are not quite as effective as with earlier variants. Disposable surgical masks are much more effective than cloth masks. Wearing a cloth mask over a disposable mask may help your mask fit closer to your face and provide more protection. The most effective masks at preventing the spread of COVID-19 are special masks called N95 and KN95, but these are more expensive and supply is still somewhat limited as of January.

Coronavirus treatments

The FDA has given full approval or emergency authorization to several new treatments for COVID-19. Some of these treatments are specifically for people who are at higher risk for developing serious disease (like older people and people with other health conditions), and some can be used as prevention (if you are exposed to COVID-19). They need to be started as soon as possible after getting COVID-19 or being exposed, so it's important to try to get tested quickly if you have symptoms. The supply of some of these treatments is limited as of January.

- Monoclonal antibodies are approved for people who get COVID-19 or people who are exposed to someone with COVID-19 and are at higher risk for getting seriously ill, especially if they are unvaccinated or immunocompromised. In jails and prisons, the FDA has extended this to just being in the same "setting" as someone with COVID-19 (this may mean the same facility or same unit, depending on circumstances). The antibodies are given by infusion or injection (through a needle). They need to be given within the first 10 days of having symptoms, testing positive, or being exposed.

- Paxlovid is a pill authorized for people with mild to moderate COVID-19 who are at higher risk for serious illness. It can be given outside the hospital and should be started within 5 days after your first symptoms.
- Molnupiravir is a pill authorized for people with mild to moderate COVID-19 who are at higher risk for serious illness but only when other treatments aren't available. It can be given outside the hospital and should be started within 5 days after your first symptoms.
- Remdesivir is an IV drug for people who are hospitalized with COVID-19.
- Baricitinib is a pill that can be used in people who are hospitalized with COVID-19 who are on mechanical ventilators or need supplemental oxygen.
- Other treatments that are not specific to COVID-19 may be used as well, and other new treatments are being researched and may be available in the near future.

Some potential treatments have been studied and are specifically not recommended for COVID-19. This includes ivermectin and hydroxychloroquine. These medications have not been shown to help with COVID-19 and can cause serious side effects.

COVID TIPS

BY MILEY FLETCHER

My name is Miley Selena Fletcher. I am a transgender woman. COVID-19 is such a pandemic that none of us in the United States has ever experienced, incarcerated or in the outside world. Being incarcerated, I truly believe this winter season coming up is going to be a catastrophe—any sniffles, coughs, colds, fevers, flu is going to be said to be the coronavirus amongst inmates. Then what? As we all know who are incarcerated, it's gonna end up with the block being locked down or even the prison under a lockdown. We're already locked down under provisions since March 2020 to this date that cause us inmates stress, anxiety, panic attacks, isolation, restricted movement, jobs lost, etc. So you're probably asking yourself, what can we do? Do I need to answer that? Okay, there's nothing we can do but keep ourselves aware of our surroundings. Keeping each other aware to wash one's masks on a daily basis with antibacterial soaps, wash your hands just as you would any other winter, and keep bundled up when going outside in the cold, windy, snowy, or rainy days. Buy yourself Vicks chest rub. If someone does not have it, offer a helping hand to give them some. As we all know, being incarcerated, our medical issues are not properly treated or diagnosed. So we must have our own safety precautions. It's simple, pass the word. Keep safe! Help each other! We will survive!

Miley S. Fletcher

BZ-2211

S.C.I. Forest, Pennsylvania

TRANSFORMATIVE JUSTICE FROM THE PERSPECTIVE OF INCARCERATED HUMAN BEINGS

Activists are working hard to figure out ways to end violence in our communities without using prisons as punishment. One way is transformative justice, by which people seek to heal and repair the harm they have done to others in their community while also taking down the oppressive systems such as racism and capitalism that cause cycles of harm in the first place. In their new book, WEology: Transformative Justice in Practice, Qu'eed Batts, Avron "Jaja" Holland, David "Dawud" Lee, and Nyako Pippen describe how they use transformative justice inside prison. This excerpt was reprinted with permission from the authors. People in prison can write to LifeLines Project, PO Box 40764, Philadelphia, PA 19107 to request a free copy of the book. It's also online at <https://lifelines-project.org/2021/09/14/weology/>

Questions & Answers by Qu'eed Batts

1. In the book *Until We Reckon* by Danielle Sered, the author references the four drivers of violence as: shame, isolation, exposure to violence, and not being able to address your economic needs. Please give your thoughts about those drivers of violence.

Qu'eed: I believe that it is vital to identify and explain these four drivers of violence. I believe that being exposed to violence, especially at a young age, can make it seem as if handling things violently is normal. As human beings, if we are around something enough it becomes routine and can be normalized. On not being able to address your economic needs, Sered points out how parents who work multiple jobs but that employment still does not guarantee them to make a livable wage can cause people to become absent in their children's lives. They may begin to unintentionally neglect the rest of their children's needs to provide for them. Shame can make people feel bad about something but, feeling shame lacks responsibility. Without feeling responsible, it is easier to push whatever a person may be feeling shame about off and place blame elsewhere without ever dealing with why we feel shameful.

2. Can you explain the difference between Restorative Justice and Transformative Justice? And please give your personal thoughts about why those concepts are important to you?

Qu'eed: I believe that Restorative Justice takes place after harm has already been done and it will take harm doers and survivors of harm to come together and heal. Transformative Justice is harm prevention. Both of these concepts are very important to me because I was once a person that committed harmful acts in my community, and the first step of me trying to restore some of the harm I committed was holding myself

accountable. Holding myself accountable didn't just mean accepting blame for the things I had done and apologizing for them. Holding myself accountable meant taking full responsibility for my actions, apologizing, then proving that I had learned from the bad decision I once made and sharing my experience with other people to prevent them from making the same bad decisions.

3. Normally, Transformative Justice works best when a circle has been created. Can you explain why?

Qu'eed: I had the pleasure of being a part of Transformative Justice circles at SCI Graterford [prison in Pennsylvania] in 2018, and I believe the circle was referred to as a healing circle. When you are in a circle, I believe it levels the playing field and everyone is equal. You have facilitators, but they are engaged in the circle as everyone else is, so there are no big I's and little u's. A talking piece is even used to make sure that while a person is speaking, the rest of the circle is quiet and attentive.

4. Why is it important to exclude, or at least limit, state involvement with the transformative justice process?

Qu'eed: I believe that Transformative Justice is rooted in harm prevention and healing, and in most cases, once the state gets involved, they come with a punitive mindset. The state does not want to get to the root of issues, it just wants to rule with an iron fist.

5. Please explain your involvement and experiences with Dare-2-Care?

Qu'eed: Dare-2-Care is a mentoring program here at SCI Coal Township. It is facilitated by other incarcerated human beings that understand that the vast majority of incarcerated people will one day return to the communities we came from. In 2017, I began Dare-2-Care as a participant, and after the first week, I knew that this wasn't a typical prison program. It's a voluntary program and there is very limited state involvement. There are about 13 weeks of this program, and each week we have a different type of discussion ranging from why it is important to have good character, to what it means to be held accountable, to are we obligated to give back to the communities we once caused harm to. Initially, it took time to get used to speaking in front of different people, but a safe space was created where your thoughts and opinions were never judged. Challenged, but not judged! You get to hear so many different points of view on one topic in one setting that it forces you to grow into something you couldn't even see for yourself. After graduating as a participant, I was asked to join as a facilitator, which I humbly accepted. Being a facilitator keeps pressure on you but not bad pressure. It pressures you to say what is not always a textbook answer but what is always genuine. As I said earlier, the vast majority of us will be returning to the communities we were taken from, so the same way the facilitators before me did their best to plant the right seed inside of me is the same seed I try to plant in people who come behind me.

WHAT IS LONG-HAUL COVID?

BY LISA HORWITZ AND LUCY GLEYTEEN

Over the course of the pandemic, a growing number of patients have been experiencing symptoms long after they initially contracted COVID. This article will discuss these long-lasting symptoms, which all together are referred to as: long-haul COVID, post-COVID, post-acute COVID-19, and chronic COVID.

The World Health Organization (WHO) defines long COVID as a condition that “occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis.” Long COVID can develop in anyone who contracts the virus, even people who get mild to no symptoms during the initial infection.

What are the symptoms?

Symptoms of long COVID can present as different health problems. People who have long COVID often describe severe fatigue that can last months. This feels like a sense of utter exhaustion that’s not necessarily relieved by rest. The Centers for Disease Control and Prevention (CDC) lists the most common symptoms of long COVID:

- Difficulty breathing or shortness of breath (also known as heart palpitations)
- Tiredness or fatigue
- Symptoms that get worse after physical or mental activities (also known as post-exertional malaise)
- Difficulty thinking or concentrating (sometimes referred to as “brain fog”)
- Cough
- Chest or stomach pain
- Headache
- Fast-beating or pounding heart
- Rapid drops in blood pressure
- Joint or muscle pain
- Pins-and-needles feeling
- Diarrhea
- Sleep problems
- Fever
- Dizziness on standing (lightheadedness)
- Rash
- Mood changes
- Change in smell or taste
- Changes in menstrual cycles

What causes long COVID?

The short answer to this is that no one really knows. There seems to be a link to myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), but this is not clear yet, and little is known about ME/CFS. Hopefully, new research happening around the world will bring more information soon. Some things that are known are:

- COVID can harm the lungs, heart, kidneys, and brain. Damage to these organs can lead to some long-haul symptoms.
- COVID causes damage to a person’s cells which can cause various health issues.
- Long COVID symptoms can be a result of the stress of hospitalization. Post-intensive care syndrome (PICS) can occur after a person’s stay in an intensive care unit (ICU). Symptoms include severe weakness, brain fog,

and post-traumatic stress disorder (PTSD).

What is the impact of long COVID?

Long COVID can be severe to the point of disabling. It can have an enormous impact on the quality of life of patients who experience it. It can make it difficult for people to perform their activities of daily living and work. Because it is a recurrent condition, meaning symptoms can go away and come back, it can feel unpredictable and destabilizing.

How likely am I to get long COVID?

Researchers are still studying the extent to which people who've tested positive for COVID experience long-haul symptoms. Right now, research about long COVID is inconsistent. This is because long-COVID encapsulates many different conditions. Long COVID is more likely to impact people assigned female at birth. It is also more likely to be present in people who were hospitalized for COVID.

What if I'm vaccinated?

Vaccination is a safe and effective method of preventing serious illness from COVID. It is possible for some vaccinated people to get COVID (this is called a "breakthrough infection") and thus be at risk for long COVID. Some early studies report that people with breakthrough infections are less likely to develop long COVID symptoms, but this is still being studied. Getting vaccinated is still the best way for preventing you and the people around you from getting long COVID.

What do I do if I have long COVID?

Most of the current treatment and recovery strategies for long Covid have come from what is known to be helpful to people suffering from ME/CFS.

These strategies include:

- **Pacing:** Doing activity in small "bites" and allowing time for rest in between.
- **Stress reduction:** This is very individual, but getting out into fresh air whenever possible, mindfulness meditation, and stretching are helpful to most people. Down time with a funny book or story can also greatly reduce stress.
- **Rest:** For some people, true rest comes from lying with their head down and using a small pillow or towel to block light. Even 5-10 minutes of rest throughout the day can help with energy levels.
- **Gentle movement:** It is important with long Covid to never over-exert the body to a point of fatigue. Walking when possible, very low weight lifting for strength, stretching and yoga or yoga-type movement can all help with good posture and pain relief, stress reduction, improved circulation, and blood pressure management.
- **Pain control:** Stress reduction and medication for pain, if available.
- **Blood pressure regulation** with medication as needed.
- **Sleep:** Sleep is often disrupted by long COVID, but as much as one feels able to sleep, it's helpful to not fight it, but rather to allow the body to do what it asks to do.
- **Other strategies** specific to possible Covid complications might include breathing exercises to improve lung capacity. Deep belly breathing done slowly without making yourself dizzy or short of breath can expand the airways and create a feeling of calm.



INDIANA BEGINS TO ALLOW HORMONE THERAPY TREATMENT FOR TRANSGENDER INMATES

BY TONIE N. LOVEDAY

I would like to relay my story of how I, a transgender woman and inmate doing time at the Indiana State Prison in Michigan City, took on the Indiana Department of Correction (IDOC).

Not being on hormone treatment prior to incarceration, the IDOC would not allow transgender inmates to begin them. I was not diagnosed with gender dysphoria until June 2015, seven years into my sentence. Gender dysphoria is the medical diagnosis for experiences of distress and discomfort connected to a difference between one's gender identity and their sex assigned at birth. Diagnosis by a psychologist, psychiatrist, or doctor is often required to receive gender-affirming care, such as hormone therapy and gender-affirming surgeries. A diagnosis of gender dysphoria is not needed to identify as transgender or be a part of the community. However, it is often needed to access treatment.

After over a year of talk therapy, the lead psychologist at the time, Dr. Renaldo Matias, suggested I request hormone treatments, even knowing the state's position on the matter.

The American Civil Liberties Union (ACLU) of Indiana could not intervene until I had fully exhausted my grievance remedies within the prison. The following is the procedure I followed, along with the responses I was given. Hopefully, this may be a guide for others in the same fight:

1. Beginning with a request for healthcare form, I wrote: "I have been diagnosed with gender dysphoria, and I want to begin taking hormone treatments." Response from the health care staff stated:

"We have reviewed your request with the Regional Mental Health Team, and it was determined that hormone treatment is not appropriate for your situation."

2. I followed up with an informal grievance but received no response.

3. After filing a formal grievance, the state issued the following response:

"Dr. Matias advised; Wexford medical staff and the Indiana Department of Correction has an informal policy (it is informal as far as he is aware) that if an offender did not enter the IDOC already on hormones, neither the contracted medical staff nor IDOC are under any obligation to provide hormone therapy for offenders who discover they are transgender while incarcerated. Grievance Addressed."

4. Not agreeing with the state's resolution, I wrote the following lengthy appeal:

"The response to my grievance stated due to an 'informal policy' my diagnosis of gender dysphoria will not be treated with hormone therapy because I was not receiving treatment prior to incarceration.

The American Medical and American Psychological Associations have each officially recognized gender transition treatments like hormone therapy as medically necessary treatments for gender dysphoria.

Also, in response to a federal lawsuit filed in February 2015, the U.S. Department of Justice intervened, declaring the state prison's continued denial of the complainants hormone therapy a violation of the Eighth Amendment to the U.S. Constitution. Also mandating individualized assessment and care for gender dysphoria in all trans prisoners, suggesting that trans inmates who were not undergoing hormone therapy prior to incarceration should also be eligible for access.

By taking action, the Justice Department is reminding the Department of Corrections (of each state) that prison officials have an obligation to assess and treat gender dysphoria, just as they would any other medical or mental health condition. Acting Assistant Attorney General Vanita Gupta explained in the DOJ's statement: 'Prisoners with gender dysphoria should not be forced to suffer needlessly during their incarceration simply because they were not receiving care or could not prove they were receiving care in the community.'

I do suffer anxiety, depression, and suicidal ideation due to my gender dysphoria, and not being afforded the proper treatment for my diagnosis is truly a violation of my Eighth Amendment right prohibiting cruel and unusual punishment." The grievance appeal was denied, stating that the initial response was appropriate.

5. I contacted ACLU of Indiana on November 7, 2017. The ACLU of Indiana filed Complaint for Injunctive and Declaratory Relief, No. 1:17-cv-04123 in The United States District Court; Southern District of Indiana: Indianapolis Division, Against the Commissioner of the Indiana Department of Correction in his official capacity; Defendant.

Two weeks later, ACLU of Indiana attorney Jan Mensz informed me that the IDOC was amenable to resolve the issue of my complaint without going through the courts.

I was prescribed testosterone blockers on January 25, 2018 after a physical, blood work, and signing a consent and counseling form. Thirty days later, I was finally allowed to begin taking estrogen.

6. Due to my efforts and ACLU of Indiana's filings, the IDOC has adopted a written policy regarding transgender inmates: Decisions about prescribing hormone therapy for gender dysphoria are now reviewed by a team from IDOC staff and contracted medical staff and psychologists. If the criteria for gender dysphoria has been sufficiently documented, the inmate can be prescribed hormones.

Since winning the fight for access to hormone therapy, IDOC is now allowing gender-appropriate undergarments and clothing as of late 2020. Additionally, in the past year, I have been allowed to purchase the same cosmetics available at Indiana women's prisons.

I have also successfully scheduled gender-affirming surgery for later this year, with the support of the ACLU of Indiana. After filing for gender affirmation surgery in the 7th U.S. District Court, the IDOC and health care providers have settled and will agree to my surgery.

I am determined to continue the fight in Indiana for all transgender inmates and to assist in any way all transgender women and men, incarcerated or free. Thank you for allowing me to share, and perhaps this may be a guide for other trans inmates nationwide who are hoping to become their true selves.



CONVICT CHRONICLES: TIP #21: BREATHE EASY

BY LEO CARDEZ

ADAPTED FROM YOGA MAGAZINE 2020, PAM O'BRIEN

There is a medical term called heart rate variability, or HRV, which stands for the variability of time between heartbeats. There's significant research demonstrating a correlation between better HRV (more variety in the length of time from one heartbeat to the next) and improved mood, enhanced focus, better sleep, boosted energy, and more resilience overall. Anyone would benefit from better HRV—and fortunately, anyone can ... with a little practice.

Here's the secret habit to a better HRV:

Take two minutes (the average commercial break in your favorite show) and start by inhaling through your nose for four seconds—mentally count while focusing on the sensation of the air flowing in through your nostrils. Now, without pausing, exhale for six seconds through your pursed lips—as if you are blowing on hot food. Again, count mentally as you focus on feeling the air through your mouth.

You may notice an immediate feeling of both relaxation and alertness. Work your way up to 20 minutes a day, twice a day. I have been adding one minute a week and am up to 10 minutes twice a day. The biggest and most immediate result I have noticed is my ability to fall asleep faster, sleep deeper, and wake up more refreshed. I have always had sleep issues, especially since my incarceration—this is the first thing that's actually worked.

Beyond the aforementioned benefits, there are additional perks to a stronger, lower baseline heartbeat. For example, for workout junkies, they may note less effort exerted to achieve the same results. Also, there's a second wind effect, which means they may be able to go longer and stronger.

Also, as the breathing exercises push more blood to our muscles, our biggest “muscle” benefits the most. More blood flow to the brain can mean greater clarity, concentration, and focus. The reduced stress will also help us make better, more rational decisions. Some researchers are studying the seeming reduction of degenerative cognition as we age in some study participants.

So there you have it: This brain hack is a no-brainer, but you have to stick to it. From my experience, I recommend gradually adding time to how long you practice breath exercises each day. I have found more benefits the more time I am able to commit to it daily; I think it's the best return on investment we can ask for in prison.

A GUIDE TO CREATIVE WRITING

BEVERLY I. ANAELE

Your Story Matters

You never know who you may touch by sharing. Your story is an opportunity to impart wisdom to others and is a tangible gift that you can pass onto your loved ones. We don't always have the chance to connect with others through our shared experiences, but writing our stories is a way to do that.

Where to Write

Find a quiet place where you can meditate and write down your thoughts as they come. You may even find yourself writing down notes everywhere you go based on conversations you have on a daily basis.

Start with Summaries

I don't like the word 'outline' because it sounds too structured, and writing is not always like that. Writing is messy. You may go back to one section and realize that you want to add a little bit more or take something out. There's nothing wrong with that. Remember that your readers (because you will have readers if you choose to) will only see the finished product and not your many drafts.

"If you find a book you really want to read but it hasn't been written yet, then you must write it." — Toni Morrison

Use Your Surroundings and Experiences for Inspiration

You are alive and are therefore experiencing life right now! You can engage in writing fantasy or reality. Avoid comparing your writing to others' works. Everyone's life experiences are different, and so are their writing styles. Yours is uniquely yours—own it.

Describe, Describe, and Describe Again

Pay careful attention to how you felt during certain events, what your facial features were doing. Look beyond your sight and tap into your other senses. What did you hear? Touch? Taste? If these experiences aren't yours, how do you imagine they would feel like? If you could compare them to something else, what would you compare them to?

None of Your Writing Is Worthless

Writing is a process and requires that you develop skills along the way. Think of the stories or poems you write for yourself as training for the big day. Ask someone you trust to read your finished draft. I say 'finished draft' because getting someone to read it beforehand is relative to how much they know about the story and where you're headed with it.

Stay Persistent and Have Fun

You may have off days, and that's okay. This is where your motivation comes in: why are you writing what you're writing? What do you hope to accomplish? Remind yourself of these answers by writing them out on a small piece of paper and sticking them somewhere. You are given the opportunity to string words and letters together in whatever fashion you wish.

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.



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

Edited By:

Belinda Christensen, Guthrie Conyngham,
Olivia Duffield, Lucy Gleysteen, Chloe
Hunt, Lily H-A, Lisa Horwitz, Hannah Rose
Calvelli, Frankie Snow, and Suzy Subways

SUBSCRIBE!

For a subscription of 4 free issues a
year, write to us at:

Prison Health News
4722 Baltimore Ave.
Philadelphia, PA 19143