



Artwork by Richard Gross

**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**

You're Not Alone: Battling the Loneliness Within.....	2-3
COVID-19 Updates: April 2022.....	4-5
MDOC COVID-19 'Quarantine' Reaps Financial Windfall for	
Corizon Health's Investors.....	6-7
Your Rights of Consent Regarding Medical Care.....	8-9
High Blood Pressure (Hypertension) .....	10-11
Ask PHN: Reducing Your Risk of Diabetes in Prison.....	12-13
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**

## CALL FOR VOLUNTEERS!

Prison Health News is looking for new volunteers! If you have loved ones on the outside

who might be interested in getting involved, they don't have to be in

Philly to work with us.

Please ask them to email

[prisonhealthnews@gmail.com](mailto:prisonhealthnews@gmail.com) to get in touch.

## YOU'RE NOT ALONE: BATTLING THE LONELINESS WITHIN

BY LEO CARDEZ

Prison is lonely. It seems counterintuitive that one can feel alone when physically surrounded by others—we are literally never alone in prison. And yet, there are often times when we will feel as if we are on an island on an island. And it's not just inmates—recent research shows this is a growing trend in America, especially among generation Z, and even more so in this time of uncertainty and fear, of lockdowns and social distancing. Some studies show that nearly one in three adults felt lonely frequently in the past year. One only needs to use common sense to extrapolate those numbers for the inmate community to realize how serious and deep this problem goes.

As an inmate locked up in quarantine protocols with complete strangers in a cut-throat, volatile environment, it makes sense to feel utterly alone. We have no family nearby, no real

friends (not really); we don't have Zoom or Facebook Live or even a cell phone; we can't jump into our cars to visit loved ones. We are, in many real ways, alone on another planet. Planet Mindfuck.

First, don't feel ashamed. In fact, quite the opposite: Be proud that you picked up on this healthy cue. That feeling of emptiness you're noting is your psyche sending up a warning signal: You're low on something. Time to check the engine.

Typically, it is both an internal and external deficiency. They are correlated, interdependent, and overlapping. On the outside, we are likely lacking significant, meaningful relationships—those within which trust, respect, and honesty are at the forefront. This is especially true in prisons, where most relationships are superficial and temporary. Some of that is the nature of the beast—we're always being moved to different cells, buildings, or facilities with no way of keeping in touch. It is hard to trust and open up to others in prison, as predators are always hunting for those they deem easy prey.

Eventually, we get so used to these surface friendships and of hiding behind our masks it's hard to know who or what to believe anymore.

To be fair, you can't blame us too much. We are taught early in our incarceration that we, alone, are serving our sentence, and that no one can do it for us. There's also this false belief that keeping that sort of stand-offish mentality will keep you safer in the long run, but it is also true that type of thinking could be hurting us. Humans are social creatures, and a lot of research has backed up the fact that we have this ingrained, natural instinct to connect with others. We don't just crave connections—we need them for our continued survival as a species. Some have been able to fill this void temporarily with their faith or spirituality, by finding purpose, by volunteering, or by finding any other avenue that helps one appreciate someone or something in a meaningful or deep way. But there is no replacement for the real thing.

The tricky part is that we need people—sometimes too much—but to expect others to meet our deepest need for connectedness is unfair and unrealistic. We need to do some hard work on our end too; that's where the internal deficiency comes in. Is it possible we are not giving ourselves enough self-care or self-love, or maybe we are not being honest with ourselves in some aspect of our lives? This contradictory thinking (in other words, thinking you're OK when you clearly know you are not) wreaks havoc on our psyche. We have to be willing to take the time to listen to what's going on in our head. Sometimes it takes a while for the truth to trickle from our head to our heart. If we are not being genuine with ourselves, how can we possibly believe we can be genuine to others? As cliché as it sounds, we need to build a meaningful internal narrative if we ever expect to have healthy, deep relationships with others.

In a weird way, loneliness connects us. Our shared human experience creates a bond of understanding. Letting go of preconceived notions of what it means to feel alone moves our thoughts from our pain to our purpose. When we see we aren't the only person who is lonely, we can comfort others. We can start to make those meaningful connections that we all need and that help us feel a little less awkward.

In prison, there's some loneliness we need to learn to accept (spoiler alert: prison sucks), but it also provides an interesting revelation. That feeling of loneliness and invisibility, in proper perspective, can drive us to become better people—better to ourselves and better to others. That initial pain we feel can be difficult, but not all pain is bad. Often, beauty can be found through pain.

# COVID-19 UPDATES: APRIL 2022

BY LILY H-A

The most recent wave of COVID-19 cases, driven by the omicron variant of the coronavirus, peaked in January in the US. The rate of COVID-19 cases at that point was by far the highest in the US to date. Cases dropped rapidly over the next couple months. However, as of April 2022, cases have begun to rise again in many parts of the country, though less steeply than before. This is likely due to a “sub-variant” or slightly different version of the omicron variant called BA.2 (the version of omicron that caused the earlier, larger wave was called BA.1). BA.2 seems to be slightly more contagious than BA.1, but does not seem to be more severe.

The Centers for Disease Control and Prevention (CDC) released data in April 2022 estimating that 58% of Americans now have antibodies showing that they have been previously infected with the coronavirus. This number is even higher in children. Your immune system makes antibodies specifically targeted to the coronavirus when you get infected, and these antibodies remain in your body for a period of time. It is likely that these antibodies provide some protection for people who have them, but unclear how much protection or for how long. Antibodies from prior infection seem to be less effective than vaccination in preventing future illness. The strongest protection seems to be from “hybrid immunity,” when people have antibodies both from vaccination and from prior infection.

It is difficult at this point to predict the course that the coronavirus will take in the future. New variants of the coronavirus are certain to evolve over time. How they affect the population will depend on how much immunity there is (from vaccination and from prior infection), how much that immunity protects against the new variant, how contagious the new variant is, and other factors.

In April 2022, the CDC released data showing that COVID-19 was the third leading cause of death in the US in 2021 (the same as in 2020). As of April 2022, over 990,000 people have died from COVID-19 in the US. By the time you receive this issue, it may have passed 1 million.

## **Mask Policies**

On April 18, 2022, a federal judge in Florida struck down the CDC order requiring masks on public transportation and airplanes, after a lawsuit from multiple states. The justice department has appealed this decision.

The CDC still requires masks to be worn in congregate settings like shelters, jails and prisons, as well as in health care facilities. These policies were not affected by the recent court decision. Mask policies are changing fast, though, so this may change. Many states and cities that still had mask mandates for indoor settings like stores and restaurants have recently rolled them back. Data still show that masks are very helpful for preventing coronavirus infection and preventing spreading it to others, especially N95 and KN95 masks.

## Vaccination Updates

Some people are now eligible to get a second booster dose, as of April 2022. Booster doses can only be Pfizer or Moderna vaccines. The people currently eligible are:

- People 50 or older who got their first booster at least 4 months ago
- People who are moderately or severely immunocompromised, over 12 years old, and got their first booster at least 4 months ago
- People who got 2 doses of the Johnson & Johnson vaccine at least 4 months ago

The data showing benefit from a second booster dose (compared to just one booster dose) are still limited, so at this point it is only recommended for people in those higher-risk categories. Data continue to show that the vaccines are very safe and that being vaccinated (especially with a booster dose) provides good protection against serious illness and death.

Vaccines are still not available for children under 5 as of April 2022. Both Moderna and Pfizer have asked the FDA to approve their vaccines for children under 5, and the FDA will likely make a decision within the next few months.

## Treatments

Some of the treatments previously approved by the FDA for COVID-19 are no longer approved, because data showed they were not effective against the omicron variant. As of April 2022, there are several targeted treatments for COVID-19 that are currently approved, but many of these drugs still have limited supply and availability in the US. These treatments include:

- **Paxlovid (antiviral):** This drug is recommended for people outside of the hospital at high risk for severe disease who were recently diagnosed with COVID-19.
- **Remdesivir (antiviral):** This drug was originally only approved for hospitalized COVID-19 patients, but is now approved for patients outside of the hospital who are at high risk for severe disease. The National Institutes of Health (NIH) recommends remdesivir if paxlovid is not available.
- **Molnupiravir (antiviral):** This drug is less effective than paxlovid and remdesivir but is recommended for high-risk patients if other antivirals are not available.
- **Bebtelovimab (monoclonal antibodies):** This is a newer monoclonal antibody recommended for non-hospitalized patients at a high risk of developing severe disease when other approved drugs are not available or not clinically appropriate.
- **Evusheld (monoclonal antibodies):** The NIH recommends this treatment as a preventative measure (like vaccination) for people who are immunocompromised and cannot produce a strong immune system reaction to the vaccine, or who cannot be vaccinated due to severe adverse reactions to the vaccine. It is not recommended for people who are currently infected with the coronavirus.

# MDOC COVID-19 ‘QUARANTINE’ REAPS FINANCIAL WINDFALL FOR CORIZON HEALTH’S INVESTORS

BY RAND W. GOULD  
OCTOBER 2021

*Reprinted with permission from San Francisco Bay View  
National Black Newspaper*

In early March 2020, the Michigan Department of Corrections (MDOC) declared a so-called “medical quarantine” for influenza, i.e., the flu, that quickly morphed into the COVID-19 “quarantine” still in effect to this day. Just as quickly, MDOC health care provider Corizon Health, Inc., took full advantage of this quarantine to deny prisoners constitutionally mandated health care across the board, including dental, optical, hepatitis B and other vaccines, with all previously scheduled 2020 medical consults and surgeries canceled.

Accordingly, health care requests were answered with such stock phrases as “no treatment until we return to normal operations” or “you are on the waiting list,” with many of us on this “list” for two years or longer. Shockingly, this is true for almost all medical issues requiring urgent, and even emergent, health care for over 17 months and counting, as confirmed by the Petitions for Health Care recently signed by prisoners at Central Michigan Correctional Facility (CMCF). The MDOC’s so-called COVID-19 “quarantine” at CMCF, and likely at all its prisons, at no time was in compliance with the Centers for Disease Control (CDC) guidelines and protocols for controlling COVID-19 in correctional settings, as mandated by PD 03, 04, 110, the MDOC policy directive for “Control of Communicable Diseases.” This constitutes willful neglect to perform a public duty in violation of MCL 750-478, a misdemeanor carrying a sentence of up to one year, and malfeasance in violation of MCL 750.505, a felony carrying up to five years.

There was no isolation of infected and close-contact prisoners and, immediately following the identification of COVID-19 infected prisoners at CMCF, over 500 prisoners were moved from the east side of the prison to the west, and vice versa, due to programming. To this day, there is no way to practice 6-foot social distancing, with men sleeping within inches of each other—eight men crammed into a four-man cubicle.

Moreover, the lack of a legitimate medical quarantine explains why CMCF had a nearly 100 percent COVID-19 infection rate in November-December 2020, the highest in the country, as previously reported by this writer. [See “Gov. Whitmer hosts COVID-19 super-spreader events in Michigan,” *San Francisco Bay View*, January 2021, pages 3 and 16.]

Corizon is one of the largest, if not the largest, prison health care corporations in the country and is paid hundreds of millions of taxpayer dollars each year to provide health care to prisoners. The MDOC's gross appropriation for health care for FY 2021 was \$310,399,380. Corizon is a wholly-owned subsidiary of Valitas Health Services, Inc., a privately held corporation owned by Blue Mountain investment group, a hedge fund, and Beecken, Petty, O'Keefe & Co., a Chicago-based private equity management firm.

Its sole purpose is to fatten its owners' bottom line by not providing health care at every opportunity, which is known within Corizon as "the Corizon Way." The MDOC's COVID-19 "quarantine" was one hella-opportunity to deny health care to prisoners, resulting in Corizon's investors raking in a huge financial windfall for the past 17 months. State taxpayers and prisoners' health be damned!

### **The Power of Hundreds of Prisoners' Signatures**

The willingness of these men to sign these petitions comes at a risk for themselves, as nearly every one of them is five years or less from possible parole—their ERD or Earliest Release Date—and MDOC can be vindictive. The men on Petition No. 1, which was lost or confiscated and replaced with No. 19, are the ones who helped push this endeavor to fruition. And every group on the compound participated to some extent.

Health care in Michigan prisons is abominable. I went almost six years to get hernia surgery, and I haven't seen a dentist in over two years. The last column on each petition, headed "Health Care Denied," gives the signers a place to specify their complaints.

Public outcry over Corizon's medical abuse and neglect, generated by this story, could drive Corizon out of Michigan.



*Stay Healthy, Stay Active* by Arnoldo Juarez

# WHAT YOU NEED TO KNOW ABOUT YOUR RIGHTS OF CONSENT REGARDING MEDICAL CARE

BY C. NUNLEY, GRCC, KY

Do you know what “consent” means? Maybe you think that you might, or perhaps you know what the dictionary defines it as, but did you know that legally, as far as the healthcare system goes, there are two basic types of consent?

The first type of consent is known as “implied consent.” This type of consent is typically based on actions rather than words. One example of implied consent is in emergencies. If you are found unconscious and not breathing, the law basically says that a reasonable person would assume you want them to save your life, so consent is implied without you having to say anything.

The second and most overlooked, but perhaps the most important, is “informed consent.” It is the type of consent that I would like to discuss in this article. I could bore you with a textbook definition using a lot of big words that you may or may not care to read, but let’s just use plain English. Essentially, this means that when you go see a healthcare professional, they are supposed to sit down and explain what your diagnosis is, what happens if you don’t get treatment, what treatments are available, and what bad things can happen to you if you decide to take the treatment. In many states, providers are required by law to get informed consent. If it isn’t illegal to neglect this duty, it’s at least a violation of the ethical codes that doctors and nurses are held to.

The best personal example that I can give is what happened in my own case. After my initial sentencing, I sought help from the psychologist in the medical department. She referred me to the psychiatrist, who diagnosed me with clinical depression, complicated by long-term insomnia. That doctor proceeded to prescribe a series of medications that were not what I needed. These included a “cocktail” of Zoloft (sertraline), Risperdal (risperidone), Haldol (haloperidol), Remeron (mirtazapine), and Desyrel (trazodone). Every time that I had an appointment and could think to explain that the meds weren’t working as I thought they should, the telehealth doctor would simply increase the dosages.

Not one time did the doctor explain anything about the medication regimen or any possible adverse effects. So, for ten years, I was given this “cocktail” the whole time without knowing that the adverse effects would be permanent. As a result, I now have a permanent neuromuscular condition called tardive dyskinesia. While this condition has been known about for decades, pharmaceutical companies have only recently released treatments for it in the past few years.

The vendors/contractors charged with providing us healthcare seem to think that they can just prescribe whatever because in many cases, when one of us presents with signs and symptoms of long-term adverse effects, it’s too late for us to seek any sort of legal remedy in most jurisdictions.

The only treatment for tardive dyskinesia is a daily dose of even more medication, so the cycle continues. In my case, after five years of



discontinuing the medications, the condition has eased up. But it will never go away, and I will continue to have issues with it for the rest of my life. Had the doctor taken 15 minutes to explain and discuss the well-documented adverse effects of the medications with me, I would have looked for another way. **EVERYONE NEEDS TO KNOW THIS!!**

The problem with healthcare today in here, as well as the outside world, is that entirely too many doctors are too fast on the draw with that prescription pad. Nobody takes the time to do a patient history interview anymore, so they don't know or seem to care that maybe their patient has been self-medicating with a substance that might be incompatible with whatever pill they want to cram down our throats.

Even as inmates, we do retain some basic constitutional rights (albeit a scaled-down version). However, as **HUMAN BEINGS**, we do have the unalienable right to consent, in any form, and we certainly have the right to know what we are putting into our bodies and what it can do for us or to us.

How many of us would not be in here had Purdue Pharmaceuticals not lied to everyone about how addictive their products were?

“Turn It Up” magazine recently published an article that really deserves attention! And with it, they published a “Patient’s Bill of Rights for Incarcerated Persons.” This proposed Bill of Rights was created by the men behind the walls of Sing-Sing and Green Haven prisons in New York. It is well thought out and should be implemented across the corrections systems in all 50 states immediately.

I present it here, in this forum, for your review.

- Ensure the use of gloves by healthcare providers, including when dispensing medication.
- Prompt responses to all medical emergencies.
- Staff to maintain confidentiality, limiting access to medical files and requiring officers to stand away from exam rooms.
- Clinicians to keep instruments sterile and inside packaging until in front of patient.
- Clinicians to notify patients of the medications being prescribed. [Note from writer: I take this to mean informed consent and what the medications will do.]
- Presence of emergency alarms in porter cells for quick responses to medical emergencies.
- AEDs [automated external defibrillators] accessible in program areas and dormitory areas.

I would like to add the following: Refer to us as “patients” and not “offenders” because no matter what the crime that brought us here was, no matter how seemingly insignificant or heinous, we are all human, and we all deserve a chance at redemption.

*Permission to reprint or cite this article is given by the author with the provision that credit is given to the publisher and the author.*



# HIGH BLOOD PRESSURE (HYPERTENSION) AND WHAT YOU CAN DO ABOUT IT

BY LUCY GLEYSTEN AND SETH LAMMING

Whenever your heart beats, it pushes blood through your body to nourish tissues and organs. The heart has to beat with enough force to reach every part of the body. However, many people have blood pressure that is too high. When blood vessels are narrowed by conditions such as high cholesterol, the heart has to work harder to supply blood to the rest of the body, increasing pressure. High blood pressure, also known as hypertension, over time causes less blood flow to the kidneys, which causes the body to retain more water and salts. With more water and salts in the body, the heart has to beat harder to manage all the fluid, causing an increase in blood pressure.

## What is blood pressure, and what do the numbers mean?

Blood pressure is the measurement of how much pressure or force there is of blood pushing up against the walls of your arteries. **Arteries** are what carry blood from your heart to other parts of your body.

Blood pressure readings have two numbers. **Systolic**, the number on top, represents the pressure on blood vessel walls when your heart is beating or contracting. **Diastolic** is the number below, and it represents the pressure on your blood vessels between beats when your heart is relaxing. It is normal for blood pressure to fluctuate over the day.

## What is high blood pressure (hypertension)?

A normal blood pressure is below 120 (systolic) over 80 (diastolic), or 120/80. High blood pressure, also known as hypertension, is when a person has a blood pressure consistently above 130/80. Sometimes blood pressure readings can be impacted by things like stress, caffeine, sleep, and nicotine.

	Systolic and Diastolic Readings
Normal	systolic: less than 120 mm Hg diastolic: less than 80 mm Hg
Elevated	systolic: 120-129 mm Hg diastolic: more than 80 mm Hg
High Blood Pressure	systolic: 130 mm Hg or higher diastolic: 80 mm Hg or higher

## Who is at risk for hypertension?

The exact cause of hypertension is not known. However, many people believe that a combination of genetic, environmental, and lifestyle factors cause high blood pressure. Hypertension is more common as you get older. Hypertension also tends to be more aggressive and occur earlier in Black people in the United States, due to intense stress and less access to preventative health care. Higher levels of hypertension is a clear

exercising, and smoking.

### **Does hypertension have signs and symptoms?**

Often hypertension does not have warning signs or symptoms. Getting a high blood pressure measurement on two separate occasions is the only way to confirm a hypertension diagnosis.

### **If there are no symptoms, what's the issue?**

Managing hypertension is important, even if there are no symptoms. Over time, high blood pressure damages the blood vessels in your body, causing them to narrow and harden. As a result, hypertension can lead to heart failure, chronic kidney disease, vision loss, dementia, and many other problems. It is also a common cause of heart attack and stroke.

### **How can I prevent it?**

It takes time to develop high blood pressure. Sometimes it is genetic. If it is difficult to get physical activity or eat healthily, a person might be at higher risk of hypertension. Some people do not have access to healthy food, or time and space to exercise, so while there are recommendations about lifestyle in preventing hypertension, it is also important to acknowledge that not maintaining healthy blood pressure is not something that someone should be blamed for. Things that can help with preventing or reducing high blood pressure include getting regular physical activity, not smoking, and limiting sodium intake.

### **How can I take care of high blood pressure in prison?**

Although managing hypertension in prison comes with many challenges, there are some things you can do to lower your blood pressure. Eating more fruits, vegetables, and whole grains and limiting saturated fats and red meats can help. Trying to eat less than 2,300 mg of sodium per day is recommended. Try to get regular physical activity, at least 20-30 minutes per day. If you smoke or drink alcohol, try to cut back or quit.

Medication is an effective method for managing hypertension. Blood pressure medication only works well if it is taken as prescribed. Even after your blood pressure gets lowered, it is necessary to continue these medications for life. People usually start with either an ACE/ARB, or calcium channel blocker. Diuretics are usually added second if blood pressure is not well controlled. These are medications that are used to treat hypertension:

**-Angiotensin-converting enzyme (ACE) inhibitors** cause blood vessels to relax and open up, which lowers blood pressure. It also helps your kidneys get rid of extra sodium and water. Examples include lisinopril or enalapril.

**-Angiotensin II receptor blockers (ARBs)** work in a similar way to ACE inhibitors. They cause blood vessels to relax and open up, which allows for lower blood pressure. It also helps your kidneys get rid of extra salts and water. Examples include losartan or valsartan.

**-Calcium channel blockers** cause smooth muscles in the blood vessels around the heart and throughout the body to relax, causing blood pressure to lower. Examples include amlodipine or nifedipine.

**-Diuretics**, sometimes called water pills, help remove sodium (salt) and water from your body through urination. There are many different types of diuretics, but thiazide-type diuretics like hydrochlorothiazide (HCTZ) are usually used to treat hypertension.



# ASK PHN: REDUCING YOUR RISK OF DIABETES IN PRISON

BY LISA HORWITZ AND SETH LAMMING

## **Question:**

Dear Prison Health News,

How do I avoid diabetes when the meals usually consist of white bread, white rice, cake, cornbread, fruit served in syrup, and white noodles? I would appreciate any information you can provide. Thank you.

—Colin Broughton, South Carolina

## **Answer:**

Thanks for this great question! Type 2 diabetes, also known as adult onset diabetes (high blood sugar), is a common long-term health problem that affects 1 out of every 10 Americans. It can cause many physical complications, and of course we would all like to prevent getting it if at all possible (If you have diabetes, PHN has written a “Diabetes Self-education Guidebook” that we will send you on request).

The cause of diabetes is not really known—so guaranteed prevention is not possible for any of us. It is thought that a combination of environment, genetics, and health choices like diet and exercise cause some people to develop diabetes. Risk factors for diabetes are: smoking, having other family members who have diabetes, being overweight (especially if the extra fat is mostly in the belly), getting little or no exercise, high blood pressure, high cholesterol, diets high in sugars and saturated fats, being of Black, Hispanic, Native American, or Asian/Pacific Island ethnicity, being female, and being over 40 years old. Being low income increases risk, both because of increased stress and lack of access to fresh whole food. But anyone can get diabetes, even if they have none of these risk factors.

Preventing diabetes is about doing what you can to make your body and mind as healthy as possible. Ways to take care of your body include getting enough sleep (more than 7 hours every night), eating a balanced diet, drinking plenty of water, managing health problems like high blood pressure, quitting smoking, and moving your body regularly. Washing your hands regularly and making sure you are up to date on all your vaccines is important to prevent getting sick.

Doing things to lower stress and improve mental health are also important for preventing diabetes. Over time, stress hormones in the body can contribute to high blood sugars. Proven ways to reduce stress are aerobic exercise and slow, deep breathing. Even ten minutes a day of slow, focused breathing has been shown to reduce blood pressure and improve sleep. Box breathing is one technique: Breathe in, counting to four slowly. Feel the air enter your lungs. Hold your breath for 4 seconds. Try to avoid inhaling or exhaling for 4 seconds. Slowly exhale through your mouth for 4 seconds. Hold again for 4 seconds.

carbs, they get broken down into glucose (a type of sugar) for energy. Carbs are made out of sugars, but they are not all bad. A little more than half of the food you eat should be carbs. Where you get your carbs from is important though. Carbs are in fruit, vegetables, grains, and other things like white bread, cake, and soda. Eating foods that will not cause your blood sugar to be high is harder in prison, where you don't have much choice over what you eat. It is helpful to learn which kinds of foods are less likely to cause blood sugars to spike, so you can make the best decisions possible. Foods with a lot of fiber and low-fat proteins do not cause blood sugars to spike. Avoiding foods that are highly processed and with lots of added sugar (like factory-made cakes) is a good rule of thumb. In some facilities, medical can order special low-carb diets for people with diabetes.

<b>Foods that raise blood sugar</b>	<b>Foods to try instead</b>
White bread, potatoes, pasta, white rice	Whole-wheat bread/pasta/tortillas, brown rice, a variety of green vegetables
Sugar	Sugar-free sugar substitutes like Equal or Sweet'N Low
Flavored oatmeal packets	Plain oatmeal with sugar substitute
Sugary breakfast cereals	Plain cereals with a lot of fiber like Cheerios or Raisin Bran
Chips, candy, snacks	Peanut butter and crackers, dried fruit, whole fruits
Soda, juice	Water, tea without sugar, sugar-free or diet drinks
Red meats	Lean proteins like chicken, turkey, fish, eggs, beans, or nuts

Regular exercise is helpful for lowering blood sugar, reducing stress, and improving overall health. In general, adults should try to get 150 minutes of aerobic activity per week and strength-training exercises twice per week. Aerobic exercise is anything that gets your heart rate up, like walking fast, jogging, or doing jumping jacks. Exercises like push-ups and squats that target muscles in specific parts of your body are "strengthening" exercises. There are lots of creative ways to exercise, like dancing or yoga. Doing chores like mopping that require endurance can also give you an excuse to get active. Even just getting up and moving around every couple of hours is good for your body if you have limited mobility.

# 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***

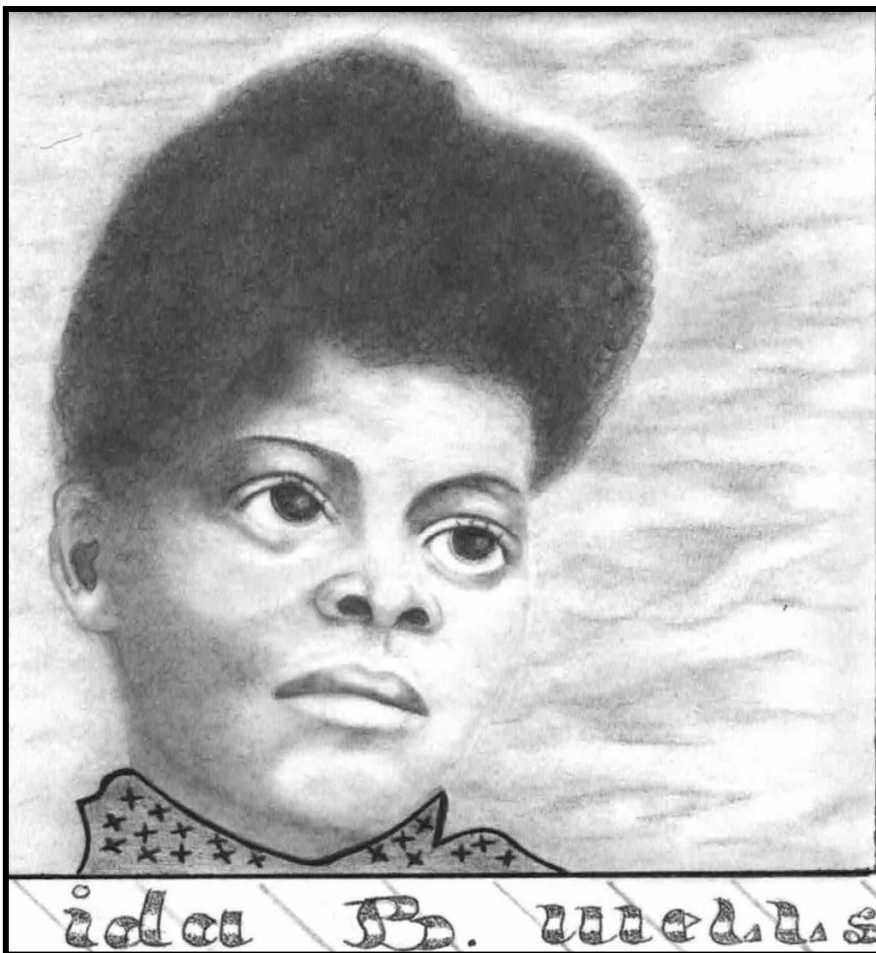
325-page manual explains legal rights to health and safety in prison, and how to advocate for those rights when they are violated. A publication of the Southern Poverty Law Center. Make a \$16 check or money order out to Prison Legal News.

***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.

*This portrait of Ida B. Wells is one of a series of portraits of African-American civil rights leaders drawn by Paul-Kali-Hickmann, incarcerated at James T. Vaughn Correctional Facility in Delaware.*



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:

Kirsten Barboza, Belinda Christensen,  
Olivia Duffield, Lucy Gleysteen, Lily H-A,  
Lisa Horwitz, Seth Lamming, 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**