COVID-19 Updates: October 2022

By Lily H-A

As of October 2022, BA.5 (a sub-variant of the omicron variant) is still the COVID-19 variant that is infecting the most people worldwide. This is the same sub-variant that became dominant over the summer. There may be a seasonal rise in cases as winter approaches. The US has averaged 300 to 500 deaths per day from COVID over the past few months. As of October 2022, the CDC still recommends wearing masks for incarcerated people and staff in jails and prisons, but COVID policies now vary a lot among different systems and facilities.

Vaccination and Booster Updates

In August 2022, the FDA approved new versions of COVID booster shots. These boosters are called "bivalent," meaning they target both the original version of the coronavirus and the newer BA.4/BA.5 versions of the omicron variant.

Both Pfizer and Moderna have bivalent boosters available, and you can get either one, no matter which manufacturer your previous vaccines were from. Doctors suggest that you get the booster around 4 to 6 months out from your last vaccine dose or since you last had COVID-19. This will make it so you get the most benefit from the booster, since after 4 to 6 months, your immunity from vaccination or infection is starting to weaken. The previous (non-bivalent) boosters from Pfizer and Moderna are not available anymore, just the bivalent boosters.

These boosters use the same technology as the Pfizer and Moderna vaccines that were already available, so they should be similarly safe. The vaccines will probably continue being updated to target new variants as the coronavirus keeps evolving. It is safe to get your flu shot and your COVID-19 vaccine or booster at the same time. If you have recently gotten a monkeypox vaccine (Jynneos), the CDC suggests waiting 4 weeks from your monkeypox vaccine to get the COVID vaccine or booster.

Edited By:

Belinda Christensen. Olivia Duffield, Hannah Faeben, Lucy Gleysteen, Lily H-A, Lisa Horwitz, Seth Lamming, Dan Lockwood, Hannah Rose Calvelli, Frankie Snow, Radhika Sood, Suzy Subways, and Meghan Swyryn

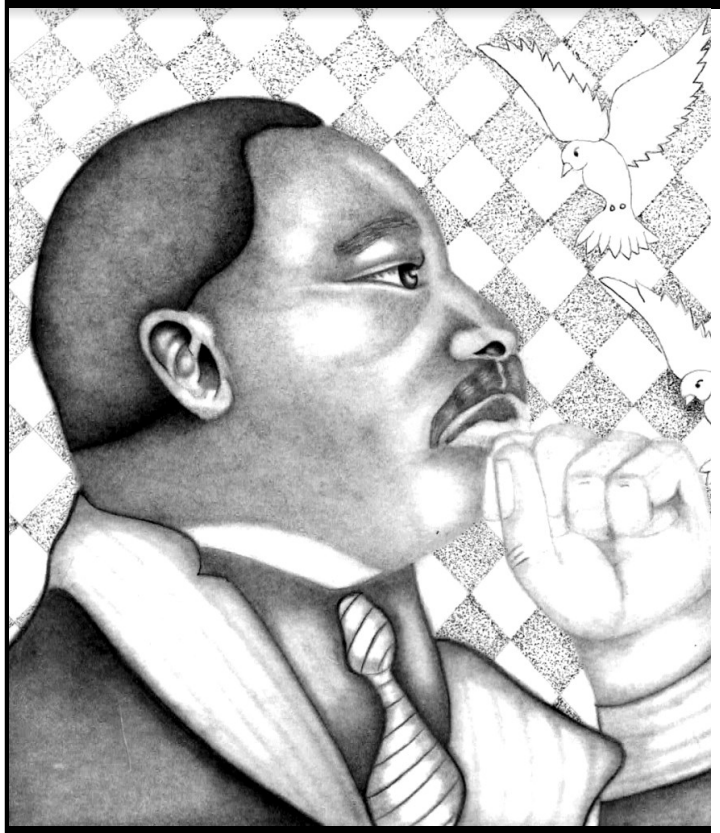
SUBSCRIBE!

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

Prison Health News
4722 Baltimore Ave.
Philadelphia, PA 19143

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

Prison Health News



Artwork by Paul-Kali-Hickman, incarcerated at James T. Vaughn Correctional Facility in Delaware.

In this Issue

Who We Are…

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

From
The PHN
Team

Write an Article or Send Us Your Art!

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

If you want to write an article on something you think is important for prison health, send it and we will consider publishing it in *Prison Health News*. Tell us your story of struggling to receive quality health care, either for yourself or others. Do you have tips and tricks for staying healthy and taking care of yourself behind the walls that could be useful to others in the same position? You can also write us first to discuss ideas for articles. Please let us know if it's OK for us to put your writing or artwork on our website or social media. Let us know if you'd like us to use your full name, first name only, or "Anonymous." Having your name on the internet means anyone can find it. 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

Urge Surfing By Ms. GeGe

Urge Surfing is a technique for managing your unwanted behaviors. Rather than giving in to an urge, you will ride it out like a surfer rides a wave. After a short time, the urge will pass on its own.

This technique can be used to stop or reduce any unwanted behaviors or habits, including emotional reactions such as "blowing up" when angry, overeating, and other unwanted behaviors.

How to Practice Urge Surfing

- Acknowledge you are having an urge.
- Notice your thoughts and feelings without trying to change or suppress them. Note: It's okay to feel some discomfort during an urge.
- Remind yourself…
  - It's okay to have urges. They are natural reactions to addictions and habits.
  - An urge is a feeling, not a "must." I can have this feeling and choose not to act.
  - Some discomfort is okay. I don't have to change it.
  - An urge is temporary. Like any other feelings, it will pass on its own.

Managing Triggers

Use coping skills to reduce the power of triggers. Know your triggers ahead of time, and have a strategy or skill prepared for each one. (See below for coping skills.)

Distraction & Delay

Do something to take your mind off the urge. Every minute you delay increases the chance of the urge weakening on its own.

Coping Skills

Developing good coping skills is important, especially when it gets rough. I've listed several coping skills I use in my days to overcome those unwanted behaviors.

- Exercise: walk, jog, lift weights, practice yoga

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. Write to them to ask about the cost

Prison Legal News
P.O. Box 1151 Lake Worth, FL 33460
Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: $5. Subscription: $36/year.

Protecting Your Health & Safety: A Litigation Guide for Inmates
PLN, P.O. Box 1151 Lake Worth, FL 33460
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.

Fair Shake Re-Entry Center
P.O. Box 63, Westby, WI 54667
Send them a donation of $5 or more for a reentry packet to help you plan for your release. They can also send free offline software that allows you to find resources without using the internet.

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.

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.

Transgender Law Center
PO Box 70976
Oakland, CA 94612
Collect line for people in prison:
510.380.8229
Connects transgender and gender-nonconforming people with advocacy information. They cannot take on legal cases or direct advocacy, but provide access to resources. This includes policies issued by the DOC, guides to navigating grievance processes and filing lawsuits, know-your-rights guides, model policies developed by LGBT advocacy organizations, statements from medical professional associations on the necessity of transition-related health care, and more.

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

Information and Support Resources

Center for Health Justice
900 Avila Street #301
Los Angeles, CA 90012
Prison Hotline: 213-229-0985
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
2406 Fowler Ave, Suite 316
Omaha, NE 68111
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
Organizes with members inside and outside prison to challenge the institutional violence imposed on women, trans and GNC people, and communities of color by the prison industrial complex (PIC). They send The Fire Inside newsletter.

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.

- Socialize: call a friend or family member, eat a meal with a friend, join a group
- Responsibilities: clean your living quarters, do some homework
- Hobbies: play sports, draw something, play music, play cards, paint, cook
- Personal Care: dress up, get a haircut, prepare a healthy meal, tend to spiritual needs, shave

Surviving Breast Cancer
By Chrystal Pfeifer

My name is Chrystal and I have been on the inside since 1988. … Yes, 33 years! I have always, always been aware of the fact that we must take care of ourselves physically, emotionally and spiritually. I was 24 when I entered and am now 56. I could write a book.

When I turned 50, I started getting routine mammograms every year here at ORW. The results from last year's mammogram suggested that I needed further magnified images at OSU (Ohio State University). The magnified images showed that I had 2 different clusters of calcification that needed to be biopsied.

I was sent to OSU for the surgery and was then diagnosed with stage 1 ductal and lobular cancer in my right breast. The first thing that came to my mind was that my journey ahead might be a lonely one. … More so because all I was allowed was an armed correctional officer with me at all times! Don't get me wrong, the officer was very nice, the nurses were awesome, the doctors wonderful. BUT, none of them loved me—none of them kissed my forehead or even touched my hand. Social distancing if you ask me. Never a loved one allowed.

I also underwent 21 sessions of external radiation to my right breast after the lumpectomies—always with an armed correctional officer. I am so grateful for the faith that I have in God and his love for me. I was so scared at times, and He comforted me because I asked.

Six months later, I received my first mammogram since the treatments. I couldn't believe it when I was told I had 4 new clusters that needed to be biopsied! I was overwhelmed! If it wasn't for my family and friends, at home and on the inside, I couldn't have remained so strong, so positive, and bounced back so quickly. I remembered that I was much, much stronger than the average woman. I have a will unlike the average woman and have been waiting over half my life for a second chance.

What I learned more deeply the second time around was how important early detection is! The cancer had never had time to spread to my lymph nodes. My options were either to have a total mastectomy or more radiation. I chose the mastectomy.

I am sincere when I say that my GYN here at ORW has been very informative and that EVERYONE was wonderful at OSU.

I now take a small dose of chemo daily for the next 10 years with prayers that the cancer will never return to my bones or anywhere else.

I know that God's love and strength are always with me—and it shows deeply when my friends on the inside celebrate my return. I am truly loved and blessed. … and so truly thankful for every day I am given.

Breast Cancer Self-Exams and Screening
By Frankie Snow

It can be helpful to know the look and feel of your breasts so you are aware when changes occur. If you notice lumps, pain, or changes in size, talk with your doctor about further testing. Try to complete a self-exam once a month, usually seven days after the start of your period, or on the same date each month if you do not menstruate. Steps to a self-exam:

1. While standing, check that your skin does not dimple or pucker when you raise your arms.
2. While lying down, use the middle three fingers of your opposite hand to feel your breast. Move your fingers in a circular, up and down, or pinwheel motion out from the center.
3. Note any changes in feeling, such as hardness, lumps, pain, or color.
4. Gently squeeze the nipple to check for discharge or bleeding.
5. Talk to your doctor about any changes you observe.

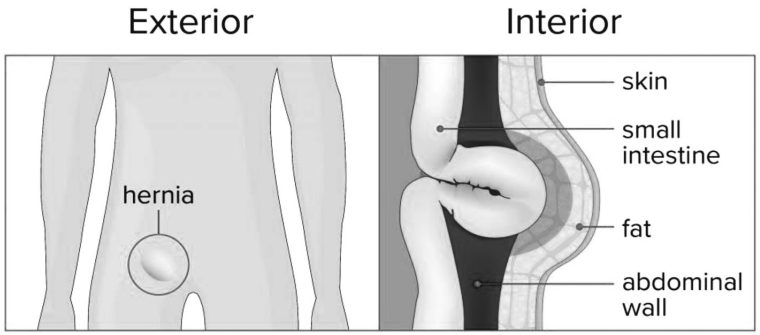
Certain age groups are also encouraged to get professional screenings. If you don't have symptoms, it can still be helpful to have regular screenings in order to detect cancer early when it is more treatable.

No Family Cancer History = Screen every two years from ages 50 to 74
The US Preventive Services Task Force recommends that women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years.

Individuals with History of Cancer in Family and Those on Hormone Treatment:
Women who are 40 to 49 years old should talk to their doctor or other health care professional about when to start and how often to get a mammogram. Women with a family history of breast cancer may need to start screenings at this age. Transgender men and nonbinary people who have had top surgery may have a reduced risk of breast cancer, but a higher risk than cis men. For this reason, it is important to complete the recommended screenings, regardless of use of testosterone therapy. Transgender women and nonbinary people who take estrogen or other hormone therapy have a lower risk of breast cancer than cis women, but have a higher risk than men. For this reason, it is also recommended to complete screenings. Cisgender men, or those raised as men, can also have cases of breast cancer. Consider screenings if either parent has the genetic mutations listed below.

Individuals with Genetic Risks:
Some people have a higher risk for breast cancer based on specific genes passed from either or both parents. Everyone has a gene called BRCA1 and BRCA2. Some people have gene mutations on BRCA1 or BRCA2 that can increase risk for cancer. For example, if one parent has a BRCA1 gene mutation, there's a 50% chance you will also have a BRCA1 mutation. It's estimated that 5% to 10% of breast cancer cases in women are due to gene mutations. Men with BRCA gene mutation have a much higher risk of developing breast cancer. Individuals of Ashkenazi ancestry have a higher risk for carrying BRCA1/2 mutations.

Inguinal Hernia



70% of men who delay surgery will develop new or worsening symptoms and will need surgery within 5 years (NIDDK).

In 2017, a class-action lawsuit was brought by a group of people in Florida prisons who were denied hernia repair surgery except in the case of a life-threatening emergency. From Prison Legal News:

"To end this practice, the Florida Justice Institute and the law firm of Kozyak Tropin Throckmorton filed a class-action suit in September 2015. … After two years of litigation, a settlement agreement was approved by the district court on Sept. 11, 2017. It required the FDOC to issue a Health Service Bulletin concerning hernia treatment to include a referral to a surgeon and instructions that the surgeon's recommendation 'shall not be unreasonably refused.' It further required $2.1 million in payments to the class members, with the FDOC paying $150,000 and Corizon responsible for $1.95 million."

This case, Copeland v. Jones, U.S.D.C. (N.D. Fla.), Case No. 4:15-cv-00452-RH-CAS, can hopefully be used in future lawsuits to prevent denial of hernia treatment in prisons in other states.

If the blood flow to the hernia gets cut off, it is called "strangulation." This is a life-threatening emergency that occurs when a loop of intestine or a piece of fatty tissue is trapped inside the hernia and is cut off from its blood supply. The risk of a hernia becoming strangulated depends on where the hernia is located. The National Institutes of Health points out the following signs of a strangulated hernia:

- Extreme tenderness or painful redness in the area of the bulge
- Sudden pain that worsens quickly and does not go away
- The inability to have a bowel movement and pass gas
- Nausea and vomiting
- Fever

Risk factors for strangulated hernia include:

- Strenuous activity
- History of abdominal surgery
- Straining during bowel movements
- Chronic coughing

Surgery is the only treatment for strangulated hernias. The operation must take place as soon as possible to prevent permanent damage to the affected bowel.

There is no vaccine for hepatitis C, but it is recommended that all people with hepatitis C are vaccinated against hepatitis A and B.

Some general tips to maintain liver health if you have hepatitis include maintaining a healthy weight, avoiding alcohol, avoiding smoking, and asking your doctor about the medications that you are taking because certain medications can be harmful to the liver at high doses, such as acetaminophen (Tylenol), ibuprofen (Advil/Motrin), naproxen (Aleve), and aspirin (Excedrin).

Ask PHN: Hernias

By Olivia Duffield

Dear Prison Health News,

Intestinal hernias is a topic you could write an article on. Some points you could cover:

- What causes a hernia?
- How common are they?
- Other than discomfort, are they a problem if there are no complications?
- How often do complications occur?
- Is it possible (or safe) to live indefinitely with a hernia?

-Jon Tillman

Dear Mr. Tillman,

Thank you for this excellent suggestion. Hernias occur because of a tear or a weak spot in the tissue surrounding an organ. The muscle and tendons of the abdominal wall from the ribs to the top of the legs form a corset that holds the intestines in place. Some places in this corset tend to be weaker than others, and those places are typical sites of hernias. Inguinal (groin) hernias are the most common type. Researchers estimate that about 27% of men and 3% of women will develop an inguinal hernia at some point in their lives (NIDDK).

Symptoms of a hernia may include:

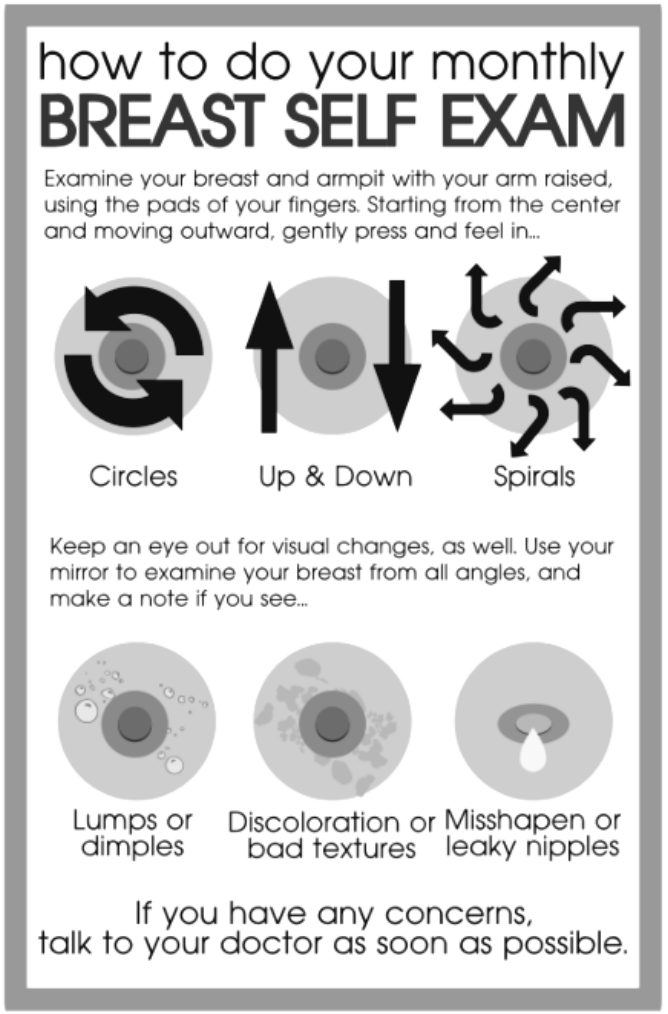
- Swelling or a bulge in the groin or scrotum.
- Increased pain at the site of the bulge.
- Pain while lifting.
- Increase in the bulge size over time.
- A dull aching sensation.
- A sense of feeling full or constipation.

Unfortunately, hernias do not get better on their own, and surgery is the only way to repair them. Over time, hernias tend to get bigger as the muscle wall of the belly gets weaker and more intestines bulge through. Lifting heavy objects, coughing, and straining can also make hernias grow in size. However, many people are able to delay surgery for months or even years, and some people may never need surgery for a small hernia. If the hernia is small and you don't have any symptoms, or if the symptoms don't bother you much, you and the medical provider in your facility may simply continue to watch for symptoms to occur. Men who delay surgery should watch for symptoms and see a doctor regularly. About

If you have a biological family member with breast cancer, ask them if they were tested for BRCA1 and BRCA2 and share this information with your doctor.

Mammograms, MRIs, and Ultrasounds

During a primary care or reproductive health visit, your healthcare provider may complete a clinical breast exam to feel for any changes in your breast tissue. Your doctor can recommend the most appropriate test for you. A mammogram is a type of x-ray of breast tissue commonly used to look for breast cancer. In some circumstances, an MRI may be completed if an individual is at a higher risk for cancer. Because abnormalities may show up on an MRI but not be dangerous, an MRI is not used when there is only average risk. Individuals with less breast tissue due to breast reductions, top surgery, or cis men with limited tissue may have an ultrasound instead. A handheld device will be used by your doctor or ultrasound technician to view the tissue for abnormalities.



An Open Letter to the Incarcerated of Pennsylvania
By Anonymous

Editor's note: *An activist in a Pennsylvania prison wrote this open letter last summer to others who are incarcerated. We are including it because the issue of lockdowns continuing after COVID safety protocols have ended is a problem around the country.*

It has been more than a year since the Pennsylvania Department of Corrections vaccinated its inmate population. Mask mandates have been lifted. The unvaccinated have been allowed off quarantine and spread throughout general population. And yet here we are, another year gone, and the pandemic restrictions limiting activity and quality of life within the prisons remain. The PA DOC has successfully used a deadly pandemic as a smoke screen to institute many of the wide-ranging and destructive restrictions it's wanted all along.

Many of us served as "essential" workers during the pandemic, tirelessly disinfecting the blocks, preparing food and distributing trays. We toiled for long hours to keep the prisons running, with the understanding that COVID was an unprecedented situation that required all of us to work together. Besides those few lucky enough to work, the majority of us were stuck confined in our cells for days and weeks and months on end. It was tough on all of us, but we made it through, and to show its appreciation for our cooperation the PA DOC has chosen to keep its pandemic restrictions in place indefinitely.

Former DOC Secretary John Wetzel admitted as much in his 2022 budget report: "Some institutional operations established during the pandemic are here to stay." These new operational standards include: reducing large congregations of inmates through zone schedules, adopting permanent infrastructure to maintain the integrity of the zones (so constructing separate yards and buildings for each zone), and reducing unnecessary inmate movement by providing services directly to the housing units, including chow.

We've all suffered the stress and frustration that come with less dayroom and yard time, fewer programming opportunities, more isolation. We have all felt the impact on our mental health, being forced to live in the cell with another person for so many more hours a day than had been the norm before. We've all eaten cold meals, witnessed the decline in variety on the trays, and the low serving standards. The DOC uses claims of violence to justify their restrictions, saying the prisons are safe when we're locked up as much as possible, but do they really think the prisons are becoming safer as we grow more stressed and fed-up, as staff antagonize us and laugh at our condition more and more? They use claims of drug use to justify their claims, the same drugs that their own heartless mail policies supposedly solved years ago, and yet they refuse to help those of us with addictions, or offer us any productive alternative uses for our time, and vilify us and our families as the source of these drugs while their own staff fuel our dependencies and line their pockets with a market on contraband they cornered with millions of tax-dollar paid policies.

Haven't we had enough of all this?

Luckily, there's a simple solution, and it's called Civil Disobedience, or

Hepatitis B can be acute or chronic. With acute hepatitis B, people have symptoms similar to the flu and may experience nausea, belly pain on the right side, and jaundice. Symptoms get better after weeks to months, and the liver is able to heal usually without treatment.

Around 1 in 20 people with acute hepatitis B will develop chronic hepatitis B infection. Most people with chronic hepatitis B have no symptoms, but over time, the infection can lead to a liver condition called cirrhosis. Cirrhosis occurs due to scarring of the liver, and symptoms include swelling in the belly and legs, easy bruising or bleeding, difficulty breathing, feeling full, and confusion. Chronic hepatitis B also increases the risk of getting liver cancer, so people with chronic hepatitis B need to be monitored by a medical provider. Some people with chronic infection will need treatment, which consists of antiviral medications. These medications are taken for many years and sometimes for life. In rare cases, people with chronic hepatitis B may need a liver transplant.

The vaccine for hepatitis B is recommended for all babies. Everyone with chronic hepatitis B should also be vaccinated against hepatitis A unless they are known to be immune. The Centers for Disease Control and Prevention (CDC) recommends that adults up to age 59 receive the vaccine. Adults 60 or older should receive it if they have risk factors. The hepatitis B vaccine is typically given as 3 shots over a period of 6 months. The entire series is needed for long-term protection.

Hepatitis C

Hepatitis C is spread through contact with the blood of someone who is living with the virus, such as by sharing needles, tattoo equipment, toothbrushes, razors, or other things that could have blood on them. The virus can live on surfaces for up to 6 weeks. For people who share needles, the hepatitis C virus can stay on the needle for weeks after it was first used. Boiling, burning, or rinsing needles with water or bleach does not fully protect against transmission. You can also get hepatitis C by having sex with someone who has it, although this is a less common way to catch the virus. It is recommended that all people older than 18 get tested at least once for hepatitis C.

Most people with hepatitis C have no symptoms, but when they do occur, symptoms include feeling tired, nausea, muscle or joint aches, and weight loss. Unlike with hepatitis B, where most people have acute infection and then recover, most people with hepatitis C will develop chronic infection after the acute infection. Chronic hepatitis C means that the infection lasts for many years and the virus remains active in the body during this time. This can lead to cirrhosis, similar to chronic hepatitis B.

Hepatitis C is treated with medications, and treatment usually lasts 2 to 3 months. People take a combination of 2 or more antiviral medications. The specific combination depends on the type of hepatitis C virus you have. With the newest treatments, people are cured over 90% of the time. Only in recent years did these treatments become available in prison. Correctional institutions vary in how much they offer treatment. Despite the overwhelmingly positive impact of hepatitis C treatment, facilities will determine who gets treated based on current liver function, length of sentence, and medical history. If you feel like you are being denied treatment, ask your medical provider why you are being denied. Some people have tried filing grievances in order to get treatment.

The ABCs of Hepatitis

By Hannah Calvelli and Lucy Gleysteen

Hepatitis refers to inflammation of the liver. There are several types of viruses that cause hepatitis, but this article will focus on types A, B, and C. The liver is a large organ in the body, located under the right rib cage. It has many important roles, including cleaning toxins out of the body; breaking down proteins, carbohydrates, and fats to help digest food; regulating the amount of blood in the body; and helping blood in the body to clot. Hepatitis is caused by infections from different viruses (called hepatitis A, B, and C) that damage the liver.

Hepatitis A

The hepatitis A virus is spread through the fecal-oral route. This means that for people with hepatitis A, the virus leaves the body in their bowel movements and can be spread to others if people who are infected don't wash their hands after using the bathroom. The virus can also be spread by consuming infected food or water, often by eating raw shellfish from areas with contaminated water. The hepatitis A virus can live outside the body for several months. The presence of hepatitis A can be detected with a blood test.

In adults, hepatitis A causes a flu-like illness that starts around a month after the person is infected. Initial symptoms include feeling tired, nausea or vomiting, fever, and belly pain on the right side. Later symptoms can include dark-colored urine, light-colored bowel movements, itching, and jaundice, which is yellowing of the skin due to liver damage.

Most of the time, hepatitis A will get better on its own, and this can take a few months. Most people fully recover by 6 months without any treatment. Hepatitis A does not lead to lifelong liver problems.

To prevent the spread of hepatitis A, wash your hands, especially after going to the bathroom and before eating. There is also a hepatitis A vaccine, which is recommended for all babies as part of routine childhood vaccinations. Adults can also get the hepatitis A vaccine, and it is recommended for people who use drugs, people experiencing unstable housing or homelessness, people with HIV, people with chronic liver disease, people with clotting disorders, and people who are currently or were recently incarcerated. People who have been in contact with someone with hepatitis A should also get vaccinated as soon as possible.

According to the federal Bureau of Prisons, if there is an outbreak of hepatitis A at your prison, it is recommended that anyone entering the prison completes a screening questionnaire for hepatitis A, which asks questions about symptoms, possible exposures, and risk factors. Vaccination for all people in prison and staff is also recommended during an outbreak.

Hepatitis B

The hepatitis B virus is spread through bodily fluids. It can be transmitted through having sex with someone who has the virus, using infected needles, and (less frequently) by sharing personal items such as toothbrushes, razors, or nail clippers with someone who has the virus. Hepatitis B is not spread through sharing things like cups or eating utensils, and it cannot be spread through coughing and sneezing. If a doctor thinks you may have hepatitis B, they will do a blood test to check for infection.

peaceful refusal to obey rules and orders based on our moral objections to them. We all feel in the pit of our guts that these restrictions are wrong, that they'll only end up turning us into the animals that the DOC already claims we are. Unless we resist these policies, we're all complicit in them. Some of us might feel that peaceful resistance isn't good enough. We're frustrated and pissed off, we're locked in all day and just want to scream and rage. Any human being under the same conditions would feel the same way. But peaceful disobedience is crucial to our hopes of reversing these restrictions. Why? Consider our other options: We do nothing, and the DOC assumes that we're just fine with the way things are, and they maintain the restrictions forever. Or we resist with violence, and the DOC is able to justify their restrictions to the public. Violence and staff assaults only serve to beef up the statistics they use against us in the media.

But when we resist peacefully, we're able to bring their entire churning immoral machine to a grinding halt. Refuse orders, calmly return to our cells. Don't report for work. Don't buy their commissary or overpriced Securepaks or linkunits. File grievances on everything they're doing wrong. And when they lock the prisons down in response, we bide our time and wait. We're used to being locked down, it's nothing for us, hardly worse than an average day for us now anyway. We can last a few days, a few weeks, no problem. Sooner or later, they'll be the ones who give. They'll realize they need us to run the kitchens, and fix the plumbing, and mow the grass. Can we all agree to unite for one more lockdown for the sake of ending the endless lockdown we're all currently living through?

Many of us are anxious to go home someday. Some might worry about the consequences of resistance, about write-ups and parole. Many of us depend on those measly paychecks we get each month from slaving away for the DOC. But we have to remind ourselves of our glaring reality: even before the pandemic, the DOC adopted the careless strategy of punishing us collectively for their own failures to perform the duties expected of them by the public. They are lazy, and want easy solutions that require them to do the least amount of work possible. And they will continue to take things away and make life harder on us unless we stand up to them. There are almost 40,000 of us. They can't send every one of us to the bucket. They can't physically process that many misconducts. We must resist them collectively, just as they punish us collectively, if there's any hope for change to occur.

Security will always be a factor in prison life, but the DOC has chosen to favor security over every other consideration of our well being. They must find a balance between security and meaningful rehabilitation. They must consider our mental health, our connections to home, or they'll just be sending us back to our communities someday even more broken than when we left. We need meaningful visitation hours with our families who travel far distances. We need more time out of our cells. We need more fresh air and social interaction. We need our religious volunteers and role models to return. We need hot meals. We need real opportunities to better ourselves, and to keep our minds occupied in productive ways. We need jobs with a livable wage, a wage that shows we're appreciated for the work we provide for the DOC's operations. We need to open up the prisons!

If you feel the same way, join us in an act of collective peaceful resistance to the ongoing DOC pandemic restrictions. Spread the word. Mobilize your loved ones to join in. Don't work. Don't pay. Don't obey. Change will come!

Making Sense of the Letters Behind Your Healthcare Provider's Name

By Seth Lamming and Hannah Faeben

At some point in time, you've probably been in a doctor's office or medical facility and noticed all sorts of letters after people's names. MD, PA, DO, NP, RN, the list goes on. The alphabet soup can get confusing. In this article, we will break down the basic differences between physicians and mid-level providers and what some of these letters mean.

A healthcare provider is someone who provides care for physical or mental health and wellness. There are several different types of healthcare providers that can diagnose and manage health problems. There are primary care providers who manage your general ailments, like the common cold, and some chronic conditions like high blood pressure. There are then surgeons who do surgery—they are kind of like the mechanics of medicine. Lastly, there are specialists who focus on specific areas of medicine. A nephrologist, for example, is an expert in medicine involving the kidneys. Nurses are not healthcare providers, but they are vital members of the care team and work with providers to help coordinate and manage care.

A medical doctor (MD) or doctor of osteopathy (DO) is a physician. There are two different degrees you can obtain to become a doctor. MDs and DOs both complete 4 years of graduate studies after college. In their education, they learn about the various organ systems and how the human body works, and how different disease processes can affect it. They also complete clinical rotations during their education where they get hands-on experience in the field. The main difference between MDs and DOs is that DOs have a greater focus on primary care and preventative care during their schooling and also learn something called osteopathic manipulative medicine (OMM) that some DOs will incorporate into their practice. OMM incorporates aspects of massage and tissue manipulation to treat health problems. After medical school, MDs and DOs go to residency training in their desired field of medicine, and they then complete 3 or more years of training under the supervision of an experienced physician. After residency, some doctors will complete even more training called a fellowship where they can specialize even further. Overall, MDs and DOs have the same scope of practice, which means they serve the same role. They both are leaders of the healthcare team and diagnose and manage health problems by prescribing medications and treatments and sometimes performing surgeries.

A physician's associate/assistant (PA) is a mid-level provider. They have a master's degree. PAs do 2-3 years of school after college where they similarly learn about various organ systems, the human body, and the disease processes that can affect it. They also complete some hands-on clinical rotations while they are in school. Some PAs will go on to complete a PA residency where they can get more training, but it is not required, and some will go directly into their desired field. PAs can diagnose health problems, prescribe medications, oversee care, and perform minor procedures like stitching surgical wounds. They work alongside doctors and act mostly independently but still are technically under the supervision of a physician.

PAs will consult their supervising doctor if they have questions or need a more expert opinion.

A nurse practitioner (NP) is a mid-level provider. In a lot of ways, they are very similar to a PA in how they practice. They also have a master's degree. NPs first get a bachelor's in nursing sciences, have clinical experience as an active registered nurse, and then get additional clinical training to be a healthcare provider. NPs can diagnose health problems, prescribe medications, oversee care, and do some procedures, though normally fewer procedures than PAs. NPs can practice medicine without physicians in some states. However, they normally work alongside physicians as a team, consulting a physician if they need a more expert opinion.

Nurses (RNs): Typically, it takes 2-4 years to become an RN. Exactly how long it takes depends on if the nurse obtained an associate's degree in nursing (ADN), which takes around 2 years, or obtained a bachelor's in nursing science (BSN), which takes around 4 years. Nurses are not providers, but they serve a very important role in the healthcare team. They do not diagnose medical problems, prescribe medications, or do any surgeries. Nurses are trained to monitor and assess patients and notify a healthcare provider if something is wrong. Nurses have a lot of different roles in different health care settings. Here are some examples: Nurses "triage" patients, which means nurses assess someone and decide how soon they need to see a provider. Nurses are trained to do a lot of direct care with patients, such as administering meds, wound care, case management, and more.

So, is it better to see a doctor (MD or DO) or a mid-level provider (PA or NP)? It depends, but if you are seeing a PA or NP, then it's because they are qualified to work with you and provide you with excellent care! It's OK that they're not physicians! Most healthcare settings are team-based, meaning physicians, NPs, PAs, and other members of the healthcare team work together.

It's common for people to assume that doctors will provide better care because they went to school longer. NPs and PAs can do a lot of the same things as physicians, and depending on their personal experience, they could even be better at it! All healthcare providers should refer to "guidelines" when making treatment decisions or providing care. Guidelines are instructions that get groups of experts to review and update them every few years. Guidelines provide the most updated information about different healthcare problems and the best ways to treat them. Regardless of whether you're seeing a PA, NP, or a physician, they should be looking at similar guidelines for treating you.

Whoever you are being seen by, a good healthcare provider treats you with respect and takes the time to answer your questions and concerns. When you are thinking about whether or not a provider is good, it might be helpful to ask yourself some questions about the experience you had with a provider. Did the provider treat you with kindness and respect? Did the provider give you enough time and space to express your concerns? Do they explain why they are following a certain treatment plan, and is it up to date with current medical guidelines? If the answer is no to any of those questions, that particular provider might not be doing a great job—and those qualities have very little to do with the letters after their name.