

PRISON HEALTH NEWS



WHO WE ARE...

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

From
The PHN Team

No Borders by Gina Lerman

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WRITE AN ARTICLE OR SEND US YOUR ART!

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

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

OVERCOMING HOPELESSNESS: A MENTAL HEALTH DISPATCH

BY JD FRANDSEN

I know your shade of blue. I existed for 13 years in a maximum-security facility, a bleak, lifeless place with no trees, no humanity, and no hope. I am now at a minimum camp, and any petty infraction could send me back to that awful place where old homies have died and the suicide wind blows like devils screaming. Anxiety is my constant companion.

But this day, my friends, I implore you all never to give up. I beg you, you who feel the weight of living pushing down on your spirit. The one constant in our universe is change. Death is a guarantee, but life isn't. This *living* deal might be the greatest gift we ever get. So, we will hope to give us power. Power over the dogs who treat us ill, power to cut down regret, and defeat, and lonesomeness. You are stronger than the depression and more resilient than your oppressors—just look at how much danger you have already passed. There are many instances in history when apparent failures unexpectedly turned out to be winners, so you should never conclude that all hope is lost. Never let the future disturb you. You will meet it, with the same weapons of reason, which today arm you against the present. You have the power over your mind—not outside measures. A great step toward liberation is a good-humored stomach, one that is willing to endure rough treatment.

Life keeps us guessing, but hope keeps us living, anticipating something real around the corner. I was celled up for three years with a man serving life. He had conceded to die in that place, and he kept only a small spark of hope. Then, a letter came in the mail, and my friend was soon free.

He now sends me too many pictures of his five cats and his charming wife.
Anything that *could happen*—*can happen at any time*.

The mission now is to endure, and wild love will find its way to your doorstep singing sweetly. To hell with regret, and may the darkness catch fire and be forgotten. Broad-winged Archangels soar beside you now, and the Fates will direct your soul toward vast, inexplicable wonders. Hang tough.

"Hope has become the secret weapon of the forces of liberation." —Harry S. Truman, 1945

A BOOK BY H. LEE

Bars do not a prison make
If one has a book to read
Stone and steel seem to disappear
Simply with the turn of a page
Adventures unfold, treasures untold
Await those who venture within
A book will take you to
Places you never before been
Places you never imagined you'd go
Places unseen, as if in a dream
Places better than the place you're in
So walk away from that rerun TV
Put down those dominoes
Leave the fussin' and cussin' behind
Travel to new worlds, new adventures
Make new friends, set yourself free
Even if only temporarily
Your body may be bound
Within walls that surround
Yet the mind remains free
If one has a book to read
It's the best solution for life
While life is passing you by

ASK PHN: SKIN CANCER

BY M. ALI AND LEAH OWEN-OLINER

Dear Prison Health News,

Could you please send information about topics such as skin cancers?

—Anonymous

Dear Anonymous,

Thank you for this great topic suggestion, as skin cancer is the most common type of cancer in the United States. Skin cancer most often occurs due to exposure to sunlight (UV radiation), and it involves an abnormal growth of skin cells. Sunlight is necessary for the production of vitamin D by our bodies. However, too much sun exposure, especially from 10 a.m. to 4 p.m. when UV radiation from the sun is the strongest, can cause sunburns and be harmful long term (even if you don't get sunburned). Skin cancer affects people of all skin tones, including those with darker complexions, so it's important to lower your risk by limiting direct sun exposure, using sunscreen (SPF 30 or greater) when possible, and checking your skin regularly for changes. Catching skin cancer early gives you the best chance for successful treatment.

While there are a few different types of skin cancer, here are the three major ones:

Basal Cell Carcinoma (BCC) *(Image A)*

1. **What is it:** BCC is the most common type of skin cancer (about 75% of all cases). It's a cancer of the keratinocytes (a type of skin cell) that begins in the deepest layer of the epidermis, which is the outermost part of the skin. It is associated with long-term sun exposure and typically happens on areas like the head, neck, and arms. It's rare for BCC to spread to distant parts of the body. However, it may spread to and damage nearby nerves or deeper skin layers.
2. **Appearance:** BCC most commonly looks like a flesh-colored circular growth: picture a waxy, pearl-like bump on top of the skin.
3. **Prevention:** Avoid long-term sun exposure, wear protective clothing (e.g., hat, sunglasses, long sleeves), and use sunscreen year-round (SPF 30 or more). See a health care worker if you notice changes in your skin.
4. **Treatment:** Treatment can involve surgery or radiation therapy to remove the cancer.

Squamous Cell Carcinoma (SCC) *(Image B)*

1. **What is it:** SCC is the second most common type of skin cancer and also starts in the epidermis (outermost layer of the skin). Like BCC, SCC is also associated with long-term sun exposure and typically shows up on sun-exposed areas like the head, neck, and arms and rarely spreads to other parts of the body. It can also show up in the mucous membranes (inner linings of your organs), including in your mouth and stomach. Other risk factors for SCC include immunosuppression (examples: untreated HIV, being on steroid drugs, cancer therapy, or having received an organ donation) and chronic wounds that don't heal.
2. **Appearance:** Two common ways SCC appears are a red, scaly patch or a red, firm bump. It is also important to note that SCC can start from a "precursor lesion," or a small area of skin damage that eventually becomes cancerous. These pre-SCC marks are called actinic keratosis *(Image C)* and are also caused by sun exposure. They appear as small, rough, red/brown or white elevated spots. Not all of these marks will develop into a squamous cell carcinoma. Additionally, SCC can show up on your lips as a pale, dry, and cracked area or in your mouth as white or pale spots.
3. **Prevention:** While not all actinic keratoses develop into SCC, if you think you may have one, try to get it checked out by a healthcare provider to get treatment before it becomes a cancer. As with all skin cancer prevention, avoid long-term sun exposure, wear protective clothing, and use sunscreen year-round (SPF 30 or more). Quitting smoking and avoiding exposure to chemicals without proper personal protective equipment can also help prevent SCC.
4. **Treatment:** Treatment can involve surgery or radiation therapy to remove the cancer.

Melanoma *(Image D2)*

1. **What is it:** Melanoma is a cancer of the cells that make melanin, the pigment that gives skin its color. Melanoma commonly starts on skin that gets the most intense sun exposure, such as the face, arms, and legs. However, it can form on any part of your body, including the eyes, nose, and throat. Melanoma is the most dangerous type of skin cancer because it develops quickly, spreading to other organs.
2. **Appearance:** The first signs and symptoms of melanoma often involve changes in an existing mole (30% of cases) or a strange-looking new growth on the skin (the majority of cases). While not all moles are cancer, it is important to check them regularly and note any changes. It's good to know your **ABCDEs** to decide if a normal mole may have potentially become cancerous melanoma: **asymmetric** mole (one half doesn't match the other), **borders** (edges) that are irregular, **colors** vary within the mole, **diameter** (width) is large (more than 6 millimeters across), and the mole is **evolving** (changing) in color, shape, or size.

3. Specific types of melanoma:

Acral lentiginous melanoma: Occurs on the palms of the hands, soles of the feet, or underneath the nail beds. This type of melanoma is more common in people with darker skin tones.

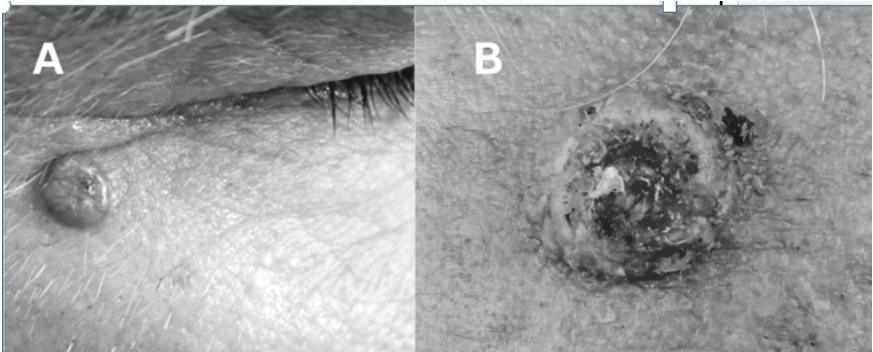
Subungual melanoma (*Image E*): Specifically refers to melanoma that develops underneath the fingernails and toenails.

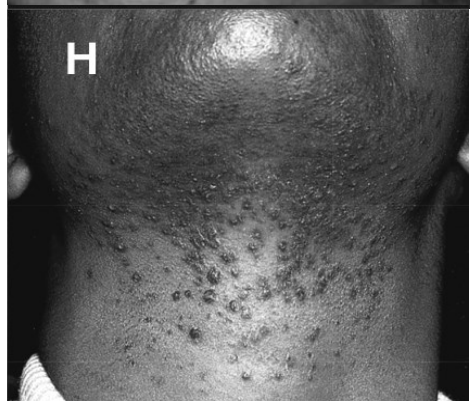
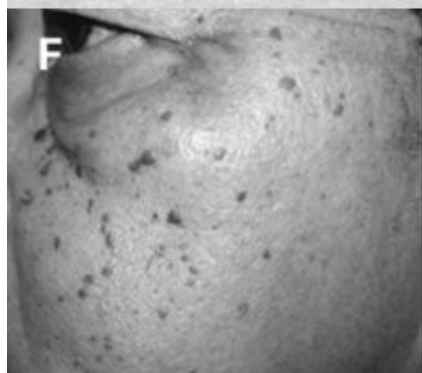
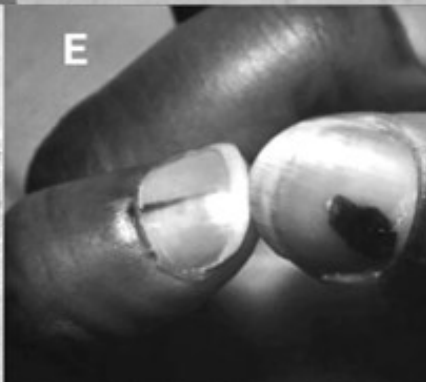
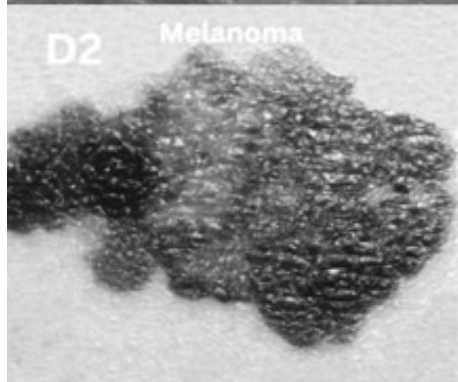
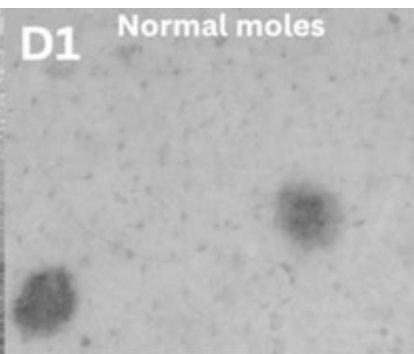
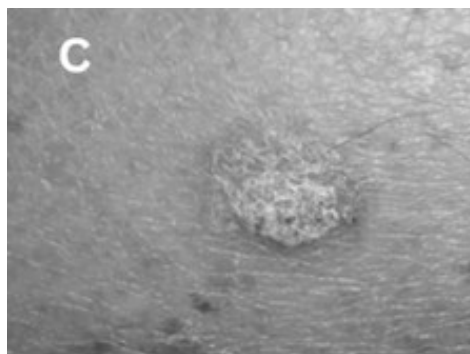
4. **Prevention:** Avoid the sun in the middle of the day, wear protective clothing, wear sunscreen year-round (SPF 30 or more), avoid tanning, and become familiar with your skin so you notice any changes or new moles. Because melanoma develops and spreads so quickly, it's important to see a health care provider as soon as possible if you notice any signs or symptoms.

5. **Treatment:** Depending on the spread of the melanoma, treatment can involve a skin biopsy (tissue sample) for testing, surgery to remove the cancer, and/or radiation therapy or drugs.

Skin Conditions and People of Color (POC)

Research studies have found that POC more often suffer from skin conditions that are less common in white people. We are sharing information about a few of these conditions because they may cause worries about skin cancer, but are not actually dangerous. Some common, non-cancerous skin conditions in POC include dermatosis papulosa nigra (DPN), melasma, and pseudofolliculitis barbae (PFB). DPN (*Image F*) are dark brown, solid, raised spots typically on the face and neck that show up when you are a teenager and do not cause symptoms (e.g., they do not scale or crust). Melasma (*Image G*) appears as an area of patchy skin discoloration on the face that is worsened by sun exposure and pregnancy. It may resolve on its own, respond to treatment (examples: lightening creams or steroid drugs), or last for many years. PFB (*Image H*) is a chronic form of “razor bumps” that can occur wherever you shave (face, groin, etc.) and especially affects those with curly or coarse hair. It can be treated by stopping shaving or using a topical corticosteroid cream, gel, or lotion.





HOW TO FIGHT FOR YOUR RIGHTS TO ADEQUATE HEALTHCARE IN PRISON

BY LEO CARDEZ

Months later, I still remember the way the nurse looked at me when I described my recent weight gain, hair loss, and depression. It was clear she either wasn't listening or didn't believe me—or, more likely, simply didn't care. Almost two years later, I was diagnosed with overactive thyroid, but not before months of fighting for treatment. The struggle inspired me to train to become an Illinois Department of Public Health certified healthcare peer educator. As a peer educator, I speak to newly incarcerated people during their onboarding orientation about specific health risks in prison. I also explain their options when they are dissatisfied with the level of their healthcare and treatment.

Communication issues between prison healthcare workers and people in custody aren't new; quite the opposite. As a peer educator, I've noticed "not feeling heard" is a common refrain among my community. They feel dismissed. My old cellmate Liam McCauley has been suffering from severe eye issues for almost a decade. He told me, "It's ridiculous to the point of being absurd. I'm suffering every day. My mother is a healthcare worker and I've consulted outside literature about my symptoms. Everything points toward a serious disease, and I need to see a specialist. But being referred and then given an appointment to see a specialist is its own gauntlet." I'm no doctor, but his bright red, bloodshot eyes and constant struggles to see make it pretty clear. The eye drops they keep giving him aren't doing enough. So he presses on with homemade solutions, hot water compresses and the like, hoping something will help ease the pain. He's not the exception.

Joshua Wilson notes a litany of back problems going back several years: pinched nerve, slipped disk, sciatica, etc. "If I had a dollar for every time the nurses and docs in prison have blown me off or told me there wasn't anything to be done, I'd be Bezos rich," Wilson explains. "That's not even the worst part. The worst part is when they eyeball you up and down as if they had X-ray vision and then determine that you look okay and should just take a couple of aspirin and drink more water." Like many who suffer from chronic issues in prison, he often feels overlooked and ignored.

That type of blatant disregard for our pain—our humanity—isn't just frustrating, it often leads to misdiagnosis, delayed care, and permanent, avoidable damage. This is what I tell my class to do if they believe they aren't getting the most from their interactions with the prison health professionals:

I. Prepare for your appointment by creating and practicing a one-minute summary of your symptoms, including:

8

- What was going on when you first noticed the issue?

- How long have you been feeling the symptoms?
- Does anything make the issue worse or better? Rate the pain on a scale of 1 to 10.
- Don't just say, "Oh, my stomach hurts." Be specific in your choice of words, like jabbing or stinging, to describe your symptoms.

2. Ask questions that require a response, and have a pen and paper handy to write down the responses. Then, wait silently until they are answered. For example:

- What are some potential diagnoses for my issue?
- Will I have to see a specialist?
- Have you dealt with something similar in the past, and if so, what was the result?
- Is this something that will require medication, and if so, for how long? Is it curable?
- Are there future symptoms I should look out for?
- When will I be called in to see or hear my test results?
- Can you explain that in simpler terms?
- Can you please repeat that?
- Can you give me more details or send me an informational printout about the illness/disease?

3. Never give up: If your doctor or nurse isn't answering your questions to your satisfaction, try asking them again in a direct manner. For example:

- I see we may have a disconnect. Please understand, this is my health we're talking about, and I need you to address my concerns before I leave today.
- I'm worried and in pain. I need to know more about what is happening to me.
- I get that you're swamped, but I'm not comfortable that you understand my condition.
- What can we do to avoid me having to put in a complaint or grievance? I would prefer not to have to go that route, and I imagine that you feel the same way.

4. Speak up: You've done everything I've recommended to no avail; it's time to follow through.

- File an emergency grievance using your notes to fill out specific days, times, and people involved.
- If you have an outside network, ask them to call the facility and ask to speak to the head warden, healthcare supervisor, and doctor. Ask them to send emails to create a paper trail.
- Write well-written letters to the wardens, healthcare supervisors, and their bosses or state or national ombudsman offices to spark action.
- Ask for a new doctor, a second opinion, or a specialist consultation. Remember, you have a right to adequate healthcare, and only you can insist on your needs being met.



HEPATITIS C CAN BE DEFEATED IF VIABLY TREATED BY RAYMOND WHITE

In the year of 2010, while serving time in Fresno County Jail, I took an antibody blood test for hepatitis C (hep C). This was a mandated requirement for new prisoner arrivals. A few weeks after I had taken the test, I was called in for a primary clinician appointment. While I was talking to my health care provider, he stated that I had been exposed to hep C due to the mere fact that I had shared a syringe needle with a partner a couple years back. Hep C is a viral infection that attacks and causes inflammation to the liver. After I was notified of my hep C diagnosis, I suddenly became mentally overwhelmed. I could not believe that I had contracted hep C. At the time of my diagnosis, there was not a cure, but treatment could decrease further significant damage to the liver. Pegylated forms of treatment could produce a sustained viral response, but this form of treatment caused many complications due to adverse effects. The FDA had not yet found a viable treatment effective for all genotypes.

It was then and there, when I was notified about my diagnosis, that I started taking more care of my body to prevent additional liver damage. Though my liver biopsy test had not yet shown significant liver scarring, I still had to protect myself. I had to practice safety measures like not consuming alcohol and avoiding certain foods that contained various acids. I avoided drug use and exercised daily to keep my mind and body neutral and balanced. I had to find some way to ease the insurmountable grief, and I hoped every day that someday the FDA would create a 90% rate for a viable cure.

When a person has hep C, there are several ways to practice good health measures to avoid further liver damage: 1) Avoid alcohol. 2) Prohibit drug use. 3) Seek counseling for the prevention of spreading hep C. These solutions become critical to our well-being, and our health is important. We must remain mentally and physically intact to ensure that our bodies are healthy and functioning well. I wanted to ensure that my future health would be protected.

Around the year of 2021, when I was at California State Prison Sacramento in Folsom, I was placed on a waiting list for a 12-week treatment. Then, when accepted for a specific genotype treatment, I took a direct-acting antiviral (DAA) for three months. This type of medication has between a 90% and 95% rate in curing hep C infections. DAAs are antiviral drugs that activate directly on hep C. Research suggests that these drugs cure between 90% and 95% of patients throughout the U.S. After my treatment was completed, I had a follow-up test to see how successful the medication had been. When the doctor told me that I no longer had hep C, a major weight was lifted off my shoulders after 11 long years of having this virus.



My body went through multiple complications when I had hep C, including painful symptoms I consistently experienced such as fatigue, joint pain, swelling, nausea, and abdominal pain. This was all cleared from me now, and I felt like my health had been relieved from an agony I consistently experienced for 11 years.

An estimated 2.7 to 3.9 million people are currently living with hep C in the U.S. Between 55% and 85% of individuals who are significantly infected will contend with chronic infection. Despite the dramatic changes my body went through during this long-term experience of the hep C infection, I surmounted the grief by being a trailblazer of positivity, hope, and optimism since day one. I looked past the daily anguish of having a virus that I thought I could never get rid of. No longer do I stress about the innumerable forms of misery I was subjected to once.

For future reference, if you have contracted hep C, follow these steps: Make sure you obtain significant information regarding your liver biopsy to find out how much scarring damage and inflammation is affecting your liver. Find out which of the six genotypes you fall under and seek treatment for that genotype immediately. Also, make sure you get tested for other illnesses that affect the liver, like hepatitis B. If you don't have hepatitis A or B, get vaccinated. And, above anything else, make sure you take good care of yourself and be very selective about what you consume.

Prison alone is a massive obstacle tying us down. Health issues are twice as critical in detention facilities because there are so many people enclosed in a potentially toxic setting. Just think about how many diseases you can be exposed to or contract if safety measures are not practiced. Take care of your body. It is vitally significant, and it carries you into the next day.

GIVING LIFE FROM DEATH ROW

BY MICHAEL FLINNER

This story was originally published by Prison Journalism Project.

Several years ago, I discovered that the California Department of Corrections (CDCR) did not have a legal policy in place by which state prisoners, regardless of their offenses, could legally freely donate organs and tissues to their biological family members. I thought to myself, this needs to change.

Additional research led me to find out that the Federal Bureau of Prisons allows prisoners to donate an organ to save a family member in need. This policy applied only to federal prisons, not state-run prisons.

With the federal policy in mind, I wrote a handful of letters to California state senators in the hope that a state senate bill could be drawn for state-run facilities that was similar to existing federal policy.

I received a response from California State Senator Cathleen Galgiani (D), who drafted the legislation SBI419. It passed through both the public safety and senate health committees, but once the bill appeared before the appropriations committee, it met with opposition from CDCR, which refused to provide the funds required to train state prison employees and to educate the prison population about their rights.

CDCR's lack of cooperation forced SBI419 to scale itself back to bare bones. The idea of permitting prisoners to be living organ donors was removed from the bill, leaving state prisoners with the ability to only make a donation in the event of their deaths.

Had SBI419 been dealt with properly, my very own father might be alive today. He died in 2016 because he needed a lung, even though I would have gladly given my lung to save his precious life. He was my best friend, my mentor and my hero.

In this country, there are over 2.3 million people incarcerated, according to Prison Policy Initiative. Yet only 10% are housed in federal custody. There are 1.29 million men and women housed across this nation in state-run prisons. That means countless family members languish on organ donor registries, waiting. We could and should be doing our part to save their lives.

The failure to adopt a national state and federal prisoner protocol for organ donations from prisoners is profoundly irresponsible.

It is my hope and goal to shift the narrative a bit. I'm aggressively pushing for social action, political awareness and public policy reform

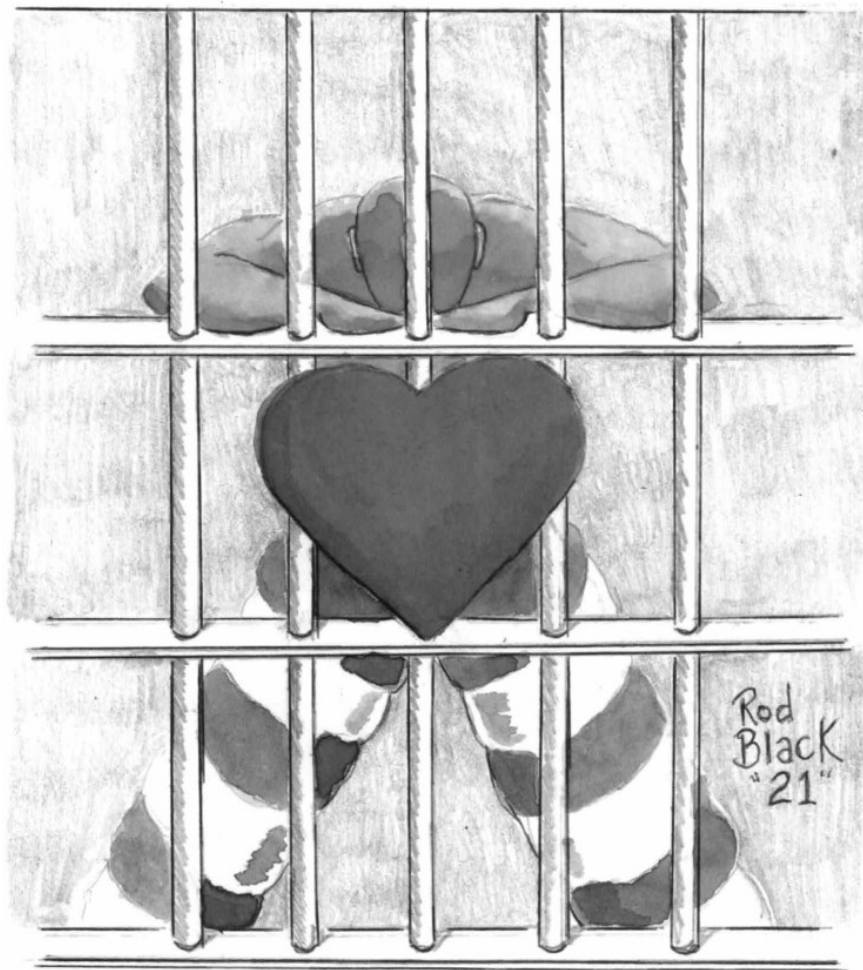
around this issue. I'm hoping to invite fresh eyes, ears, tech savvy

volunteers, bloggers and a new legislative partner to reboot this deserving concept and get it to fruition. Second best isn't good enough.

While hope and healing remain in short supply, I pray for empathy not apathy. Looking forward to a day where state prisoners are part of life saving conversations. Why should only 10% of the national prison population be permitted to make living vital organ and tissue donations to our dying family members?

Many Americans on donor registries have biological, match-worthy donors behind state prison walls.

Artwork by Rod Black



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.

Send your name and address to receive a 1-year free subscription

Black and Pink National

Inside Member Mail

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

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.

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.

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.

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. Only available in select states.

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 that offer services for children and families of the incarcerated.

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.

Fair Shake Re-Entry Center

P.O. Box 63, Westby, WI 54667

Fair Shake is a website with resources, links, books, and tools to support your success. For the Reentry Ownership Manual (ROM), please send \$5 for postage. The ROM does not contain specific local resources; they are only available online (www.fairshake.net) and in the software, which is free for prisons and jails. For the free newsletter (Corrlinks/Trulincs only), send an invitation to outreach@fairshake.net.

Prison Health News Guidebooks

Write to Prison Health News at the address on the next page to request our guidebooks on the following topics:

- Diabetes
- COVID-19
- Commonly Prescribed Medications
- Gender-Affirming Care
- Reproductive Health
- Hepatitis C

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

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

Here's what we

CAN do:

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

Here's what we

CANNOT do:

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

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Philadelphia, PA 19143**

Please write to us if your address changes.

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