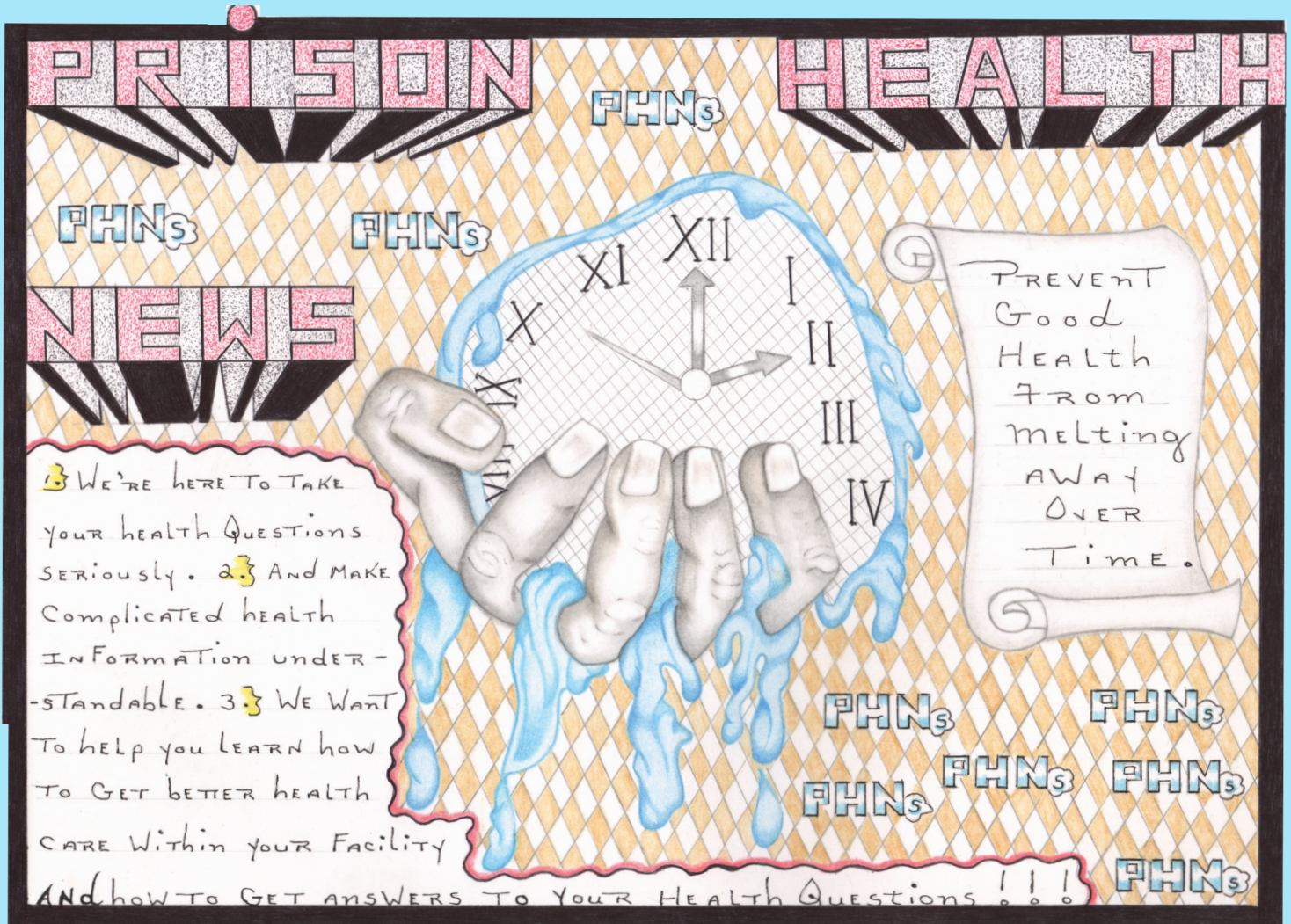


Prison Health News

Issue 59
Winter 2025

Cover art by Paul Kali-Hickman



Dyslexia and Your Rights
While Incarcerated

Ask PHN: Non-Small Cell
Lung Cancer (NSCLC)

Who We Are

Dear Readers, Prison Health News is extremely concerned about statements from the federal government that erroneously claim to be protecting women by denying the rights of transgender women. Trans women are women. Transgender, intersex, nonbinary, and gender non-conforming people have human rights, including dignity, freedom from assault, and access to health care, including gender-affirming care. We love and support our trans readers. We encourage all of our readers to support trans people in your facility. Please write to us about any changes at your facility resulting from any of the new presidential administration's policies.

From
The PHN Team

Write an Article or Send Us Your Art!

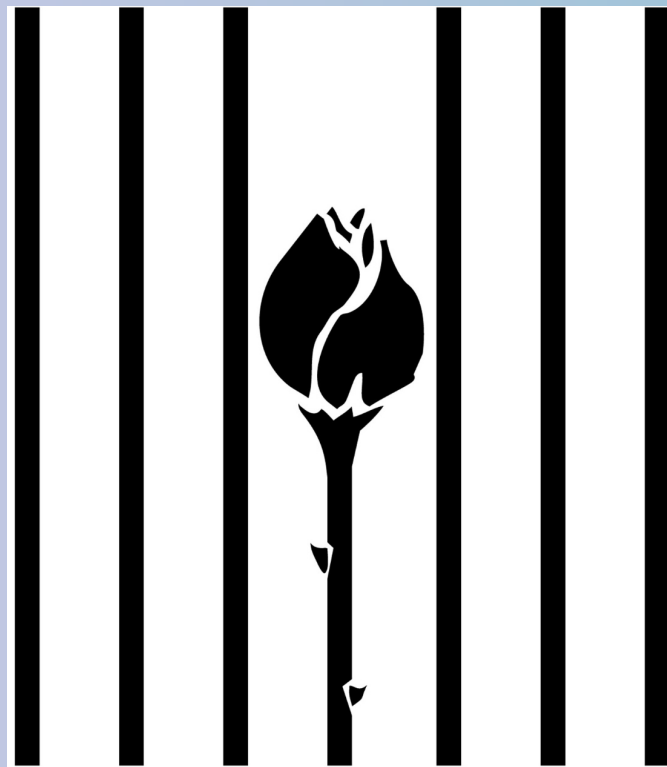
Would you like to see your art, writing or poetry in Prison Health News? If you want to write an article (in English or Spanish) on something you think is important for prison health, send it and we will consider publishing it in Prison Health News. Tell us your story of struggling to receive quality 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

Our Sources

Prison Health News works to ensure that the health information you receive from us is accurate and up to date. Every article in our magazine undergoes a fact-checking process, during which members of our team check every fact-based statement against reliable sources. These sources include peer-reviewed research studies; government agencies such as the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services, and the World Health Organization; research universities, hospitals, and medical associations; and highly recognized nonprofits.

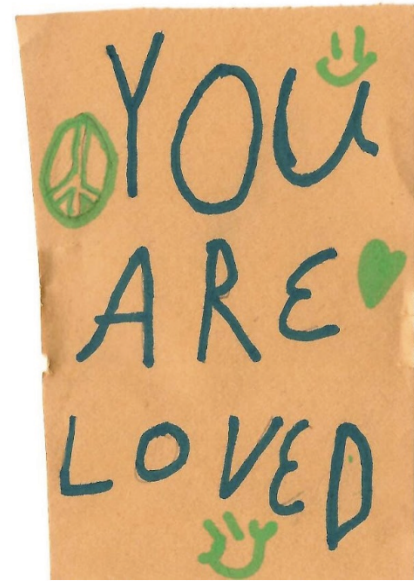
We make sure multiple sources say the same thing before accepting the information as accurate. If the sources are inconsistent, we keep looking at more sources. While many PHN members on the outside are medical professionals, their articles (such as the "Ask PHN" column) undergo the same fact-checking process by a different member of our team. Feel free to write to us if you have any questions or concerns about our process!



"Bars/Rose" by Un Mundo Feliz

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(source: Affirmation art by a Cristo Rey High School student; read more on p 8)

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Dyslexia and Your Rights While Incarcerated

by Wyatt DeRemer

Dyslexia is one of the most common learning disabilities. By some estimates, as many as one in five adults living in the U.S. have it. But it's also very misunderstood.

Did you struggle to learn how to read as a child? Were you in special education classes in elementary school? Do you still avoid reading things now? Do others struggle to read your writing, either because of poor spelling or messy handwriting? Do you get your rights and lefts mixed up a lot? If you can say yes to any of these questions, you may be dyslexic.

According to the International Dyslexia Association, “Dyslexia is characterized by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities. These difficulties typically result from a deficit in the phonological component of language that is often unexpected in relation to other cognitive abilities. Secondary consequences may be problems in reading comprehension and reduced reading experience that can impede growth of vocabulary and background knowledge.”

There are a lot of incorrect ideas out there about dyslexia. Dyslexia is not contagious and is not associated with being confused, lazy, stupid, or unmotivated. Additional misconceptions about dyslexia are that it is only found in children or English readers and speakers, or that one can grow out of the condition.

According to an article published in the Journal of Correctional Education in 2021, “The percentage of this incarcerated population identified as dyslexic is far higher than the prevalence rate of 20% reported in the general United States population.” The Department of Justice has also noted that the link between academic failure and delinquency, violence, and crime is linked to reading failure. This

means that individuals with dyslexia are more likely to become incarcerated than others.

Yet even though dyslexia is one of the most commonly experienced disabilities in the prison system, it is one of the least likely to be addressed.

The Code of Federal Regulations states that when “determining whether an individual has a disability under the ‘actual disability’ or ‘record of prongs of the definition of disability, the focus is on how a major life activity is substantially limited and not on what outcome an individual can achieve. For example, someone with a learning disability may achieve a high level of academic success but may nevertheless be substantially limited in one or more major life activities, including, but not limited to reading, writing, speaking, or learning because of the additional time or effort he or she must spend to read, write, speak, or learn compared to most people in the general population.” (CFR Title 28, Section 35.108)

Dyslexia and other learning disabilities can make one feel very isolated, but there is help and there is hope. If you are incarcerated and are diagnosed or believe that you have dyslexia, there are steps you can take to ensure that you receive the appropriate medical attention.

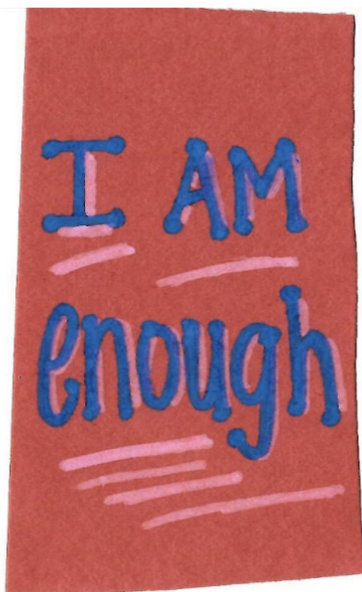
The first step is to get documentation about your disability. You could ask a doctor to send a request for the records from the last school you attended if you had an individualized education plan, also known as an IEP. This is supporting documentation.

The Americans with Disabilities Act requires that the Department of Corrections provide accommodation for individuals with dyslexia and other specific learning disabilities.

It states, "Qualified inmates or detainees with disabilities should have access to available programs and activities, whether they are mandatory or voluntary. ... Such activities may include educational, vocational, work release, or religious programs, as well as opportunities for visitation." This requirement is codified under the Code of Federal Regulations, because of the impact of disability in the major functions of life including learning, reading, concentrating, thinking, writing, and communicating.

The Code of Federal Regulations also requires compliance with non-discriminatory practices and the obligation to provide medical aid and equipment to support incarcerated individuals with disabilities. It states that "no qualified individual with a disability, shall on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity," (CFR Title 28, Sec. 35.130).

If you believe that you have dyslexia or a different disability, and you need special accommodation while you are incarcerated, make sure that you speak with your doctor, keep all documentation for your records, and advocate for your rights to the same level of care as other individuals with the same disabilities. ✱



Decades of Prison

by Marino K. Leyba

I can't even begin to tell you what this place does to a person's soul, their being, it's like a rose growing from the concrete surrounded by weeds that drown out everything! Hope is all but extinguished, struggling, juggling, tumbling thoughts.

Metaphorically, categorically, historically, I have what it takes to make it out, yet time is my adversary, my opposition, my mission is survival.

I know we all have to go, yet I don't want to rot, I don't want to die slow!

I am more than sufficient, the target, the goal, I must hit it.

Elemental, the chosen one—I was sent for...
—Greatness— let me show you what is real — I think I will leave the rest to show you what fake is!

The Pyramids in Egypt have stood the test of time.
The taste, the flavor, the smell, the scent of the greatest wine.

What is the substance that legends are made of?

Dying alone is a thing I have never been afraid of!

"Fortune favours the bold" —
—or so I am told, so go for broke if you want to get that pot of gold.

I am giving you the secrets to success.

Put in the time, the work, the effort!

Never give up if you want to be the best here.
Or anywhere for that matter.

Run through each and every open door, cross and build as many bridges as possible, and climb up every ladder.

Prison is a matter of mind state.

No matter your circumstances.

Don't trap yourself, you can still die great.

✱

Prison Is a Toxic Incubator for Eating Disorders

by Kwaneta Harris

Over 10,000 deaths each year are the direct result of an eating disorder - that's one death every fifty-two minutes. People in women's prisons are at increased risk of developing disordered eating. While researchers have not published studies on eating disorders among people in men's prisons, eating disorders affect people of all genders.

Test your knowledge on eating disorders with a True or False quiz below.

- Eating disorders only affect women.
- People with disordered eating are vain and superficial.
- Eating disorders can be cured quickly and easily.
- Only rich white women have eating disorders.
- Bad parenting causes eating disorders.
- Folks with eating disorders are seeking attention.
- People with eating disorders are extremely thin.
- Individuals with eating disorders always purge after eating.
- Folks with eating disorders always have a poor body image.
- Those with disordered eating can stop any time they want.

All the quiz answers are False.

What is an eating disorder?

A simple explanation of disordered eating is any sort of disturbance in your eating behaviors that is accompanied by mental distress. It involves a preoccupation with food, health, weight and shape that can result in dangerous eating behavior that has life-threatening consequences. According to the National Eating Disorders Association (NEDA), when disordered eating patterns and one's emotional distress reach a certain level of "frequency, duration and/or level of psychological impairment," they become diagnosable eating disorders (ED).

Disordered eating and ED's impact every demographic across race, ethnicity, age, gender, sexual orientation, body shape and weight, and religion.

Four recognized types of eating disorders are:

- **Anorexia nervosa** is characterized by severely limiting food intake.
- **Bulimia nervosa** involves compulsive overeating or bingeing followed by periods of "purging" (e.g., inducing vomiting, excessive exercise, inappropriate use of laxatives or diuretics).
- **Binge-eating disorder** is excessive consumption in a short amount of time without purging. It is also the most commonly diagnosed eating disorder.
- **Avoidant/restrictive food intake disorder** (also known as ARFID) is diagnosed when a person limits eating not because of a concern with weight or body image, but for another reason (e.g., a fear of choking or trouble with food textures).
- **Orthorexia**, also known as Orthorexia nervosa, is diagnosed when an individual has a harmful obsession with proper nutrition. One key characteristic is a strict avoidance of foods believed to be impure or unhealthy. Although orthorexia is not recognized in the DSM-5 as an eating disorder, some argue that according to the National Institute of Health (NIH), orthorexia can also be considered as a form of ARFID. The key differences between anorexia and orthorexia is that anorexia focuses on the calorie intake while orthorexia focuses on the quality or purity of food.

Studies show that more than half of those diagnosed with the restrictive eating form of anorexia nervosa will eventually succumb to bingeing and purging if long-term outcomes worsen. The diagnostic criteria for all five of these ED's overlap with one another and with weight cycling patterns of extreme dieting.

What are the signs and symptoms of an eating disorder?

The signs and symptoms vary but some common signs include excessive preoccupation with weight, body image, or calorie intake. As well as extreme measures to control weight, such as fasting, excessive exercise, laxative use, or vomiting. Physical signs include hair loss and cessation of menstruation.

How is an eating disorder diagnosed?

Eating disorders cannot be diagnosed by appearance alone. Yet, many insurance companies have complex and outdated ways to determine if someone has a covered eating disorder. It can be challenging to obtain a diagnosis and coverage for treatment unless you meet certain biometric markers, such as a specific weight. Many sufferers have all the mental, emotional and cognitive signs of an ED but because they don't present in an emaciated body, their insurance companies insist they don't meet the criteria for treatment. Due to weight bias, people with larger bodies may not get screened for binge-eating disorder. Doctors usually provide a diet prescription instead of or in addition to mental health treatment. This can exacerbate their ED, making the disorder worse before they qualify for help.

What is the treatment for eating disorders?

The standard treatment typically includes a combination of psychotherapy, medical care, and sometimes medication. Unfortunately, no known cure exists for eating disorders, but recovery is possible and early effective treatment can improve one's quality of life and reduce symptoms.

Why are incarcerated folks at an increased risk of developing disordered eating?

According to a 2012 study by social worker Sharon Farber, "Self-injury, and self-harm such as in eating disorders, are commonly found in closed institutions like prisons where incarcerated people 'have little to no' sense of control over their lives, and where the most basic bodily functions may be closely scrutinized and regulated." Eating disorders, she continues, "are used to express a sense of control, despair, and anger that they have difficulty expressing." Farber concludes that the lack of ED diagnoses in prisons "suggest

an underreported high rate of eating disorders in women's prisons in the United States."

How can incarcerated folks self-advocate?

Eating disorders like other mental health illnesses not only affect the individual but also those around them. If you or someone you know is displaying signs of an ED, make sure to take immediate action, because they are capable of hurting themselves by means of an eating disorder. You must seek help with early intervention to increase the likelihood of recovery.

In addition to Native Americans, incarcerated people are the only group of people with a constitutional right to healthcare in the U.S. but that doesn't mean the system will make it easy for you to exercise your right.

Here are some ways that you can take action right now:

1. Write your symptoms on both your medical and mental health request forms.
2. Include how long you have been experiencing these symptoms and that you have no control over this behavior.
3. Ask for a referral to an eating disorder specialist.
4. It is important to put the requests in writing instead of simply waiting to talk to the mental health counselor or doctor. A written request for help can't be dismissed as easily as a verbal request.
5. File a grievance using the same language shared during your first medical/mental health visit.
6. Follow your state's directions for filing a complaint with the ombudsman.

Lastly, file a complaint/grievance with your state licensure board to receive care from mental health counselors and physicians. Meanwhile, while you wait for treatment from a specialist, I suggest reflecting on your relationship to food through journaling and mindfulness meditation. Also make sure to seek treatment for other concurring mental health diagnoses.

Please remember that the same things that can exacerbate other mental health conditions can also affect eating disorders, such as social isolation and uncertainty. Most importantly, speak out about your needs. Courage is also about admitting you need help. ❄️

Encouraging Affirmations to Support a Positive Attitude: A Mental Health Tool for Boosting Self-Confidence and Resilience even in Prison

by Jamila W. Harris

As a formerly incarcerated person, I have experienced the difficulty of keeping a positive attitude and remaining optimistic in dismal environments such as prisons and jails. The challenges of eating a delicious and healthy meal, receiving adequate healthcare, and dealing with authoritative personalities are overwhelming. Living under totalitarian control can be downright depressing, especially when someone else is in control of our fate. However, the power of encouraging words during phone calls and visits from loved ones can help us get through those difficult days. Sharing encouraging affirmations is another way to transfer positive energy from one person to another. This practice transcends all boundaries and limitations, including incarceration.

Affirmations are statements we say to ourselves that shift our minds by inducing good feelings about ourselves. According to *Psychology Today*, affirmations do not make our thoughts come true, but they help us think in a way that can affect our lives positively. After all, how a person processes their thoughts determines how they will behave or react. Because of our brains' neuroplasticity (the ability of its nerve cells to change, adapt, and form new connections), we can teach them to operate in more positive ways. Affirmations can restructure our negative thoughts in any circumstances. Research supports the idea that affirmations help maintain self-esteem in threatening situations or scenarios. Research also suggests that

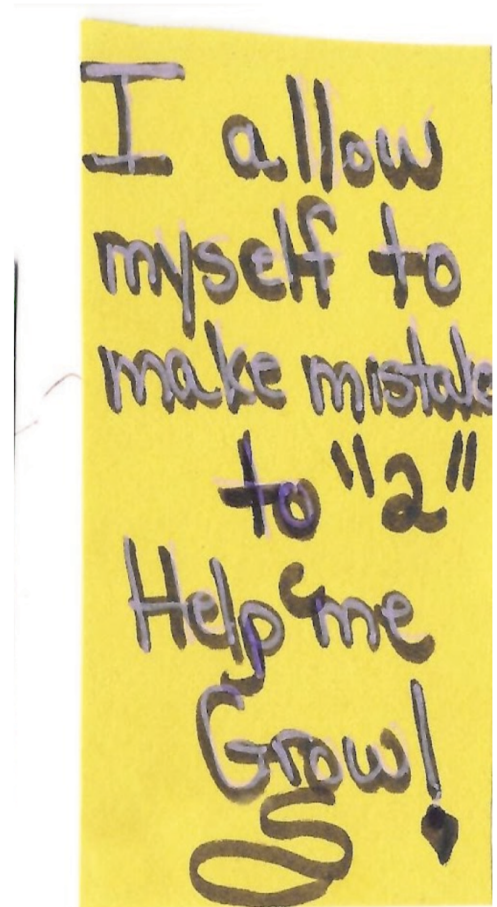
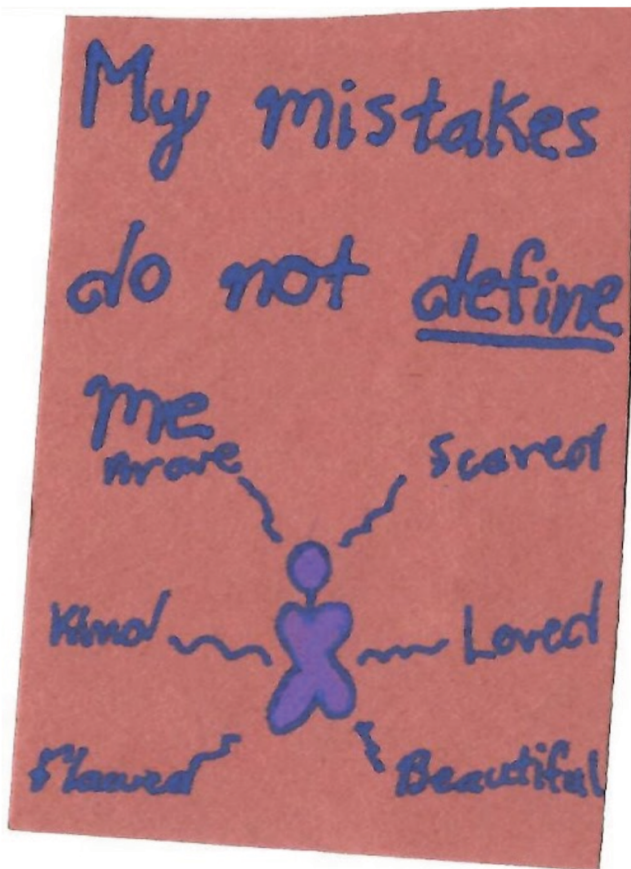
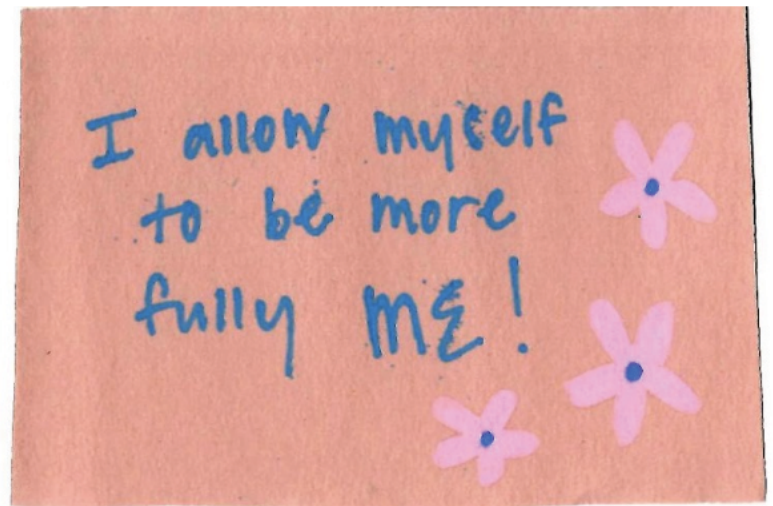
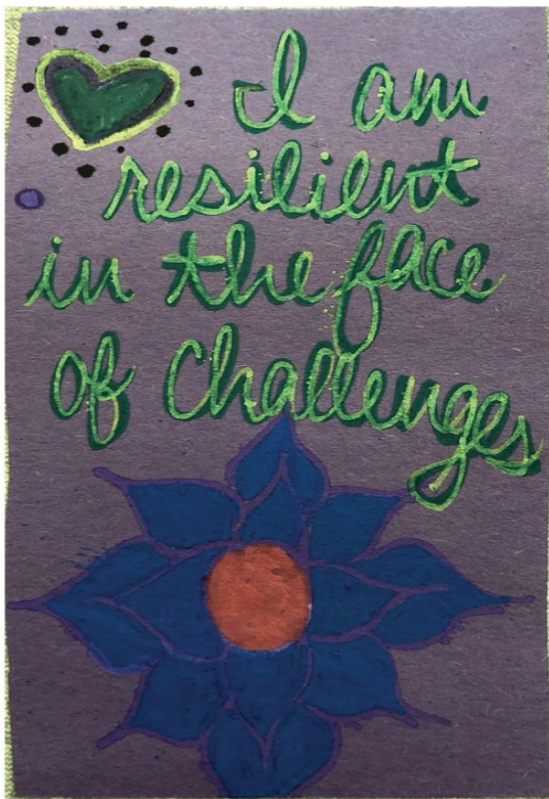
practicing daily self-affirmations can become automatic over time. Therefore, practicing self-affirmations daily can boost self-confidence, resilience, and optimism.

Prison Health News recently visited some awesome, future geniuses at a local Philadelphia high school to discuss the lack of health justice in prison. During our visit at Cristo Rey High School the young adults kindly created encouraging affirmations to share with our Prison Health News family.

As you read these positive affirmations, we encourage embracing some of Psychology Today's tips on how to practice affirmations:

- ❖ **Say affirmations aloud.**
- ❖ **Use the present tense (e.g., "I am enough" rather than "I will be enough").**
- ❖ **Try not to highlight the negative.**
- ❖ **Choose meaningful affirmations.** You don't have to use all of the affirmations—select or create affirmations that are unique to you or your situation.

We hope that sharing these affirmations will help you create and maintain your own affirmations journal. This is a journal where you can write down daily affirmations to help guide you throughout your day. Keeping an affirmation journal is an excellent tool for mental wellness.



Pictured: affirmation cards made by Cristo Rey High School students in Philadelphia, February 2024

Terminal Illness in Prison Infirmaries

by Shawn Harris

Prison infirmaries are some of the saddest places you will ever visit inside or outside prisons. They are conflicting spaces where confinement and compassion clash over rights and laws. By “rights” I mean human rights; the rights of decency, courtesy, and humane compassion. The mere fact that I have to mention the word “human” as an adjective gets right to the point.

As a certified peer specialist, I was honored to be among the few incarcerated persons allowed to provide the much-needed compassion and support which terminally ill incarcerated patients crave and need. Not all patients in the prison infirmary are terminally ill. I am not suggesting that every incarcerated person with a broken leg or minor surgical procedure should be treated fundamentally different from any other inmate. Terminally ill incarcerated patients should not be treated the same as the patient with the broken leg or any other prisoner.

In my facility, in the infirmary, there is a special room where terminally ill patients stay. There is only one such room. If there are multiple terminally ill patients at one time, then the rest will have to stay in one of the bland, gloomy cells whose only grace is size. But here, size is not everything.

The room we call the “hospice room” is the size of two average prison cells in length and width. The concrete used to build this tomb is different from the rest of the building. It resembles unpolished granite. The walls are painted with beautiful murals of nature’s tapestry. A television encased in reinforced plastic sits hoisted on the wall. The T.V. is large, much larger than any in the normal cells. But again, size does not matter when you are terminally ill. There is a long black leather couch, the kind of expensive couch you would imagine being in the bachelor pad of a yuppie. There is also a cream colored soft-leather recliner, which serves no purpose when you are confined to your bed by excruciating pain and the immobility of your limbs. But it looks nice. The lavish amenities are often used by the family when they are allowed to visit. Meanwhile, the terminally ill lay atop an uncomfortable mattress covered in sheets that are too small, so they slip and slide against the plastic-like texture of the mattress when the patient makes the slightest move.

The small pillows are thin, often made of the same plastic-like material as the mattress. But at least their family is comfortable and can see how good of a job the DOC is doing taking care of their loved one.

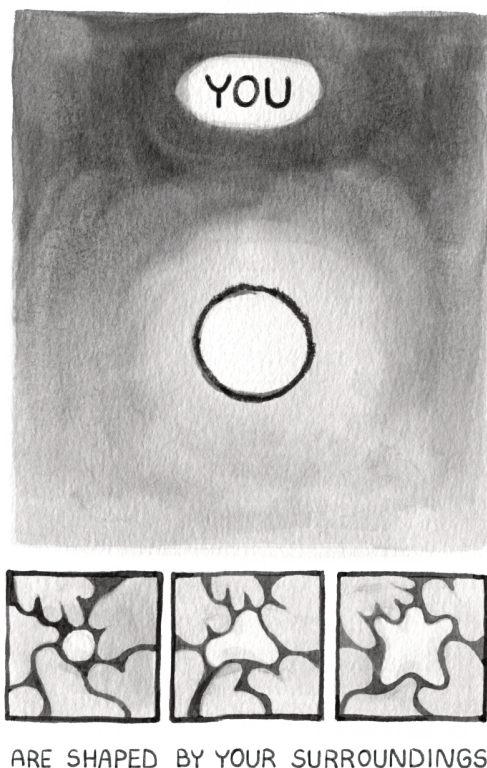
Some of the staff in this infirmary go out of their way to show the niceties and compassion so needed for these terminally ill patients. But they are hamstrung by bureaucracy. It must be difficult to subdue your humanity in the face of such suffering. I saw the struggle in their eyes when a terminally ill patient, nearly in tears, begged for his pain medication. You see, because it is a prison there are security concerns, and those security concerns create layers and layers of red tape. In addition, those staff capable of prescribing medication do not frequent the prison regularly. What that means is that sometimes a terminally ill patient will go three or five days without an adequate dose of pain meds.

I remember saying, “You don’t treat terminally ill patients like that! You don’t lock them in their cells alone without social contact! You don’t create obstacles to treatment, adequate or otherwise!” Rather, I screamed it into the pit of my gut one day as I was returning from the infirmary after seeing a terminally ill man who was physically incapacitated and attached to a machine in one of those bland, non-hospice rooms alone behind a locked door. For me, that locked door was the true crime, the true injustice.

A national survey done by the Bureau of Justice Statistics found that deaths due to illness in state and federal prisons increased from 2,567 in 2001 to 3,044 in 2019, which represents an 18.6% increase. And those are numbers from before COVID-19. Dying in prison due to health concerns is increasingly prevalent. The only thing that remains the same is the lack of care and concern being given to the terminally ill.

Well, sometimes size does matter. When your heart is so big that you will not allow the unnecessary suffering of any human being regardless of who they are, where they are, or the circumstance. In that case, I would say, yes, size does matter. When you will not allow the vociferation for justice to drown out the whisper of your humanity due to the voluminousness of your compassion. Then, yes, size does matter. ✱

Comic by Gina Lerman



BUT YOU NEVER STOP BECOMING



Breathe, Take a Deep One

by Vic Hernandez

It's the first and last thing we do in the world – taking a breath. Somewhere in between, many of us lose touch with how to breathe naturally, fully, and correctly. Stay with me on this one. Though an average human takes about 25,000 breaths per day, underlying conditions such as chronic stress and anxiety may cause us to take more rapid, shallow breaths, or “stress breaths.”

Why does our natural sense of how to breathe properly slip away from us? Whether trying to manage a difficult situation, like prison, or multitasking, our lives often move us into stress-driven spirals, interfering with our ability to fuel our bodies with life-sustaining oxygen. People experiencing strong emotions or intense emotional trauma (i.e. death of a loved one) can also find themselves stress breathing. Fortunately, a few simple strategies can help reclaim our breathing skills.

Deep breathing from the gut, or “belly breathing,” is the key to conscious breathing. Despite the name of this type of breathing, it doesn't take place in the belly, but the diaphragm, which is a dome-shaped muscle at the bottom of the rib cage that is vital for respiratory function. Diaphragmatic breathing uses the entire respiratory system, starting at the upper belly, onto the midsection, and into the chest.

Try it: Place one hand on your chest and one on your abdomen to feel the movement in your body. Inhale through your nose for four seconds, directing your breath into your stomach area. Allow your diaphragm to drop downward and the rib cage to expand, creating space for the lungs to inflate. Pause for a moment, exhale through your mouth for six seconds and feel the rib cage contract. The full and deep motion of your breath should go in and out, like a wave.

To adopt this healthier way of breathing, practice for a minute or two several times a day until it feels natural.

This form of breathing stimulates the parasympathetic nervous system (PNS), which slows your heart rate and breathing, lowers blood pressure, and diverts blood toward the digestive system.

The healing effects of proper breathing offer powerful benefits:

1. Reduced anxiety and depression through deep breathing helps elevate serotonin and endorphin levels, naturally occurring “feel-good hormones.”
2. Several studies have shown that mindfulness improves immune function by reducing inflammation-causing proteins and increasing CD4+ cells. This helps the immune response by improving chromosomal protection that supports lifespan and health.
3. The lymphatic system, which cleanses vital fluids throughout the body, relies on breathing, movement, and gravity to continue flowing. By promoting a healthy lymphatic system, deep breathing can play a critical role in protecting the body from viruses, bacteria, and other health threats.
4. Deep breathing affects stress reduction, promotes intestinal action, and stimulates overall digestion. This can improve conditions such as constipation and irritable bowel syndrome (IBS).
5. Relaxation that occurs with deep breathing has positive effects on fatigue, sleep quality, and pain management.

“Best Breathing Fixes” are targeted breathing exercises intended to cope with stress, and they can be done anywhere. These fixes help with day-to-day health challenges. They may also help improve respiratory conditions like asthma and chronic obstructive pulmonary disease (COPD).

These are my recommended “Best Breathing Fixes”:

Alternate Nostril Breathing: This breathing exercise helps calm and center you.

- ❖ What to do: To start, exhale through your mouth, making a “whooshing” sound. Breathe in deeply through your right nostril while pressing the left nostril closed with your right index finger; then exhale through left nostril while pressing right nostril closed with right thumb. Next, inhale through the left nostril (right nostril still closed); then close left nostril and exhale through the right.
- ❖ The exhalations should take about twice as long as the inhalations. Repeat the cycle ten times.

4-7-8 Breathing: If you're struggling with insomnia, this breathing exercise can bring you into a more relaxed state.

- ❖ What to do: Exhale completely through your mouth, making a slight “whooshing” sound. Close your mouth and inhale quietly through your nose to a count of 4. Hold your breath for a count of 7. Exhale completely through your mouth, making a “whooshing” sound, to a count of 8. This is one breath cycle. Now inhale again and repeat the cycle three more times.
- ❖ Do this exercise when you need help falling asleep or wake up and want to go back to sleep.

Try them out – they really work. You be the researcher, and see what you experience. Tag, you're it! ✨

Ask PHN: Non-Small Cell Lung Cancer (NSCLC)

by Lily H-A

Dear Prison Health News,

I have NSCLC (non-small cell lung cancer) and I hoped you could provide some information about the survivability of NSCLC at different stages.

—C.S.

Dear C.S.,

We are so sorry to hear about your diagnosis of lung cancer. The National Cancer Institute collects data on survival with different types of cancer. Their most recent data on NSCLC break down the numbers into what stage people were diagnosed at: local disease (cancer only in the lungs), regional disease (cancer has spread to nearby parts of the body like lymph nodes), and distant disease (cancer has spread to far away body parts like the bones or brain). Five years after being diagnosed, the percentage of people still alive is 65% for local disease, 37% for regional disease, and 9% for distant disease.

Lung cancer is the third most common cancer in the US, and it kills more people every year than any other kind of cancer. It is most often diagnosed after it has already spread to other parts of the body. This is because symptoms often show up after the cancer has spread. When it is caught and treated early, survival rates are better.

The U.S. Preventive Services Task Force (USPSTF) is a government-appointed panel of medical experts who make recommendations for preventive health care. In 2021, they updated their recommendation allowing yearly lung cancer screenings for people who are at high risk of developing lung cancer. The goal

of these screening tests is to detect cancer early, so treatment is more successful.

Yearly screening for lung cancer is now recommended for people:

- ❖ who are between 50 and 80 years old, and
- ❖ who have at least a 20-pack-year smoking history, and
- ❖ who currently smoke or have quit less than 15 years ago.

To figure out how many “pack-years” you have smoked, multiply how many years you have smoked by the average packs of cigarettes smoked per day. For example, if you smoked a pack a day for 20 years, that makes 20 pack-years. If you smoked 2 packs a day for 10 years, that also makes 20 pack-years. Smoking is the biggest risk factor for lung cancer. Quitting smoking at any time lowers your risk of developing it.

The recommended screening test is called a low-dose computed tomography (CT) scan. This is an x-ray of your lungs. It is not invasive, but there are still some risks. CT scans expose you to a small amount of radiation, which can increase your risk of cancers. There is also a risk that the test could give a false positive, which might detect cancerous spots in your body when you really don’t have cancer. With a false positive, you could receive additional testing or treatment that you may not need, which poses an additional risk. The USPSTF recommends this screening because for people who have a high risk of lung cancer, the benefits of finding lung cancer early greatly outweigh these risks. ❁

Information & 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
Bollinas, 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 National
Inside Member Mail
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.

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.

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

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.

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.

Prison Health News

Write to Prison Health News at
4722 Baltimore Ave
Philadelphia, PA 19143

and we will do our best to answer your health questions. Here is information to consider when writing to us for health information—

For a subscription of 4 free issues a year, please write to us!

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

All subscriptions are FREE!
Please write to us if your address changes.

Return Service Requested

Prison Health News
4722 Baltimore Ave.
Philadelphia, PA 19143