

Prison Health News

Issue 63
Spring 2026



Cover art by Roger Peet

How To Get a
Bottom Bunk Permit

Ask PHN:
The Basics of Foot Care

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

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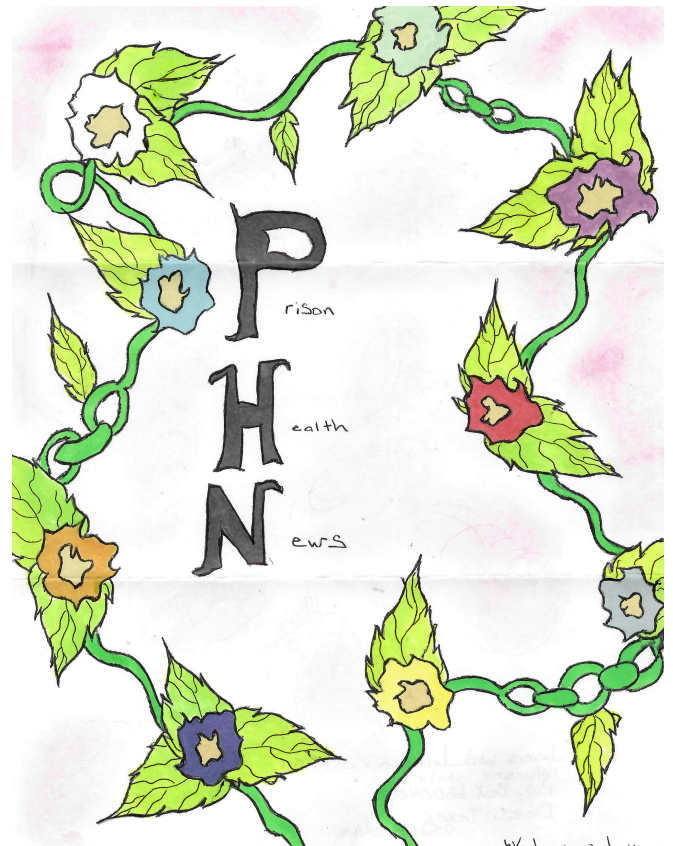
Prison Health News
4722 Baltimore Ave.
Philadelphia, PA 19143

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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!



Art by James WB Jackson

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Art by Mark Jackson

Edited By:

Kirby Sokolow, Leah Owen-Oliner, Lily H-A, Jamila W. Harris, Madeline Behee, Katharine Schmidt, Mindy Lee Thai, Navpreet Reehal, Savannah Woodrow, Seth Lamming, Suzy Subways, Sharron Griggs

Design and Layout:
Tee Jay, Ridge Chin

Many thanks to the PHN Advisory Board for their wisdom and insight: **Kwaneta Harris**, currently incarcerated in Texas, **Madusa Carter**, Philadelphia, **Ignacio H. Carrillo**, currently incarcerated in Illinois, **A. Maxwell Hanna**, Oregon, **Elisabeth Long**, San Francisco, **Fatima Malika Shabazz**, Los Angeles, **Lisa Strawn**, San Francisco

Vaccine Guidelines and New Public Health Alliances

By Kirby Sokolow

2025 has been a year of massive and abrupt changes in the U.S. federal government's approach to public health, causing serious concerns among scientists and medical experts nationwide. In January, President Donald Trump signed an executive order withdrawing the U.S. from the World Health Organization. Six months later, health secretary Robert F. Kennedy Jr. fired all 17 members of the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP), a scientific body that advises the federal government about who should receive which vaccines. He replaced the committee with eight hand-picked advisors, many of whom have limited experience and have promoted unproven, unscientific health claims. Soon after, he also fired CDC Director Susan Monarez after she refused to "commit in advance to approving every ACIP recommendation, regardless of the scientific evidence."

ACIP has since issued guidelines making it harder to get the MMRV (measles, mumps, rubella, and varicella) vaccine. They did this even though this vaccine has virtually eliminated measles in the U.S. since 2000. As fewer people got vaccines in 2025, the nation is facing the largest measles outbreak in over three decades, with cases rising particularly among children.

State governors, state public health officials, and national medical organizations have been collaborating to make it easier to get vaccines and scientifically backed information. The turmoil at the federal level, however, has made it harder to understand the spread of respiratory illnesses like Covid-19 in 2025 and the prevention measures available. This article discusses what we know about Covid-19 (as of this writing in November 2025), as well as the vaccine guidelines issued by public health experts about how to prevent severe disease.

COVID-19: A new vaccine

The Food and Drug Administration (FDA) approved a new Covid-19 vaccine in late August. Until this year, Covid-19 vaccines have been recommended for everyone over 6 months old. Unfortunately, the FDA and CDC under Trump in 2025 only recommended the shots for people over the age of 65 and younger adults with underlying health conditions. Numerous state governors, state public health officials, and major medical organizations including the American Academy of Pediatrics (AAP) and the American College of Obstetricians and Gynecologists (ACOG) have voiced grave concerns about the restricted guidelines. For example, the AAP and ACOG, respectively, note that very young children and pregnant people are not included in the CDC's and FDA's vaccine recommendations, but both groups have a higher risk of severe illness and death from Covid-19.

Medical experts and governors form new public health coalitions

In response to this change and the widespread circulation of misinformation about the risks and benefits of vaccines, elected officials and medical experts from different states have been working together. They want to make sure that everyone in the U.S. has access to scientifically accurate information about infectious diseases and the vaccines that prevent them, and that anyone who wants to protect themselves with a Covid-19 vaccine can get one. Several governors, including the governors of NY, NJ, PA, MN, CT, and AZ, have issued executive orders granting pharmacists and/or medical providers the authority to administer Covid-19 vaccines to all adults and children over 6 months old when they or their parents want it, even without a prescription.

Additionally, two major coalitions of states have formed to protect public health. In early September 2025, California, Oregon, and Washington state formed the West Coast Health Alliance (WCHA), which Hawai'i has since joined. Through this partnership, state public health departments are working together "to provide evidence-based unified recommendations to their residents regarding who should receive immunizations and to help ensure the public has access and credible information for confidence in vaccine safety and efficacy."

Another group of state governors and health officials formed the Northeast Public Health Cooperative (NPHC) to "protect the health, safety and well-being of all residents by providing information based on science, data, and evidence, while working to ensure equitable access to vaccines, medications and services." Seven states (CT, ME, MA, NJ, NY, PA, and RI) and New York City make up the NPHC. They are working together for epidemic and pandemic preparedness, vaccine recommendations, data collection about infectious diseases, and access to laboratory resources.

Both alliances have issued recommendations about who should receive the new, FDA-approved Covid-19 vaccine. These guidelines are based on the recommendations of major, national medical organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians. **Both alliances recommend Covid-19 vaccines for all adults and children over 6 months old who choose to protect themselves or whose parents choose to protect them.** These guidelines reflect AAP's recommendations, which emphasize that children 2 to 18 years old with compromised immune systems and all babies 6 to 23 months old are at high risk for severe Covid-19. ACOG "recommends that all pregnant and lactating individuals receive an updated COVID-19 vaccine or "booster." Covid-19 infections in pregnant people have been linked to an increased risk of severe disease, pregnancy complications, and both maternal and neonatal death.

The state of Covid in 2025

While Covid-19 has not been considered a public health emergency (an unexpected threat requiring an intense, rapid response) for over two years, the virus

continues to spread and mutate. Over the summer, a new variant called Nimbus (NB.1.8.1) surged globally. Cases began to rise again in October 2025. While this variant of Covid shares most of the same symptoms (e.g., fever, cough, runny nose) as other ones, Nimbus' hallmark is a "razor blade" sore throat.

While vaccines have significantly reduced the risk of severe disease and death from Covid-19, the disease does continue to impact the lives of millions. According to the CDC, Covid contributed to the death of more than 47,000 people in the U.S. in 2024. Moreover, approximately 7% of the U.S. population (over 20 million people) have or have had Long COVID, which can happen after Covid-19 infection and be disabling. Many people experience debilitating brain fog, shortness of breath, extreme tiredness, and a racing or irregular heartbeat, among other symptoms, for years. The National Institutes of Health recently identified eight types of Long COVID. The variety of symptoms people experience, including differences in their intensity and how long they last, has made research on and treatment of Long COVID difficult. Earlier this year, the White House attempted to cut billions of dollars in research funding for Long COVID. Advocacy by patients and medical experts has, at least temporarily, stalled some of these cuts.

It's important to still take Covid-19 seriously, especially in prisons, where overcrowding puts people at increased risk for severe illness. Measures for protecting yourself and others include: wearing a mask, testing if you feel sick, covering your mouth when you cough, maintaining distance from other people if you test positive for Covid, washing your hands thoroughly and regularly, and staying up to date on the latest vaccines. Scientific data show that vaccines are a safe and effective way to reduce the risk of severe illness, complications, and death from Covid-19.

While, at a federal level, public health systems in the U.S. may be in turmoil, experts are continuing to work together to make sure the public has access to scientifically grounded, up-to-date information that they can use to take care of themselves and others in the face of respiratory illnesses. ✱

How To Get a Bottom Bunk Permit

By Patrick Bakaturski

In 2017, I fell in the kitchen and broke my elbow. Wexford Health said nothing was wrong with me and sent me back to the cell. I fought with them until August 2019 to get an X-ray of my arm, which showed that my elbow had been broken and healed wrong.

This made it painful to pull myself up into the upper bunk. So I ended up having to file a 1983 civil action to obtain Americans With Disabilities (ADA) accommodations from the Illinois Department of Corrections (Patrick Bakaturski v. Rob Jeffreys, 21-cv-00014-GCS). I won this case in 2024, but it took years of fighting to force Wexford Health to grant my ADA status.

Here is the problem in the IDOC. Since 2016, there have been many cell houses closed in maximum security prisons in Illinois. Right now, there are over 7,500 prisoners serving de facto natural life sentences and over 8,000 prisoners who are over 40 years old and will be in their 60s or 70s before they see their out dates. This means 1 in 4 inmates in IDOC is 40 or older. Within 5 years, that number will grow to 1 in 3 inmates being over 40.

The issue of needing a bottom bunk as you grow older is a housing issue more than a medical issue. Most bunk beds in prison do not have a ladder, so you have to pull yourself up into the top bunk. Wexford Health, in open violation of state and federal laws, has set the standards so high that no inmate outside of filing a federal civil suit can meet the standards for a low bunk permit. Here are the posted criteria: "Seizure disorders, Amputation of limbs, Paraplegic or hemi-paralysis, Up to 6 weeks post major surgery, Markedly obese (weight greater than 350 lbs), Elderly age (greater than 70 years)."

The problem is, for me personally, I only have one fully functioning arm. When I first got to IDOC, the age was 60 years old for elderly inmates to get a bottom bunk permit. The average life expectancy of an inmate doing a long sentence is 64 years old, yet Wexford has set the age for a bottom bunk permit at 70 years old. So after you're dead, you can get a bottom bunk permit.

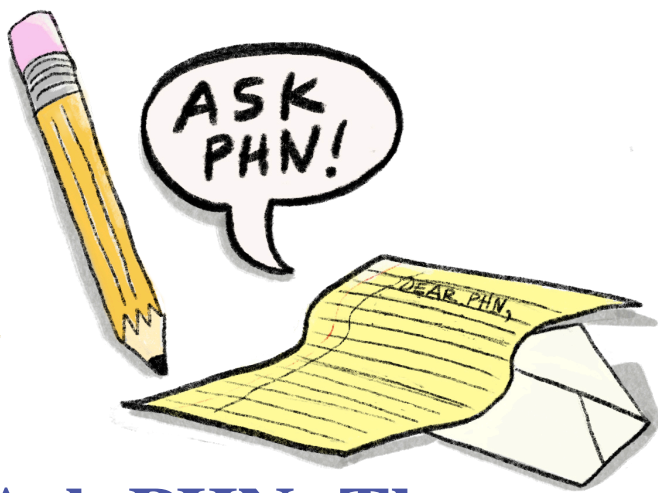
So, How Do You Get a Bottom Bunk Permit?

First, when you go to health care and request the bottom bunk permit, you need them to fill out the denial form. Many Wexford staff will not fill this form out, because it can make them liable if they're wrong. Wexford and IDOC have created a loophole to strip inmates of their ADA rights. The IDOC must comply with the provisions of the Americans with Disabilities Act Title 42 U.S.C. section 12101, et seq ("ADA"). The ADA forbids discrimination against **qualified individuals**.

In Illinois, requests for ADA accommodations must be made on offender request form DOC 0286 and directed to the facility ADA coordinator. This may be different in other states, but every state is required to have at least one ADA coordinator for people in prison. On the form, you must state how your disability limits your ability to use the service, activity, or program in the same way that other offenders would be able to use it, and what assistance you would like your facility to give you that will help you overcome your limitations and make it possible for you to use the service, activity, or program.

You may have noticed that the above statement did not address placement in a bottom bunk. Wexford Health must first deem you to be a **qualified individual** before the ADA coordinator will stand up for you. In my federal civil suit, I had to force the Wexford doctors to explain how it could be safe for an inmate with a broken elbow to pull his full body weight—230 pounds—while climbing into the top bunk. It was not safe. So they gave me a lifetime bottom bunk permit. You have to fight for **qualified individual** status in order to get the bottom bunk permit. It took me 7 years to get the lifetime bottom bunk permit. And once I filed my 1983 lawsuit, they started giving me 6 month permits.

Many times after you file a grievance, you have to mark both the ADA box and the health care box. This makes both staff members a part of the civil action. So, in order to get your permit, you must fight for the classification to be added to your master file. Without that classification notice, you will never obtain a bottom bunk permit. I hope this helps you fight for your ADA rights. *



Ask PHN: The Basics of Foot Care

By Madeline Behee

Dear Prison Health News,

A health issue that recently came to mind is foot health. A lot of us prisoners are on our feet throughout the day, whether it is out in the yard, in the gym, at work, etc. I remember reading something a while ago about how the U.S. military stresses the importance of taking care of your feet, like changing your socks, letting your feet dry, etc. My question is, how often should I be getting new shoes (if financially possible)? Are certain brands better than others? Is it OK to soak/wash sneakers, or does it deteriorate the material? Maybe doing an article on foot health and how to prevent athlete's foot would be helpful.

—D.W.

Dear D.W.,

Thank you for your article suggestion!

When it comes to basic foot hygiene, it is important to wash feet daily with soap and water and let them dry completely before putting on shoes or socks. Socks should be changed at least once per day if possible. Toenails should be cut straight across, not rounded, to prevent ingrown toenails. Feet should be checked daily for cuts, sores, blisters, swelling, and signs of infection; this is especially important for people with diabetes. If you notice an injury that is not healing, you should seek medical advice.

A breathable shoe with good cushion and support is ideal for people who are on their feet all day. There should be plenty of space for your toes. Wearing the proper shoe size is also important and can help prevent pain and injury to the foot. When it comes to the brand of shoe, this is just personal preference. Preferred brand or style of shoe might differ based on a person's activity and the shape of their foot (narrow vs. wide, high arch vs. flat, etc.). Sneakers can be washed, but shoes that are leather or suede should not be fully soaked. The laces and insoles, if they can be removed, can also be washed. Ideally, shoes should be replaced if they start to lose cushioning, cause pain, cause blisters, have a worn-down sole, or have holes that expose the foot.

Athlete's foot, also known as tinea pedis, is a common fungal infection that affects the feet. According to the Cleveland Clinic, 70% of people will be affected by it at some point in their life. It causes a rash that can be dry, scaly, and red. The rash is often itchy and may sting or burn. Fungus thrives in warm and moist environments. Athlete's foot is contagious and can be spread via contaminated floors, towels, and clothing. Wearing sandals or flip flops in the shower and keeping feet clean, dry, and cool are the best ways to prevent athlete's foot. This means wearing clean socks and letting shoes dry out completely between wears if possible. If you have more than one pair of shoes, it can be helpful to alternate between them. Most of the time, it is possible to treat athlete's foot without a prescription, using over-the-counter medications such as antifungal creams, sprays, and powders.

Some names of these medications include:

- Terbinafine (brand names: Lamisil, Desenex Max)
- Clotrimazole (brand names: Lotrimin, Alevazol, Antifungal, Cruex, Micotrin AC, Mycozyl AC, Trimazole)
- Miconazole (brand names: Aloe Vesta, Baza, DermaFungal, Desenex, Fungoid, Micaderm, Micatin, Monistat-Derm, Mycozyl AP, Neosporin AF, Novana Remedy, Soothe & Cool INZO)
- Tolnaftate (brand names: Aftate, Breezee, Tinactin, Ting)

These may or may not be available in the prison commissary. There are also stronger creams and pills that can be prescribed by a doctor. ✨

Eyes on Your Health: Remaining Stress-Free in a Stressful Environment

By Darrell Sharpe

I have had a lifelong interest in health, nutrition, and also exercise, and have always made it my top priority to live a healthy lifestyle while being incarcerated. So let me share with you what I feel is the key to remaining stress-free when doing time.

With all that's going on in the world these days—both inside and outside of prison—stress is becoming more of a day-to-day issue for each and every one of us. On the outside, people struggle to pay their bills, to save their homes from foreclosure, to find a steady job, and to deal with a bleak economic situation that isn't improving. Those of us who are incarcerated deal with the regular challenges of prison life, which can include feelings of isolation, living in a hostile environment, a sentence imposing more time than the charge carried, actual innocence of the charge, the absence of our life partners and children, and separation from our beloved family.

So let's face it, we all have had something that is causing us stress. That being said, it's important to realize that stress is very unhealthy. Stress can increase your risk of stroke and cause other health-related issues. It can damage your well-being. Over many years, chronic stress has the potential to kill you if you let it. The key in that statement is simply this: "If You Let It." It's important to take control of yourself and your situation, and not let the situation take control of you. We all have problems that create stress, but how you address those problems is what is ultimately going to determine your stress level. I was once told that if you focus on changing the things that you can change and don't worry about those that you can't, you shouldn't have a lot to stress about.

The main course of strategy is to identify the problem and focus on doing one thing—and that's solving it, because every problem has a real solution. We sometimes think that distractions like drugs, alcohol, overeating, or sleeping all day will cure our problems.



Art by George Dominguez

But that's far from the truth. These strategies may temporarily reduce stress, but at the end of the day, the problem is still there. And doing these things can cause more damage to your health.

Sometimes solving a problem may take some time. So, rather than indulge in negative behaviors, try to engage in activities that will make you feel better while you're working on a real solution. I recommend exercise because it's a healthy stress reliever. Walking, jogging, or an hour's worth of calisthenics will do the job. Start small if you haven't exercised in a while. Some people benefit from yoga and meditation. You can start with 5 minutes of meditation morning and night, or deep breathing 3 times a day.

Talking to someone is also a good method, especially if it's someone you can truly confide in. This allows you

to really vent and get the matter off of your chest rather than continue to let it build up inside of you and increase your own stress level. Or try venting by writing in a journal. Another idea is to write down 3 positive things that have happened every day. This can help you focus on the positives and stop worrying about the things you can't change.

It can be beneficial to occupy your mind as well as your time by doing something productive until your inner problem is resolved. This can be something as simple as reading a book, writing a letter, or listening to music.

Remaining stress-free will give you peace of mind and also become a positive factor in your overall health. So, remember, every problem has a solution, and how you choose to deal with yours is what will determine your results within your life and the lives of others. *

It Hurts to Move: Treating Your Back Pain Behind Bars

By Nathan Gray

According to *Living Well With Back Pain*, a book by Dr. Robert Winter and Dr. Marilyn Bach, back problems are among the top ten most common medical issues. Around 80% of Americans experience frequent or chronic back pain at some point in their lives. The sedentary nature of life in America's prisons and jails certainly doesn't help. In fact, one of the most common complaints I hear in my prison is the myriad versions of back pain that people experience.

The good news is that most back pain can be treated by yourself. As a tall person, I have

experienced back pain for most of my adult life. I have met with multiple professionals with knowledge on treating back pain, such as physical therapists and chiropractors, who have all taught me a few things about mitigating back pain.

Many prisons in America neither have the ability nor the impetus to effectively treat back pain outside of throwing pain medication at the problem. So the do-it-yourself method can be the only form of treatment an incarcerated person may receive. That being said, if your back pain is so severe that you have significant issues with movement, contact medical staff.

Some of the most common causes of back pain are repeating movements that strain the back, like maintaining improper posture while doing a set in the prison gym; staying too long in positions that strain the back, like spending all day lying in your bunk or spending hours sitting in a chair in the dayroom; and moving in ways that suddenly twist your back, like trying to pull off a trick that is out of your league during a basketball game.



Reducing Pain

- Avoid heavy lifting and any activity causing high impact on your back that could worsen pain.
- Avoid sitting in the same position for extended periods of time. Switch up between lying down, sitting, and movement. I find that switching between lying on your back and lying on your stomach can be beneficial.

- Put ice on painful areas for the first 24 hours, 20 minutes at a time. Make sure to keep some cloth like a towel between your skin and the container of ice. If you can't get ice, soak a towel in cold water.
- Take pain medication like acetaminophen (Tylenol) or ibuprofen (Advil or Motrin). The canteen at my prison sells small packets of Tylenol, and I keep some on hand for emergencies.
- Do not spend an extended amount of time in bed. When I hurt my back, my first instinct is to coddle it by lying down, but this can actually make the problem worse. Spend a bit of time moving.
- Do pelvic tilts: Lie on your back with your knees raised, and gently roll your hips forward and back.
- Take short walks. As your back begins to feel better, you can extend your walking time.

When Resting

- Lie in the contour position, flat on your back with your knees bent and legs supported by a large pillow or stack of folded clothes. Or lie on the floor with your legs supported by your bunk or a chair.
- Lie on your side with your knees bent and something soft between your knees.
- Lie on your stomach if it doesn't add to your pain.

Preventing Pain in the Future

- Find an exercise routine that works your abdominal muscles and back, making sure it includes both flexion and extension movements. For example, a "Superman" is a flexion exercise for your back, while a "crunch" is an extension exercise. Your back is meant to move in a variety of ways, so be sure your routine does the same. Start with something easy, rather than jumping straight into intense exercises like burpees. Do this 2-3 times a week.
- Find an aerobic exercise you enjoy. Walking is one of the best aerobic exercises for multiple reasons, but especially for incarcerated people since it is free and readily available. Remember, moseying around the track is not walking. Engage in a full

stride. Some other aerobic exercises that may be available inside prisons are running, swimming, and stationary biking. Do this 5-7 times a week.

- Commit to a daily stretching routine. Start with simple stretches—nobody is asking you to contort into a pretzel on your first try. As your flexibility grows, start adding more complicated stretches to your routine. Be careful though, if you do the stretches incorrectly or overexert yourself, you could end up doing more harm than good. For more information on stretches, contact the Prison Yoga Project (see page 14).
- Commit to sensible eating practices. While it is difficult to have choices over the type of food that we eat in prison, we do have choices over the canteen we buy.

Severe Back Pain

If you have any of the following symptoms, contact medical services immediately:

- Your back pain becomes so severe that you can't function.
- You lose control of muscles or feeling in your legs.
- You start to lose control of your bladder or bowels.

These symptoms can indicate more serious issues such as nerve damage. This should be diagnosed and treated by a medical professional.

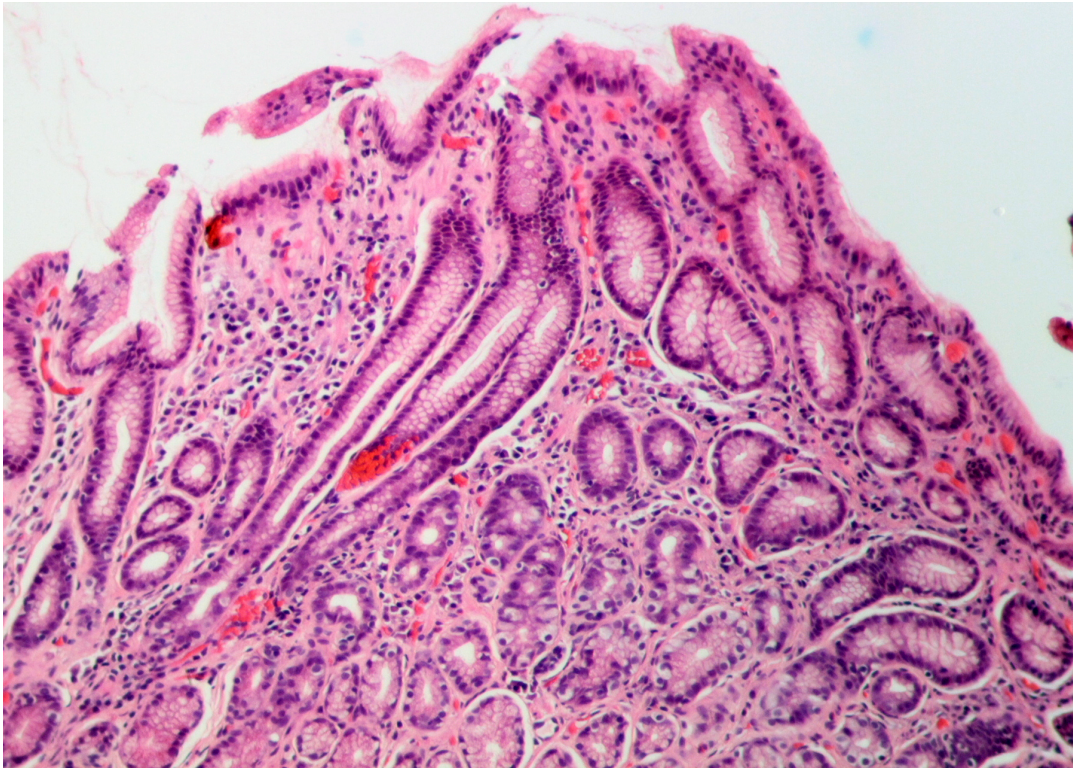
Final Words

Treating your back pain during incarceration can feel like a daunting task, but it is well within our capabilities to maintain a healthy lifestyle, one that will sustain us during the rest of our time. It will not be an instantaneous process. I once received a piece of advice from a chiropractor that I would like to share: "It took you years to get yourself into this situation—it will take time to fix it." ✨

Helicobacter pylori (*H. pylori*) Infection: Symptoms, Causes, Diagnosis, and Treatments

By Carol Hann

Pictured below: Gastritis due to Helicobacter pylori



What are *Helicobacter pylori* bacteria? *Helicobacter pylori* (also known as *H. pylori*) is the name of a type of bacteria that can infect and harm your stomach and small intestine.

Causes of *H. pylori* infection

H. pylori infections can be caused by crowded conditions and by eating in dirty chow halls in prison. *H. pylori* bacteria can spread from person to person through:

- Food or water contaminated with the bacteria
- Sharing plates, cups, utensils and e-cigarettes with a person with the infection
- Contact with a person with the infection who hasn't thoroughly washed their hands
- Contact with poop (on toilets) or the vomit, saliva, or plaque from the teeth of a person with the infection

Once *H. pylori* enters your body, it attacks the lining of your stomach. This weakens the lining, making it more likely that highly acidic digestive juices will hurt your stomach and cause a peptic ulcer, or sore, in the lining.

***H. pylori* risk factors**

Aside from crowded living conditions and poor sanitation, risk factors include a family history of stomach disease, and living in close quarters with someone who is infected.

***H. pylori* symptoms**

The bacteria don't cause symptoms in most people. But you'll probably notice them if you get an inflammation of your stomach lining or a peptic ulcer (a sore in the lining of the stomach or small intestine) due to *H. pylori*. The most common issue is a dull or burning pain in your belly, often occurring a few hours after eating and/or at

night. Other symptoms are bloating, burping, lack of appetite, nausea, vomiting, or weight loss.

H. pylori diagnosis

Depending on your symptoms, your doctor will likely ask you about medical history and any medicines you take. Then they'll give you a physical exam, which may include checking your belly for swelling, tenderness, or pain. Your health care professional may also order tests, like the ones described below, to check whether you have the bacteria and/or a peptic ulcer.

Signs that you need emergent help

- Bloody, dark red, or black poop
- Trouble breathing, dizziness, or fainting
- Vomit that is bloody, black, or looks like coffee grounds
- Serious, sudden, and/or sharp stomach pain

Tests

There are several tests your doctor can use to find out if you are infected with *H. pylori*:

- **Stool antigen test:** The stool antigen test can detect proteins (antigens) in your poop that are found together with *H. pylori*.
- **Stool PCR test:** The polymerase chain reaction (PCR) test checks for *H. pylori* in your poop. It also detects gene mutations that can make the bacteria resistant to treatment with antibiotics. The PCR test is more expensive than the antigen test, and may not be easy to get.
- **Stool Culture:** A small sample of your poop is collected to check if you have any abnormal bacteria in your digestive tract.
- **Urea breath test:** During this test, you exhale into a bag so your doctor can measure how much carbon is in the carbon dioxide you breathe out. Then you swallow a liquid or pudding that contains a substance called urea. Several minutes later, you'll exhale into a different bag to measure the amount of carbon in your breath. If you have *H. pylori* in your gut, it will break down the urea in your body from the liquid you swallowed, and carbon will be released in your breath. If there's more carbon in the second sample than the first, your test is positive for *H. pylori*.
- **Upper gastrointestinal (GI) endoscopy:** Your doctor uses a tube with a small camera called an

endoscope to look down your throat and into your esophagus (the tube through which food travels from the mouth to the stomach), stomach, and the upper part of your small intestine (called your duodenum). The procedure may also be used to collect a biopsy (small tissue sample) that will be checked for *H. pylori*. This test is generally used only if you show signs of a peptic ulcer, or if the first antibiotic you try does not get rid of the bacteria.

- **Upper gastrointestinal (GI) series:** Also known as a barium swallow, this test is mainly used if you have signs of a peptic ulcer. In a hospital, you'll drink a chalky white liquid that contains a substance called barium, and your doctor will give you a series of X-rays. The barium coats your esophagus, stomach, and small intestine, which helps to make them stand out clearly on an image and makes it easier to diagnose an ulcer.
- **Computerized tomography (CT) scan:** This test uses a combination of powerful X-rays and computer technology to create images showing cross sections of the body, including bones, blood vessels, and organs like the stomach and small intestine. It can be used to detect complications from *H. pylori*, such as peptic ulcers.

H. pylori treatment

1. **Antibiotics:** Your doctor will probably prescribe two antibiotics to keep the *H. pylori* bacteria from building up resistance to a particular antibiotic.
2. **Proton pump inhibitors (PPIs):** These drugs reduce the acid in your stomach by blocking the enzyme that produces it (known as the "proton pump"). They include esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), and rabeprazole (Aciphex).
3. **Bismuth subsalicylate (for example, Pepto-Bismol):** This medication is often used as an over-the-counter diarrhea remedy, and is often recommended along with antibiotics to further protect your stomach. It can coat an ulcer to protect it from stomach acid.
4. **Histamine (H-2) blockers:** These block the immune-system chemical histamine, keeping it from prompting your stomach to make more acid. These include cimetidine (Tagamet HB) and nizatidine (Axid AR). H-2 blockers are used when you can't take PPIs.
5. **Triple therapy:** This approach combines a PPI (such as one of those mentioned above) with two antibiotics to keep the bacteria from building up a

resistance to a particular antibiotic. Amoxicillin, clarithromycin (Biaxin), metronidazole (Flagyl), tetracycline (Sumycin), and tinidazole (Tindamax) are likely options for antibiotics.

Treatment of peptic ulcers

Ulcers caused by *H. pylori* are usually treated with a combination of antibiotics, which kill the bacteria, and medications that stop the stomach from making acid, such as PPIs or histamine (H-2) blockers.

If any of your medications bother you, talk to your doctor about your treatment options and how you can handle side effects. Most peptic ulcers caused by *H. pylori* will heal after a few weeks. It is often recommended that you don't take nonsteroidal anti-inflammatory drugs (NSAIDs), like aspirin, ibuprofen, and naproxen for pain, since they can irritate your stomach lining and increase your risk of ulcers. If you need pain medicine, talk to your doctor.

Your doctor may retest you for *H. pylori* about 4 weeks after you finish your treatment. If you still show signs of an infection, you might need to have another round of treatment, with different antibiotics, or have additional testing.

Warning: Untreated long-term H. pylori infection is a risk factor for some types of stomach cancer.

Prevention

You can protect yourself from getting an *H. pylori* infection in the same ways you keep other germs at bay:

- Wash your hands thoroughly with soap and clean, running water, especially after you use the bathroom and before you prepare or eat food.
- Avoid eating food or drinking liquids if you are not sure that they are safe to consume.
- Don't eat anything that isn't cooked thoroughly.
- Avoid food served by people who haven't washed their hands.
- Avoid sharing food, plates, cups, and utensils.

While the main risk factors for *H. pylori* infection are crowded conditions and poor sanitation, research shows that what you eat also may play a role in making symptoms worse or increasing the risk of peptic ulcers. Beware of foods in prison that are high in fat, and foods that contain a lot of acid, or are very spicy. Awareness is key! Sharing is caring! Share this article with friends and family. ✨

Heat-Related Illness

It was a long and cold winter for many of us, and summer is just around the corner. It's important to know the signs and symptoms of heat-related illnesses so you can take proper action to keep yourself safe in the heat. Heat-related illness happens when your body can't cool itself down and your body temperature rises too high too rapidly. One heat-related illness is called heat exhaustion. Symptoms can include cold sweats, headaches, dizziness, nausea, vomiting, weakness, muscle cramps, fainting, and peeing less. If left untreated, heat exhaustion can progress into heat stroke which is more severe. Symptoms are similar to heat exhaustion but also include fast pulse (more than 100 beats per minute), skin that is hot/red and dry, confusion, slurred speech, very high temperature (103 or higher), extreme fatigue, and seizures. Both require medical attention, but a heat stroke is a medical emergency. You are more at risk for heat-related illness if you are older than 65, have a chronic health problem like diabetes or high blood pressure, are dehydrated, or take certain types of medications such as diuretics (water pills), and medications for depression and allergies.

Here are some things you can do to keep yourself safer in the heat:

- Drink plenty of water; if your pee is dark yellow, you're not drinking enough
- Try to drink something with electrolytes (sports drinks) if you can get them
- Take breaks from being in direct sunlight by going into the shade
- Wear sunscreen outside
- Avoid physical activity during the hottest part of the day (the afternoon)
- Wear light-weight, light-colored, loose-fitting clothes
- Place ice/cool rags on the forehead, armpits, wrists, and groin if you're overheating
- Take a cold shower
- Get a personal fan if you're able to
- Keep windows covered during the day to keep sunlight out
- Seek medical attention right away if you have signs or symptoms of heat stroke ✨

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
Bolin, 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
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 473
Nashua, IA 50658

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
3250 Wilshire Blvd. Suite 1630
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.

Bridge Project
Philosophy Department
Loyola University Maryland
4501 N. Charles St.
Baltimore, MD 21210

Ask for a free copy of "The Power of Meditation: Finding the Freedom Within," a 2-page brochure with tools to help you start meditating.

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. Single issue: \$6. Subscription: \$36/year. Please allow 4-6 weeks from the date of order to receive your first issue.

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

Incarcerated people can request resources from us directly by writing to the address above. The resources we can provide include 1) policies issued by specific state DOCs and the federal BOP, 2) guides to navigating grievance processes and filing lawsuits, 3) know-your-rights guides for transgender and LGBT people, 4) model policies developed by LGBT advocacy organizations, 5) statements from medical professional associations on the necessity of transition-related health care, 6) medical information about transition-related health care, 7) case law from previous lawsuits filed by transgender people in prison, 8) reentry resources, and 9) resource lists of other organizations.

Fair Shake Re-Entry Resource Center
P.O. Box 63, Westby, WI 54667

Fair Shake is a nationwide reentry resource center with a huge Resource Directory. It's free to use and free from tracking. It's also a free app for prisons to offer you on tablets and computers. Send \$6 for a 200-page Reentry Ownership Manual (no local resources, however).

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
- ❖ Hepatitis B
- ❖ Hepatitis C

Please limit request to 2 guidebooks.

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!

**Please do not send duplicate questions within 6 months*

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 (*please allow up to 12 weeks to receive a response**).
- ❖ 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

Movement Alliance Project
4722 Baltimore Ave
Philadelphia, PA 19143
Prison Health News