Prison Health News

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Cover art by Buck Settle

My Greatest Health Remedy

Ask PHN: Tardive dyskinesia

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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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. **Do you have tips for staying healthy and fighting for health care** behind the walls that could be useful to others in the same position? You can also write us first to discuss ideas for articles. **Unless you say otherwise, we'll assume that we have your permission to put your article or artwork on the PHN website at prisonhealth.news and on our 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. 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:

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Philadelphia, PA 19143

The best way to contact us is by mail.
Please don't contact us by phone or email.



Art by Chi Nwosu

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!

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Art by Mark Jackson



Photo credit: Clever Cupcakes from Montreal, Canada

Mother's Day in the Cuckoo's Nest

By Matthew Feeney

I got a major BER today for visiting with my Mom on Mother's Day weekend.

At the MSOP secured treatment facility, we receive Behavioral Expectation Reports (BERs) for illegal behavior like assault, theft, drugs, possession of contraband, hooch, shanks etc.
My Mom, Dad and brother drove 3 hours for this special visit.
Mom left 3 voicemails, virtual breadcrumbs detailing her journey:

- *BEEP The car is packed and I'm waiting for your father. I can't wait to see you!*
- *BEEP We're pulling out of the driveway now!*
- *BEEP We've got Timmy and we're on the road - see you in 1 1⁄2 hours!*

I started my library work shift.

My heart overflowing with love and quivering with anticipation,

Eagerly anticipating the call from visiting.

A guard came into the library.
I know! I know! I said with an immense smile. My visit's here!!!
Nope, I'm here to take you on a transport to an outside medical provider.

GASP.

My heart, face and spirit dropped like a stone into darkness.
I panicked, frantically explaining my parents were going to be here any minute for a visit. He was kind and offered to explain the circumstances to Health Services, but upon returning, he shook his head and said,

I tried, but nurse Jason is by the book and he said you'll get a BER if you refuse transport.
I reminded myself to BREATHE.

I considered my options. BREATHE.

If I go on transport. BREATHE.

I can't get a message to Mom. BREATHE.

Visiting staff can only tell Mom I'm not available. BREATHE.

Mom imagining horrifically bloody images and worst-case scenarios. BREATHE.

Mom hysterically sobbing. BREATHE.

Mother's Day weekend ruined. BREATHE.

Drowning in tears of worry during their long drive home. DEEP BREATH.

Or... if I refuse transport - I'll have a Mother's Day visit with my 85-year-old Mom along with a BER that will be prominently highlighted at my upcoming release hearing.

DECISION?

We had a hella great visit.

But nurse Jason's mother really needs to have a little chat with her son about compassion...

❊

Health Boosters in Our Daily Lives

S	A	H	M	C	L	T	A	G	N	S	P	I	R	I	T	U	A	L	I	T	Y
P	R	M	F	O	K	N	Y	N	O	R	R	E	T	H	G	U	A	L	S	G	T
I	R	I	Y	M	W	Y	B	I	I	H	A	I	T	W	S	B	K	A	L	N	O
A	E	N	T	M	Y	T	R	H	S	O	T	O	S	E	D	G	U	M	I	I	N
S	T	D	S	U	T	I	E	S	S	W	Q	I	B	M	N	A	T	K	R	H	A
A	N	F	R	N	A	S	A	A	A	S	B	I	S	I	E	V	D	D	I	C	H
L	O	U	M	I	B	L	T	W	P	V	F	P	C	D	I	S	S	O	A	T	U
S	T	L	A	T	E	E	H	F	M	E	S	N	R	W	R	V	L	O	G	E	N
N	X	N	J	Y	R	T	I	A	O	R	A	E	R	A	F	S	B	F	S	R	I
S	B	E	R	L	F	I	N	M	C	D	E	L	S	O	Y	P	A	Y	E	T	N
F	E	S	I	T	I	K	G	I	F	I	W	S	B	T	I	E	D	H	P	S	G
I	T	S	L	L	C	I	A	L	L	M	A	U	T	I	R	O	R	T	O	M	O
B	Y	R	T	E	O	P	R	Y	E	S	U	I	N	U	T	T	O	L	S	T	N
T	C	R	K	M	E	J	E	L	S	S	G	S	H	Y	E	C	H	A	T	U	H
T	O	M	U	S	M	P	G	A	L	A	O	P	I	H	S	D	N	E	I	R	F
E	X	E	R	C	I	S	E	Y	L	L	W	A	Q	C	P	O	O	H	E	F	A

Find the following words in the puzzle.
Words are hidden: ↑ ↓ → ← ↘ ↙

MUSIC	RITUAL	COMMUNITY
LAUGHTER	FAMILY	SELFCOMPASSION
FRIENDSHIP	EXERCISE	SPIRITUALITY
DANCING	STRETCHING	WASHING
POETRY	MINDFULNESS	SLEEP
BREATHING	HEALTHYFOOD	PRAYER

You Are Not Alone: Understanding Intimate Partner Violence

By Kwaneta Harris, PHN Advisory Board Member

Written for incarcerated individuals — because abuse does not stop at the prison gate, and your experience matters

A Word Before We Begin
If you are reading this inside a cell, a dormitory, or a program room, know that this essay was written with you in mind. Intimate Partner Violence — IPV — does not only happen in houses with locked doors and suburban lawns. It does not require a shared address to cause devastating harm.

IPV happens in same-sex relationships, long-distance relationships, and relationships maintained through collect calls from a prison phone. It happens in visitation rooms, through letters and commissary accounts, and inside facilities between people who are incarcerated together. It happens in relationships you had before you came in, and it may be happening in relationships you're in right now.

This is not a lecture. This is a mirror. Read it on your own terms.

Domestic Violence vs. Intimate Partner Violence: What's the Difference?
These two terms are often used interchangeably, but they are not the same thing — and the difference matters.

Domestic Violence (DV)
Domestic Violence is a broader legal and social term. It refers to violence or abuse that occurs within a household or domestic unit. This can include violence between family members — a parent and child, siblings, roommates, or elders and their caretakers depending on an individual state's laws.

Intimate Partner Violence (IPV)
Intimate Partner Violence is specifically about people who are — or have been — in a romantic or sexual relationship. You don't have to live together. You don't have to be married. You don't even have to see each other in person. IPV is about the intimate bond between romantic or sexual partners and the abusive tactics one person uses to control it.

Inside correctional facilities, the law may not always call what's happening between two incarcerated people "domestic violence" — but when there is a pattern of violence, intimidation, and coercion between intimate partners rooted in control, that is IPV. Regardless of legal recognition, your experience is real.

What Does IPV Look Like? — Especially in Prison
IPV is not just hitting. In fact, lasting damage often comes from forms of abuse that leave no bruises.

Emotional and Psychological Abuse
This is the use of words, silence, humiliation, and fear to control or harm someone mentally or emotionally. Emotional and psychological abuse often break down a person's sense of self. It can include constant criticism, extreme possessiveness and jealousy, isolation from friends and support, threats, and public humiliation. In prison, where community is survival, emotional abuse can be especially devastating.

Example: Every time Tanya gets mail from her sister on the outside, her girlfriend Kezia mocks

her, calling her naive for trusting the family who "left her in here." She isolates Tanya from her only outside connection — and Tanya starts to believe she only needs Kezia.

Gaslighting
Gaslighting looks like an abuser manipulating you into questioning your own memory, perception, and sanity. They deny things that happened, rewrite history, and make you feel like you're "crazy" for remembering things correctly. Over time, you may stop trusting your own mind — and that makes you entirely dependent on them to define reality. An abusive partner who layers gaslighting on top of incarceration stress can make a person feel genuinely untethered.

Physical and Sexual Abuse
As many as 94% of some women's prison populations have a history of physical or sexual abuse before being incarcerated, according to Survived and Punished.

Physical abuse includes hitting, choking, pushing, restraining, or any use of physical force meant to hurt or control. Inside a facility, this might look like a partner who corners you in a blind spot of the dormitory, who signals physical threats through other people, or who uses physical violence during intimate moments.

Sexual abuse includes any sexual act that is coerced, forced, or done without genuine consent — even within a relationship, even when you've said yes before. In prison, power dynamics and survival can make "consent" feel impossible. Fear of retaliation, protection arrangements, or social status can make saying no feel like too great a risk. That coercion is abuse.

Verbal Abuse
Screaming, name-calling, constant belittling, threatening language used to exert power and make you feel worthless or afraid. Over time, verbal abuse rewires how you see yourself.

Example: Every time Jerome makes a suggestion in a disagreement, his partner tells him he's "stupid," that nobody respects him, that without their protection he'd be nothing. Jerome stops speaking up. That silence is one of the goals of verbal abuse.

Economic Abuse
Inside correctional facilities, economic abuse takes on shapes that the outside world rarely talks about. Money in prison is power. Commissary is comfort, safety, and sometimes survival. When someone controls your access to money, they control your world.

The National Network to End Domestic Violence (NNEDV) defines economic abuse as "a pattern of behavior that controls a person's ability to acquire, use, and maintain financial resources." When someone threatens your self-sufficiency and financial autonomy, it can become incredibly difficult to leave abuse.

Economic abuse occurs in 99% of IPV cases, and the NNEDV found that a lack of financial resources is often a major reason survivors return to abusive partners — not weakness, not stupidity. Money. Or the absence of it.

What Economic Abuse Looks Like Inside
Economic abuse behind bars is creative, pervasive, and normalized in ways that make it hard to name. Here are real patterns:

Example — Extortion Through Debt
Laticia's girlfriend Monique "helped" her when she first arrived — bought her soap, food, hygiene items. Now Monique holds that debt over her head constantly, reminding her she "owes" her, demanding favors, sex, loyalty. The gifts were never free. This mirrors how abusers on the outside rack up financial dependency to trap a partner.

Example — Controlling Outside Money
Carlos has family on the outside who send him $50 a month. His boyfriend pressures him to have his family send money to his boyfriend's family account instead, framing it as "taking care of each other." Carlos doesn't want to — but the social pressure, the isolation, and the fear of losing protection makes him comply. His family's money now funds his abuser's commissary.

Example — Sabotaging Work Assignments
Whenever Nikita gets assigned to a work detail that pays even a small wage, her partner Sharee picks fights with her, reports her to officers for fabricated violations, or pressures her to quit — anything to keep Nikita from building independent income. This is the prison equivalent of a domestic abuser who prevents their partner from holding a job.

Example — Post-Release Financial Traps
Long before release, an abusive partner may begin co-opting reentry plans — moving in together framed as "support," controlling access to benefits or housing assistance, putting bills in the survivor's name to build their own credit or saddle the survivor with debt. The abuse planned for the outside begins on the inside.

Understanding economic abuse as IPV matters because it reframes what looks like a "choice" to stay. Inside prisons, where incarcerated people often earn pennies per hour for labor, a person who controls your commissary account, your outside money orders, or your family's contact with you controls something essential to your survival and dignity. It is not a choice to stay when your survival depends on your abuser.

Trauma Responses: When Your Mind and Body Try to Survive
Living inside, IPV changes how you think and how your body responds. These are not weaknesses. They are survival strategies — your nervous system doing exactly what it was designed to do under threat. But they can also keep you trapped if you don't learn to name them.

The Four Types of Survival Responses:
Fight
Anger, aggression, pushing back. You confront the abuse, defend yourself. This can look like "causing problems" to others — but it's survival.

Flight Escape
Avoiding your partner, requesting housing changes, staying in programs all day to minimize contact. Running from the threat physically or mentally.

Freeze
Shutdown. You go blank. You can't speak, can't move, can't respond. People may think you "didn't fight back." Freezing is not consent. As RAINN, the largest anti-sexual violence agency in the U.S., states, "freezing is just as natural and involuntary as running or fighting."

Fawn
Appeasing. Becoming who your abuser needs you to be to avoid danger. Constantly complying, apologizing, laughing things off, trying to keep the peace, shrinking. It feels like love. It is survival.

Naming these responses is not about judging yourself for having them. It is about understanding that your body is not broken — it's protecting you. The work of healing is learning that you are allowed to feel safe and you get to define what safety means.

The Question That Blames the Survivor: "Why Didn't You Leave?"
This is the question that survivors hear most often — and it is the wrong question. It places responsibility for the abuse on the person being abused. It assumes that leaving is simple, safe, and possible. It almost never is.

Here are some of the real reasons people do not leave — especially inside correctional facilities:

Because leaving is the most dangerous moment
The most lethal period in an abusive relationship is when the survivor tries to leave. Inside prison, with no privacy, no escape route, and an abuser who knows your every movement, this danger is multiplied. Leaving can mean retaliation, violence, or social destruction in a community you cannot exit.

Because you had no money
If your abuser controls every resource you have — commissary, outside contacts, housing arrangements — you have nothing to stand on when you try to walk away.

Because you were isolated
Abusers systematically cut survivors off from support. If your abuser has driven away your friendships, community, monitored your mail, or

convinced you that your family doesn't care — then leaving means walking into total aloneness. That is by design.

Because you loved them
Feeling love is real even when abuse is real. Trauma bonding — a psychological response where survivors feel intense attachment to their abusers — is not weakness. It is the result of cycles of tension, abuse, reconciliation, and tenderness that chemically bond people together. Loving someone who hurts you does not make you stupid. It makes you human.

Because you were threatened
"If you tell anyone, I'll make sure everyone knows your business." "I'll tell the officers you set me up." "I'll hurt your family on the outside." Threats are currency inside and outside of prison — and they work.

Because you didn't think it counted
Many people — especially men, especially LGBTQ+ people, especially people in prison — are never taught that what's happening to them has a name. If no one told you that what you're experiencing is IPV, how could you have known to seek help? This essay is part of changing that.

Ways to Help Yourself and Others: A Safety Plan

A safety plan is a personalized, practical guide to maximize safety — before, during, and after a dangerous situation. Inside a correctional facility, your options may be limited, but they are not zero. Here is a starting framework:

1. Know your trusted contacts. Identify at least one staff member — a counselor, chaplain, case manager, or program facilitator — whom you believe you can approach. You don't have to say everything at once. Start small.

2. Document what you can securely. If your facility allows journaling, write down incidents with dates and specifics. Keep it somewhere private. A record of abuse matters if you ever need to report or seek a housing change.

3. Build a quiet support network. Even one trusted person — another incarcerated person, a volunteer, a family member on the outside — can hold you accountable to your own safety and provide witness to your experience.

4. Request a housing change if needed. You have the right to request separation from someone who is endangering you. This may not always be immediately granted, but making the request creates a paper trail. Use PREA (Prison Rape Elimination Act) protections if sexual abuse is involved. Additional information on PREA can be found in PHN's Fall/Winter 2025 issue.

5. Guard your financial resources. If it's safe to do so, do not voluntarily hand over commissary items or access to outside accounts. If you are being coerced financially, that is IPV — report it to your case manager as such.

6. Reconnect with outside support. If an abuser has severed contact with your family or friends, reaching back out — even a short letter — begins rebuilding the network that your abuser needs you to not have.

7. Engage programming that builds your identity outside the relationship. Education, vocational training, faith-based programs — anything that reminds you who you are independent of who your abuser has told you to be.

8. Plan for release if applicable. Contact reentry organizations that specialize in DV/IPV survivors before your release. The National DV Hotline can help safety plan and identify local resources: 1-800-799-7233. Organizations like FreeFrom (3040 E. 12th St. #27, Los Angeles, CA 90023) can help you build economic safety so that you are not financially dependent on an abusive partner when you leave. You deserve a life built on your terms.

9. If you witness someone else being abused, you can support them without endangering yourself or escalating a situation. Believe them. Listen without judgment. Don't pressure them to leave before they're ready. Ask: "What do you need right now?" That may be the most important question anyone has ever asked them.

You Are Worth Safety
You may have been told — by a partner, by a

system, by your own voice — that you don't deserve better. That this is just how it goes. That people like you don't get to complain, don't get to be protected, don't get to be believed.

None of that is true.

Anyone can experience IPV. The fact that you are inside these walls does not disqualify you from dignity. It does not mean your pain is less real, your trauma less valid, or your healing less possible.

Naming what happened to you — or what is happening to you — is an act of extraordinary courage. You do not have to do it all at once. You do not have to have all the answers. You just have to begin.

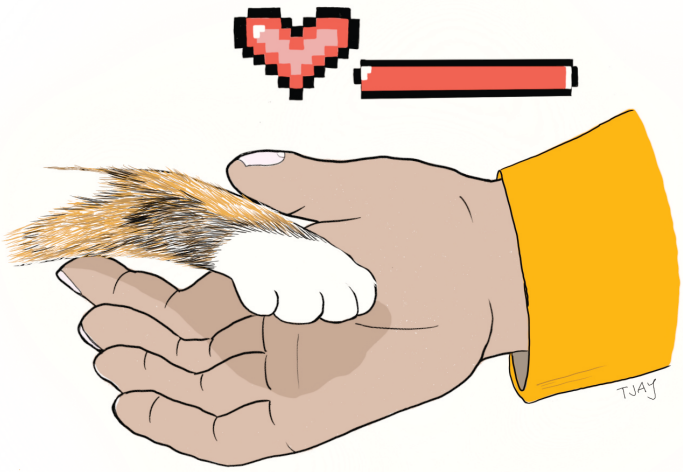
Begin here. With this page. With your own name. ⁎



Bresha Meadows was incarcerated at the age of 14 for defending herself against domestic violence, including sexual abuse. After an activist campaign led by the organization Survived and Punished, she returned home and graduated high school with a 4.0 for the year, the highest possible grades.

My Greatest Health Remedy

By David F. Malinski



It is 3 a.m., and my "alarm clock" wakes me from a sound sleep. It's a beautiful way to wake up behind these ugly walls. I feel the side of her head rubbing up against my beard, and the tickling of her whiskers on my nose. The scent of her fur is like smelling roses. Sometimes, I try to hit the "snooze button" by ignoring her, but she is persistent and begins to rub harder with her head. She may even throw in a few "meows" in order to get her way. After all, she is the queen of our shared cell. I have woken up this way for the past 7 years and am truly blessed to have my incredible "alarm clock."

Her name is Hannah, and she is my 7-year-old calico feline. She is my treasured companion, and she has drastically changed my life. I am able to have her thanks to the Cat Program at Indiana State Prison (I.S.P.).

The Cat Program has been around I.S.P. for decades—it's one of the longest running "educational programs" at I.S.P. I call it an educational program because you learn a lot from your feline teacher. After working in Education at I.S.P. for over 20 years, I have seen a lot of programs fail, but never the Cat Program. Why not? Because the Cat Program changes people in a positive, healthy manner.

The Cat Program is one of the best motivators this facility has ever had for keeping inmates out of trouble. How, you ask? Let's review how Hannah has changed my thinking:

★ When I feel like hitting someone, I walk away, because I don't want to lose my cat.

★ When I feel like buying some liquor, I don't, because I don't want to lose my cat.

★ When I am tempted to buy or use a cell phone, I don't, because I don't want to lose my cat.

★ When I feel like speaking my mind to a rude correctional officer, I don't, because I don't want to lose my cat.

★ When I am offered to buy Xanax (my past addiction), I don't, because I don't want to lose my cat.

★ When I am tempted to get into an inappropriate relationship with a staff member, I don't, because I don't want to lose my cat.

I have not had a conduct report since 2009 and won't have one as long as I have Hannah.

If you want to stay healthy in prison, you must be proactive regarding your health, or this place will eat you up. After getting a Master of Science degree in Wellness Management and then working in the health field for over 30 years, I thought I knew everything about health. I was very wrong! Nothing in my schooling or career taught me about my "Greatest Health Remedy": HANNAH. Prior to getting her, I was anxious and depressed, but she changed that. She allowed me to take my eyes off of myself and focus on taking care of her. Hannah now keeps me mentally stable. She relaxes me better than alcohol and Xanax ever did (and with no hangovers or medication side effects). I lay my head on Hannah's side (which she loves) as she relaxes and just listen to the sound of her purring, which puts me in a state of tranquility. Time seems to stand still, and I feel peaceful and blessed.

I have suffered with irritable bowel syndrome (I.B.S.) since 2014. It seems like I always had a

stomachache, which negatively affected my sleep due to the pain. I was taking Bentyl, Pepto Bismol, and Imodium on a daily basis … until Hannah. I now have less stress, anxiety, depression, and I.B.S. symptoms. When my stress goes down, my I.B.S. symptoms decrease. My sleep has dramatically improved, and my daily medications have decreased significantly. Thank you, Hannah.

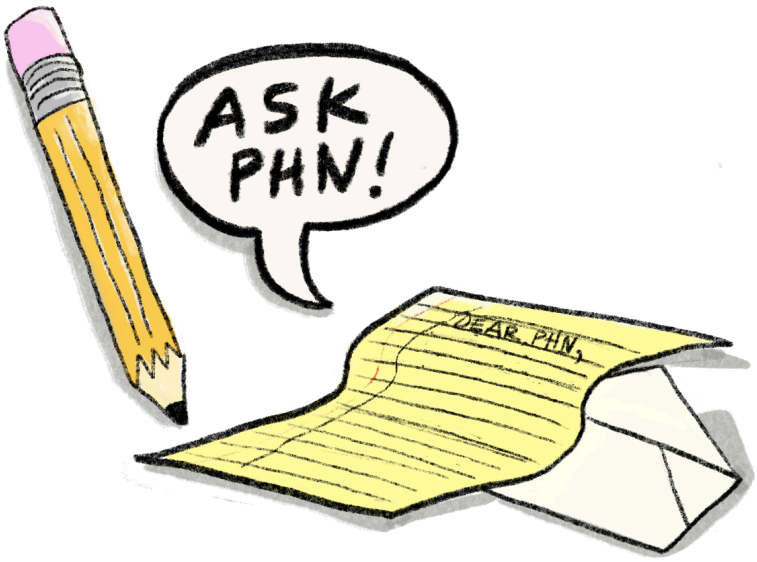
I can only imagine the effect cat ownership would have on the copious amounts of psychiatric drugs this prison gives out on a daily basis. I believe the drug usage would be dramatically lower. Hannah is my "drug of choice." I don't need or want alcohol or Xanax anymore.

The cats at I.S.P. all have great lives. They are treated like royalty, and the majority of inmates and correctional officers like the cats here. On any given day, you will see non–cat owners petting the cats. They, too, benefit from these awesome creatures.

I am praying that I will have Hannah until she is 20 years old. I don't have children and consider Hannah my kid. I take very good care of her, and she is healthy. She's had a great life in here, and I show her lots of love. She has changed me for the better, as I am more loving and compassionate toward others.

I believe any prison in this country would benefit greatly from having a Cat Program. The discipline you learn from taking care of your cat spreads to all other areas of your life. The Cat Program keeps inmates out of trouble, teaches them responsibility, and enhances their overall health. Please pray for our Cat Program at I.S.P. to continue at the new Westville Prison.

Editor's note: Very few prisons in the U.S. have cat programs. If you want to get an animal program started at your facility, it may help to talk with a programs manager, counselor, chaplain, unit manager, or the administration. You could also try contacting a local animal shelter or rescue group to ask if they could collaborate with the prison to set up a program. ⁂



ASK PHN:
Tardive dyskinesia

Dear Prison Health News,

I am requesting information on how to be tested and treated for tardive dyskinesia (TD), a medication side effect involving uncontrolled movement of one's jaw and mouth. I believe I have it to an extent, due to the psych medications I've been on over the last three years. Is TD permanent or is it one of those things that could "go away?"

— H.E.

Dear H.E.,

Tardive dyskinesia (TD) is a movement disorder caused by certain medications, especially antipsychotics. "Tardive" means delayed—because the movements usually start sometime after you start taking the medication—and "dyskinesia" means involuntary movement. TD causes involuntary movements that most often involve the face and mouth, but it can also involve other parts of the body. The involuntary movements in TD may include:

- Lip-smacking, making sucking motions with your mouth, chewing movements
- Grimacing or frowning

- Sticking your tongue out or against the inside of your cheek
- Rapid eye blinking
- Jerking hand and leg movements
- Rocking, twisting, or swaying
- "Piano-playing" finger movement

There is no specific test for TD—it is diagnosed based on your reported symptoms and an examination by a health care provider. People aren't always aware of their own symptoms when they have TD. Although TD is generally not life-threatening, it can have a big impact on your quality of life and your ability to engage in everyday activities. It can become a permanent condition, but there are treatments that can help make symptoms less severe.

The medications that most often cause TD are antipsychotics, which are commonly prescribed to treat schizophrenia or psychosis. Antipsychotics may also be prescribed for other reasons, including other mental health conditions, sleep problems, or nausea. People in prison are much more likely to be prescribed antipsychotics than people on the outside.

First-generation (older) antipsychotics pose the highest risk of causing TD. Some of the most commonly prescribed first-generation antipsychotics are: haloperidol (Haldol), chlorpromazine (Thorazine), and prochlorperazine (Compazine). Newer antipsychotics that can also cause TD include aripiprazole (Abilify), risperidone (Risperdal), and olanzapine (Zyprexa). Two newer antipsychotics that are known to have a lower risk of causing TD than others are clozapine (Clozaril) and quetiapine (Seroquel).

TD can also be caused by medications other than antipsychotics—including antidepressants, mood stabilizers, metoclopramide (taken for digestive issues), certain medications to treat Parkinson's disease, and certain seizure medications—but it is less commonly diagnosed in connection with these other medications.

TD most often develops after someone has been taking a medication for years, but it can start within a time period as short as a few weeks. The higher your dose and the longer you take a medication, the higher the risk of TD. You also have a higher risk of developing TD if you are over 50, female, or have a family history of TD.

It is important to talk to a health care provider as soon as you (or the people around you) notice signs of TD. You can also ask to be screened for signs of TD periodically. If TD symptoms show up, addressing them early by making medication changes may help them improve or stop them from getting worse. Medication changes could mean lowering your dose, switching to a different medication, or stopping a medication if it is safe to do so.

TD can get worse temporarily when you stop taking a medication—this is called withdrawal dyskinesia. Taking a higher dose of an antipsychotic can also sometimes temporarily "mask" the symptoms of TD, but this isn't generally recommended, because it makes TD worse in the long run.

Improvements from medication changes are usually not immediate and it may take up to a year before they are noticed. TD can also become permanent, even after medication changes are made.

There are treatments that can help improve the symptoms of TD, though they usually don't eliminate them completely. The treatments that have the most evidence to support them are medications called deutetrabenazine (Austedo) and valbenazine (Ingrezza). At the same time, since many people find that stress and sleep have an impact on their TD symptoms, it is possible that improvements in those areas may also improve the TD symptoms. Social support and modifications to daily activities can also help with coping.

Knowledge and communication are key to both preventing and living with TD. If you are taking an antipsychotic, it is important to know the signs of TD and advocate for yourself with health care providers, because early intervention can make a difference. ✳

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
Bolinas, CA 94924

Write to ask for a free copy of one of the following books: *Yoga: A Path for Healing and Recovery*, *Yoga: un Camino para La Sanacion y la Recuperacion*, or the prison yoga book for women, *Freedom from the Inside*.

POZ Magazine
Attn: Circulation Department
157 Columbus Ave, Suite 525
New York, NY 10023

Magazine for people living with HIV/AIDS. Give your full name and address, and state that you are HIV positive and cannot afford a subscription.

Black and Pink 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

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