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

Elisabeth, Lucy, Suzy, and Teresa
WRITE AN ARTICLE OR SEND US YOUR ART!

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

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. Only for submitting your work, write to us at this address:

PHN Submissions
C/o Institute for Community Justice
1207 Chestnut St, 2nd Floor
Philadelphia, PA 19107

For all other inquiries write to the address on page 16.

THE HIV AWARENESS PROGRAM

BY TIMOTHY HINKHOUSE

In the mid-1990s, it was brought to the attention of the health staff at the Oregon State Penitentiary that an HIV/AIDS education program needed to be assembled to educate the population about this “scary new disease.” The Oregon Health Department contractor who was doing the HIV testing and counseling at the time brought it to their attention because she lost her brother to AIDS and she wanted to help those still alive. A team of incarcerated people who worked well together put together an outline for an education program, the HIV/AIDS Awareness Program (HAAP). We came together because we were on the same page about the necessity of reducing the rate of new infections and clearing up prevalent misconceptions about exposure and transmission.

I was the most known HIV positive person, so I was asked to work with office staff to put together a newsletter. I was responsible for answering questions that personally affected me, such as how the disease affected me physically, mentally and emotionally. As I got to know the HAAP staff, they asked me questions that people in general population had asked them, and then these interactions would be published in the newsletter.

EDITORS’ NOTE

Prison Health News doesn’t use words like “prisoner” or “inmate.” We use words that put people first, like “people in prison.” In this issue, we reprint previously published writing from two organizations we deeply trust, who use the word “prisoner” as part of their work to support the health and dignity of people in prison.
Our program sponsor, who was employed by the health department, was the perfect person to get us community contacts. With her support, we were able to make connections with major HIV drug companies who came in to answer questions. There were doctors, college professors, Red Cross personnel and other people in the health communities that would come into the penitentiary to educate. At one point, we had college-level classes being taught to incarcerated people who wanted to learn the same stuff as an epidemiologist. We got this by reaching out to some colleges in Oregon and various professors from the biology and other academic departments to help put a curriculum together. We used resources from the Red Cross and local health department and faculty from the Oregon Health Sciences University in Portland to facilitate classes.

Incarcerated people who took the classes became peer educators to teach future classes. There were courses that were really tough to pass, yet vital to making us the best educators we can be. I was a Red Cross–trained peer educator who had to pass stringent testing in order to be effective.

Unfortunately, after a homicide that happened where the HAAP office was, we were shut down and all the education stopped. The program was thinned down to a skeleton crew. The incarcerated person running it stepped down in frustration about HIV becoming a topic of less importance in 2004, when all the lawsuits were happening over the lack of hepatitis C treatment in the Oregon prison system. The new focus based on federal funding became centered on hep C, which is why HAAP program became the Hepatitis HIV/AIDS Awareness Program (HHAAP). I was asked to step in to get it back up and running, which I tried for about two and a half years. I could not get backing from the administration or medical to get the program going, even with all of our outside contacts making calls into the prison. I stepped down.

How to start an awareness program

If someone reading this wants to get an HIV/AIDS program up and running in your prison, I would suggest that you have contacts in high places throughout your state. Prisons all across the country are ruled by bureaucrats and all their red tape. If you run into political situations with staff that want to shut you down, go to outside entities such as prison watchdogs. Prisons hate getting calls from people in the community concerning the lack of treatment for people in prison, especially if they are in a class federally protected by the Americans with Disabilities Act like people living with HIV.

There are several organizations that deal with HIV discrimination, such as Lambda Legal (120 Wall St., 19th Fl., New York, NY 10005; collect calls: 866-542-8336) and the Sero Project (P.O. Box 1233, Milford, PA 18337).

Also, get the institution’s medical department on board. If you can, contact local HIV organizations, local state health departments, and the state epidemiologist at the federal Department of Health and Human Services for support.

The bottom line is this: appeal to the good publicity a HAAP program can bring the state you are in. Introduce it as a pilot program for the entire state, showing how it’ll benefit everyone in all the prisons. Try to find an organization or a single person to help the program become a nonprofit organization, so it won’t cost the state any money. There are tons of grants out there that will be given if you have grant writers to get them.

I wish you all the best of luck fighting discrimination and less than optimal treatment for those living with HIV.
During the latter months of 2014, Black & Pink, an open family of lesbian, gay, bisexual, transgender and queer (LGBTQ) prisoners and “free world” allies who support each other, conducted a survey of their membership of LGBTQ prisoners. Nearly 1,200 prisoners responded to the 133-question survey, producing the largest ever dataset available on the experiences of LGBTQ prisoners in the country. Below are excerpts from the report on the needs and demands from LGBTQ prisoners as well as Black & Pink’s recommendations regarding prison conditions and decarceration.

Prisoner Needs and Demands

- The clearest mandate from respondents was that Black & Pink should continue its current projects: the newspaper, pen pal program, resource list, and prisoner advocacy (e.g., calling prisons to advocate for individual prisoners who are being abused).
- Respondents need more information about their rights, legal changes, and case law. Abuse and discrimination from prison staff is a major concern.
- Respondents want their voices and stories to reach both lawmakers and the general public in order to educate them about what prison conditions are actually like for LGBTQ people.

Recommendations Regarding Prison Conditions and Decarceration

Short-Term:

- Eliminate solitary confinement.
- End prisoner strip searches.
- Permit consensual sex between prisoners and provide access to a variety of safer sex options, including condoms and Pre-exposure Prophylaxis (PrEP), a once-a-day pill that provides a high level of protection against HIV.
- Eliminate all fees for medical care in prison. Provide full care for people living with HIV and hepatitis C, including the cure for hepatitis C. Allow all prisoners access to the underwear, uniform, and canteen of their choice.
- Create clear policies that allow transgender prisoners easy access to gender affirming medical and mental health care, including: access to hormone replacement therapy, individual and group talk therapy, gender confirming surgeries, electrolysis, and any and all other treatments recommended by doctors and mental health clinicians.
Establish the safest possible housing for LGBTQ prisoners. Policies for housing transgender prisoners should be based on individualized assessments that presume housing is assigned according to gender identity (rather than legally assigned sex). However, in all cases, individual prisoners must also be allowed to specify their housing preference and have that preference respected, even if it seems to differ from their gender identity. LGBTQ prisoners should also have the option of being housed with other LGBTQ prisoners in their facility, although no resources should be spent on building additional bed space that would be used to incarcerate more individuals.

Ensure every prison has a library that all prisoners can access. Provide LGBTQ-affirming books in all prison libraries.

Permit prisoners to correspond with one another through letters and email.

Ensure all prisoners can make free and unrecorded calls to domestic violence, sexual assault, and drug abuse hotlines.

End all prison/jail contracts with phone companies charging more than $5 per 15-minute phone call.

Intermediate:

Institute a moratorium on all prison/jail/detention center development (including, but not limited to, state-funded research on prison expansion projects, additional bed space added to existing prisons/jails/detention centers, and building new institutions).

Close all supermax prisons.

Hold all prison staff accountable (including clear paths to termination) who harass or physically/sexually assault prisoners. Expand policies that hold staff accountable who are on duty when prisoners sexually assault one another.

Establish presumptive parole guidelines that will facilitate the release of prisoners at their first parole eligibility date unless they are charged with a new criminal offense while serving their sentence.

End indefinite commitment for people convicted of sex offenses. Develop effective programs that facilitate safe integration back into the community and provide sustainable housing and meaningful work opportunities.

End the practice of disenfranchisement and reinstate voting rights to all prisoners during and following their incarceration.

Increase financial compensation for prisoners who work during their incarceration, in accordance with state and federal minimum wage laws.

Long-Term:

Close all prisons and jails.

Institute community-based transformative justice practices to create healing from harm and violence and to prevent violence before it occurs.

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If you would like someone to print and send you a copy of the full report, “Coming Out of Concrete Closets: A Report on Black & Pink’s National LGBTQ Prisoner Survey,” please write to PHN, c/o Institute for Community Justice, 1207 Chestnut Street, 2nd Floor, Philadelphia, PA 19107.

Black & Pink offers a free monthly newspaper to LGBTQ prisoners (currently reaching 9,000 prisoners) and a free (no-guarantee) pen pal program. There are “free world” volunteer chapters of Black & Pink in 8 cities/towns across the U.S. that work to support prisoner organizing. If you would like to receive the newspaper or participate in the pen pal program, please write to Black & Pink, 614 Columbia Road, Dorchester, MA 02125.
Elderly people are now 12% of Pennsylvania’s prison population. The number of people 50 years of age or older in Graterford prison alone has increased to 25% of its total population, and the state’s hospice care facility was expanded. The Department of Corrections’ definition of elderly is those over age 50, for good reason. Prison culture stressors and lack of access to holistic healthcare cause “physiological aging” that could mean aging arrives up to 15 years sooner for people in prison. Prison age 50 is the new age 65!

Longer periods of incarceration only compound existing health issues and heighten the risk of further health problems that have a deteriorating effect on the bodies and minds of incarcerated people. It’s a hidden death penalty, particularly for those incarcerated long-term. Physiological age is a broad measure of health and well-being, related to the ability to withstand stress. Prisons are loaded with stressors!

Mental health
Mental health issues become a serious stressor concern. Unfortunately, mental health issues among aging people in prison remain both underreported and undertreated. One study found that 40% of older people in prison had a diagnosis of cognitive impairment, a rate that far exceeds that of their peers in the community.

Early warning signs for the onset of dementia and other mental health diagnoses are often hidden by the rigid routine of prison life. For example, abuse of older people begins and is maintained through layers of authority in the prison environment. It begins with contact levels of authority blaming older people for not doing something—even though the incarcerated elderly person has no idea of what it is that hasn’t been done—and continues on unchecked through administrative levels. An older incarcerated person as a result is often put in an accusatory and defensive mode of thought that becomes habitual.

Older adults in prison with head traumas, many undiagnosed, and other mental health issues are often subjected to victimization and bullying from younger people in prison that goes unreported and becomes habitual. The elderly become subjected to additional disciplinary actions if their self-defense mechanisms turn violent and get reported inaccurately.
Unsafe facilities
Prisons were simply not designed to be long-term care facilities by today’s standards of care. There are also architectural limitations that pose significant problems to the aging population and would be costly to fix, such as stairs and narrow doorways, wheelchair inaccessibility, and the lack of hand rails throughout showers or ladders for the elderly to safely get into upper bunks.

Additionally, cafeterias, medical units, visiting areas and other essential facilities may be spread far apart as a security provision within a prison, making daily life difficult for individuals with mobility impairments. Aging individuals require structures to lean on for long waits in lines and additional time to eat meals. In addition, they often struggle getting to and from bed, especially if assigned to a top bunk.

Cost and Public Safety
On average, nationally, it costs almost twice as much to incarcerate someone aged 50 or over ($65,000) as a younger able-bodied individual ($34,000). That seems to be the price of keeping the elderly in prison! These runaway costs are the consequence of policies enacted in the 70s and 80s imposed upon a population that now has significant medical needs. It is clear that any long-term use of prisons as makeshift nursing homes is financially unsustainable. That ultimately takes away from early childhood education and other equally essential programs.

Despite the mounting costs of incarceration, the elderly in prison have extremely low recidivism rates and pose almost no threat to public safety. The majority of existing research suggests that length of time served has no clear relationship to recidivism rates. Rather, it is age that serves as an accurate predictor of recidivism. Arrest rates among older adults decline to a mere 2% by age 50 and are close to 0% by age 65.

Solutions
In Pennsylvania, a life sentence means life without the possibility of parole, and there is little hope for pardon or commutation of sentence. The age problem will only get larger with a do-nothing mindset. Victim and community safety can be given the highest assurances with electronic monitoring and/or house arrest detentions at significantly reduced costs to taxpayers. Drafting legislation that will facilitate the release of elderly, geriatric and seriously or terminally ill people in prison makes real sense.

To contact the Gray Panthers, write to
Gray Panthers Organization
P.O. Box 244
Graterford, PA 19426-0244.
A diabetes support group has been meeting at Great Meadow Correctional Facility in Comstock, New York since 1997. This group helps prisoners with diabetes to improve their diabetes management. People in the group learn from the experiences of other prisoners with diabetes. There is a lot of support and good fellowship in the diabetes group. Sometimes the group chooses a project to do together. In the fall of 2003 we decided to write a handbook to share what we learned about diabetes self-care in prison. This handbook is by prisoners, for prisoners. Our goal is to help you manage your diabetes better yourself.

Freedom to choose your own food

Choosing what to eat may be one of the last freedoms a prisoner has left. The restrictions of a medical diet can be hard for people who are locked up. A prisoner with diabetes may resist letting diabetes take away his last freedom. But having diabetes doesn’t mean you can’t have your favorite foods. Knowledge about food and nutrition will help you to choose wisely. Be strictly disciplined if you want, or be self-indulgent in an intelligent way if that is what you want.

Diet Goals

The American Diabetes Association recommends:

- Foods containing carbohydrate from whole grains, fruits, vegetables, and low-fat milk should be included in a healthy diet.
- Eat less fat, especially animal fat, to reduce the risk of heart attack and stroke.
Eat less salt and sodium to help control blood pressure.
Eat fewer total calories for weight loss if you are overweight.

**Why low saturated fat and low cholesterol diets?**
Animal fat is mostly saturated fat and cholesterol, therefore eat less animal fat because a diet with less saturated fat and less cholesterol is healthier.
- A low saturated fat diet helps prevent heart attacks.
- A low saturated fat diet helps prevent strokes.
- A low fat diet has fewer calories to prevent weight gain.

**How do I eat a low saturated fat, low cholesterol diet?**
- Eat fewer fatty foods like sausages, bacon, cheeseburgers and chips.
- Eat leaner meats like skinless chicken or turkey breast and fish, if available.
- Eat less high cholesterol foods like egg yolks and liver.
- Cream is an animal fat that contributes to heart disease and stroke.
- Because 1% milk or skim milk has less cream, it is better for you.

**Why a low salt diet?**
Salt is made of sodium chloride and contributes to high blood pressure. For a lower salt diet use little or no salt from the salt shaker on the table. Always rinse canned vegetables to remove some of the salt used in canning. Also limit salty snacks like chips and salted nuts. And, if you drink tomato or V8 juice, get the low salt kind.

**Commissary: If you buy snacks from the “store”:**
Read the nutrition labels on packaged foods purchased from the commissary. Labels tell you how much carbohydrate, saturated fat, cholesterol and salt are in each packaged food item. Many prisoners like to eat the whole package all at once. But, usually there are 2 or 3 “servings” per package. Figure out how much carbohydrate or saturated fat is in the whole package. One fruit pie has almost 500 calories. A whole fruit pie is not a good choice for a snack at night because it has too many carbohydrates. But an athlete who has diabetes might need a large snack like a whole fruit pie before and during an extremely strenuous workout to prevent his blood sugar from dropping too low.

Look out for Part 2 in the Spring 2016 issue of Prison Health News!

For free copies of the Prisoner Diabetes Handbook, please write to:

**Prison Legal News**
P.O. Box 1151
Lake Worth, FL 33460

Be sure to include your name, prison identification number, mailing address, and any other necessary information for getting the book to you at your facility.
In July, California began providing condoms in adult male prisons to prevent HIV and other sexually transmitted infections. As *Prison Health News* goes to press, seven facilities have installed machines that dispense up to three free condoms at a time. The California Department of Corrections and Rehabilitation plans to install them in its remaining adult male prisons by the end of 2016, according to public information officer Joe Orlando.

The U.S. Centers for Disease Control and the World Health Organization recommend condom access in prison. But guards’ unions have fiercely resisted the idea. The California Correctional Peace Officers Association objected to California’s program, listing fears of drugs and weapons. But in late November, Orlando told *Prison Health News*, “There have been a couple of isolated incidents concerning opened, unused condoms laying around, but no reports of inmates creating weapons or hiding/transporting drugs.”

“A lifesaving device”

A 2013 study by the California HIV/AIDS Policy Research Centers found that condom access in California male prisons would prevent HIV transmissions and save the state medical costs. Most people living with HIV in prison got HIV before their incarceration. But without condoms, it is reported that people use plastic wrap or plastic bags with rubber bands—or go without. For people living with HIV and those who are HIV negative, it’s also important to protect against gonorrhea, chlamydia, syphilis and hepatitis C.

In Vermont, San Francisco and Los Angeles, condom access has been very successful, according to staff and people imprisoned there who were interviewed in recent media reports. “Condoms are very good to have around,” Robert Greve, imprisoned in a San Francisco jail, told National Public Radio. “Because it’s a lifesaving device.”

Prison staff in Vermont told the Advocate magazine that condom access did not increase rape, which was a fear spread by some opponents of the program when it started in 1992. In Los Angeles, Captain Joseph Dempsey of the Men’s Central Jail told Al Jazeera that while at first he was “taken aback” by the idea, he is now “100 percent for it” and said, “If it works here I’m sure it will work in the state prison.”
Beyond California

The California law does not require condom access in all prisons. Orlando said that after all adult male prisons have implemented the program, there may be discussion about providing condoms in women's facilities.

California is the largest prison system in the country to provide condoms. Representatives of the other two largest—the federal Bureau of Prisons and the Texas Department of Corrections—told Al Jazeera they have no plans to offer this public health tool. The reporter who interviewed them also interviewed San Francisco sheriff Ross Mirkarimi, who said that homophobia and a “punitive culture” opposed to people in prison having sex are the reasons that so few facilities across the country provide condoms.

Questions for you, our readers

Prison Health News wants to tell our readers how people in California men’s prisons are experiencing this program. Are you interested in sharing your thoughts, and willing to be quoted in a future article? Please send your responses to:

Prison Health News  c/o Institute for Community Justice
1207 Chestnut St, 2nd Floor
Philadelphia, PA 19107

Questions for people in California men’s prisons:

♦ Have condom dispensers been installed at your facility?
♦ If not, have you been told anything about when they might be installed?
♦ Is there anything you’re concerned about with bringing condoms into your facility?
♦ Do you think people at your facility might have trouble getting condoms? If so, why?
♦ Have you seen condoms used as "evidence" against people because sex is against the rules?
♦ If you’re in a facility that provides condoms, do you think this has increased or decreased stigma against people living with HIV? How so?

Question for people in women’s prisons everywhere:

♦ Do people in women’s prisons want or need condoms?
Peace and Love. I hope this letter finds all my brothers and sisters in the never-ending fight for our rights doing well. I have a great deal of faith in the strength and resilience of people like myself.

**First steps of a lawsuit:**

For those who don’t know, I filed suit recently against the state of California’s Department of Corrections for denying me the chance to get genital sex reassignment surgery. It had already been denied by the prison’s medical department, and all appeals were denied at every level. I mailed the petition to the Central District of the California federal court, and it was received on August 13.

The screening stage is the point in which the court determines the validity of your complaint. The process can take a very long time to see fruition, so patience is a virtue, for real.

My original petition was denied with leave to amend. Before submitting the amended petition, I submitted a motion for reconsideration, which asks the judge to reconsider the first decision. This motion was denied. I then filed a motion for enlargement of time to be able to file the amended petition. I never got a response to that motion, but I did continue to work on and file the amended petition. I am now waiting for a response.

**Court fees:**

Along with the suit, I also filed an application to proceed in *forma pauperis*. This is asking the court to allow me to proceed in court as an indigent inmate. (I’m broke as hell, baby.) A couple of weeks after filing, I received a notice that the request was granted. However, I was still tagged with a bill for $350 for a filing fee, pursuant to 28 U.S. Code § 1915(b)(2). Look this up and see if the same rules apply in your area. Here in California, the court directs the Department of Corrections to deduct 20% from your inmate trust account any time it exceeds $10, to cover that cost.

Note that I currently make about $35 a month, plus the state already takes 55% from that, which leaves me about $16. After the court hit, I’m left with about $4 a month. So assess your situation with regard to these fees.
Pearls of wisdom:

I also received a notice asking if I wanted to proceed with a magistrate judge or with a district judge. When you get this notice, always check “district judge.” You tend to be in better hands with them, or so I’m told.

Also, be sure to write the clerk of court a formal letter asking for the rules of the court. The first set is free. Anything after that, you will have to pay for. Again, check and see what applies where you are.

Most importantly, stay current. Keep up with all the newest court cases concerning what you are suing for. Know what your state law is regarding prison healthcare, and find the cases that apply to your fight. However, your situation may be different from the situation of the person who won a similar action. What may apply to me may not fully apply to you. It’s important to understand what your situation is, because your argument will amount to a composite of your situation and case law citing other situations.

Is a win really a win?

Recently, Ms. Shiloh Quine won a legal decision here in California. The state agreed to a settlement, which entailed a revision of the state’s policies regarding incarcerated transgender people’s access to medically necessary treatment and gender-affirming clothing and canteen items. This includes access to feminine cosmetics in the canteen and gender-appropriate state-issued clothing for transgender people.

None of that has come to fruition yet. I’m inclined to believe that it’s all a bunch of smoke and mirrors. It’ll be five years before we see one new canteen item, and possibly the same length of time before we are issued any type of female-appropriate clothing, aside from the bras we get now, which incidentally took about three years to get.

Please do not give up the fight.

Progress in PA

by PHN Staff

In Pennsylvania, as a result of advocacy by members of the activist group Hearts on a Wire in prison and outside, new commissary lists are available to transgender people as of June 30, 2015. These new commissary lists in Pennsylvania offer gender-specific items that were previously viewed as contraband, including undergarments and cosmetics. Pennsylvania also announced new rules for placing people in housing that is more appropriate to their gender identity and for respectful treatment by staff. Other states and facilities are making similar changes due to activist pressure.
Information and Support Resources

**AIDS Library**
Philadelphia FIGHT
1233 Locust Street, 2nd Floor
Philadelphia, PA 19107
The library will answer questions about any health condition, not just HIV/AIDS. If you’re in Pennsylvania, you can also request info for re-entry planning.

**Center for Health Justice**
900 Avila Street #301
Los Angeles, CA 90012
Prison Hotline: 213-229-0979
Free HIV prevention and treatment 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.

**New Mexico AIDS InfoNet**
P.O. Box 810
Arroyo Seco, NM 87514
Free factsheets on HIV prevention and treatment in English and 10 other languages. Please ask for “Factsheet 1000,” which lists all 802 factsheets. You can also request summaries of HIV and hepatitis C treatment guidelines, which tell doctors what care to provide in different medical situations.

**POZ Magazine**
462 Seventh Ave, 19th Floor
New York, NY 10018-7424
A lifestyle, treatment and advocacy magazine for people living with HIV/AIDS. Published 8 times a year. Free subscriptions to HIV-positive people in prison.

**Hepatitis Education Project**
911 Western Ave #302
Seattle, WA 98104
Write to request info about viral hepatitis and how you can advocate for yourself to get the treatment you need.

**Jailhouse Lawyers’ Handbook**
c/o Center for Constitutional Rights
666 Broadway, 7th Floor
New York, NY 10012

**Inside Books Project**
c/o 12th Street Books
827 West 12th Street
Austin, Texas 78701
Free national resource guide for people in prison, with listings of organizations that can send free books or info on finding legal help, pen pals, release planning, publications, and more.

**SERO Project**
P.O. Box 1233
Milford, PA 18337
A network of people with HIV and allies fighting inappropriate criminal prosecutions of people with HIV for nondisclosure of their HIV status, potential or perceived HIV exposure, or HIV transmission.

**Just Detention International**
3325 Wilshire Blvd, #340
Los Angeles, CA 90010
If you have experienced sexual harm in custody, write for their packet of info about rape and other sexual abuse, 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.
Black and Pink
614 Columbia Rd.
Dorchester, MA 02125
An open family of LGBTQ prisoners and “free world” allies who support each other. Free monthly newsletter and pen pal program for incarcerated LGBTQ people.

Men and Women in Prison Ministries
10 W. 35th Street # 9C5-2
Chicago, IL 60616
For those returning home to the Chicago area, they can answer questions about re-entry, faith, health, and other organizations that can help.

Reproductive Health, Living and Wellness Project
Justice Now
1322 Webster St #210
Oakland, CA 94612
A free 50+ page manual about incarcerated women’s reproductive health. Another manual, Navigating the Medical System, is for women in California prisons.

PEN Writing Program for Prisoners
PEN American Center
588 Broadway, Suite 303
New York, NY 10012
Provides incarcerated people with skilled writing mentors and audiences for their work. Write for a free Handbook for Writers in Prison.

HCV Advocate
P.O. Box 15144
Sacramento, CA 95813
Write to ask for their frequently updated, free factsheets: HCV Basics (available in English and Spanish), Hepatitis C Treatments, Exposure, Prevention, and/or Side Effects. They can also send one free sample copy of their monthly newsletter.

If you need resources that are not listed here, write to us! We will help you track down answers to your specific questions.
Write to us if you know about a great organization that is not yet listed here.

Write to this address for the 3 resources on the right:

PLN
P.O. Box 1151
Lake Worth, FL 33460

Prison Legal News
Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: $3.50, unused stamps are OK. Subscription: $30/year.

Protecting Your Health & Safety: A Litigation Guide for Inmates
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.

Prisoner Diabetes Handbook
A 37-page handbook written by and for people in prison. Free for one copy.
One thing we have more of inside than out is time. We need to use it wisely; exercising is one way to do that.

Exercise gets the blood circulating, which in turn spreads oxygen to the body’s cells, keeping them fresh and healthy.

My favorite exercise routine is burpees—good for building stamina. Burpees will tax your strength, heart, and lungs, so don’t try this fast if you are experiencing health problems. If you are in pretty good shape, though, go for it and do these in rapid succession without pausing. Always remember to maintain good form in each position. Especially if you do the burpees at a fast pace, you can injure yourself if the positions aren’t done correctly. Try the routine at a slow pace first, to train your muscles to do each position right. Here’s one burpee to try:

1. From a standing position, drop into a squat position with your hands on the ground in front of your feet and about shoulder width apart;
2. Jump your feet straight back into a plank (push-up) position;
3. Jump your feet back under you, into the squat position;
4. Jump up as high as you can;
5. Return to starting position and repeat the series.

You can vary this routine as you want. I’ve seen guys add a quick set of three or four push-ups in position 2, then jump up and start over.

And when you’re done working your body, work your brain. Reading and writing are good exercise for the brain, and math has been shown to delay dementia.

Edited By:
Elisabeth Long
Lucy Gleysteen
Suzy Subways
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Envelopes stuffed and sealed with care by Warren Lane and Project Light at ICJ

PHN is a project of the AIDS Library and the Institute for Community Justice (ICJ) at Philadelphia FIGHT.

For subscriptions, resources and all other inquiries write to us at:
Prison Health News
c/o Philadelphia FIGHT
1233 Locust Street, 5th Floor
Philadelphia PA 19107

Please write to this address if you would like a Spanish edition of PHN.

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