advocacy and support resources for people in prison

If you need help while you are locked up, or when you get out, contact:

In Austin, TX:
AIDS Services of Austin
P.O. Box 4874
Austin, TX 78765
Phone: (512) 458-2437
Web: www.asaustin.org

In Boston, MA:
SPAN Inc.
105 Chauncy Street, 6th Floor
Boston, MA 02111
Phone: (617) 423-0750
Web: www.spaninc.org

In Chicago, IL:
Men and Women in Prison Ministries
10 W. 35th Street #9C5-2
Chicago, IL 60616
Phone: (312) 328-9610
Web: www.mwipm.com

In Los Angeles, CA:
Center for Health Justice
900 Avila Street #301
Los Angeles, CA 90012
Phone: (213) 229-0985
Prison Hotline: (213) 229-0979 collect
Web: www.centerforhealthjustice.org

In New Orleans, LA:
Women With A Vision
215 N Jeff Davis Pkwy
New Orleans, LA 70119
Phone: (504) 301-0428
Web: www.wwav-no.org

In New York, NY:
New York Harm Reduction Educators
953 Southern Boulevard, Suite 302
Bronx, NY 10459
Phone: (718) 842-6050
Web: www.nyhre.org

In Philadelphia, PA:
Philadelphia FIGHT
1233 Locust Street, 5th Floor
Philadelphia, PA 19107
Phone: (215) 985-4448
Web: www.fight.org

If you need resources in a city 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 as a PHN partner.

PHN is a project of Reaching Out: A Support Group with Action and the Institute for Community Justice 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

All subscriptions are free, and are mailed First Class.

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In memory of Troy Davis, by Angelo Johnson.
write an article!

We have gotten lots of requests for articles already, and we know that everyone who reads this newsletter will have questions or their own story to tell.

Every issue, we have five different feature sections:

1. **Body, Mind & Soul** — on the concrete health information people in prison need access to in order to advocate for standard of care treatment

2. **Words to Live By** — on the strategies for getting health care behind the walls

3. **Breaking the Chains** — on the inspirational work of people who are currently/formerly in prison fighting for the lives they want to lead

4. **Try This Out** — on incredible organizations and projects across the country who are doing the hard work of rebuilding our communities in a time of mass imprisonment

5. **The Big Picture** — on the political issues that drive the prison (and prison health!) crisis in our country

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. You can also write us first to discuss ideas for articles.

If you want your name kept confidential, you can sign your article with your first name or “anonymous.”

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**Why Are So Many**

by Waheedah Shabazz-El

My Momma always taught me that “When You Know Better, You Do Better.” One way I have managed not to re-enter the prison system is by educating myself about the history of prisons and the political issues that drive mass incarceration.... so I “Can Do Better.”

Researching “The U.S. War on Drugs” has taught me much. What I have learned ignited a fire under me and inside of me, to be a part of a larger movement working toward social change through prison reform.

I learned that: The first prisons in the U.S. were built in Massachusetts, Pennsylvania and New York in the early 1800s, and that prisons later became the punishment standard.

I learned that: The United States has the highest incarceration rate in the world, and that a very large portion of people who are incarcerated are imprisoned for drug-related crimes.

Arrests for drug law violations this year are expected to exceed the 1,663,582 arrests of 2009. Law enforcement made more arrests for drug abuse violations (an estimated 13 percent of the total number of arrests) than for any other offense in 2009. Someone is arrested for violating...
Preventing, Diagnosing & Treating MRSA
by Ronda B, Suzy S, Bernard T, & Naseem B

Methicillin-resistant Staphylococcus aureus (MRSA) is a staph infection caused by a type of bacteria. It is difficult to treat because it is resistant to the drug used to treat other staph infections. MRSA is spread by direct skin-to-skin contact, even if the skin is not broken. Symptoms include swollen, painful red bumps on the skin resembling pimples, and in some cases drainage of pus. Broken, cut, or rubbed skin is more likely to be an infection site. Untreated infections may also enter the bloodstream, or infect the urine, heart, or lungs. These symptoms may include fever, chest pain, rash, fatigue, and others.

People at greatest risk for MRSA are those with weakened immune systems, diabetes, as well as IV drug users, the elderly, and people in confinement. MRSA can be spread when newer inmates in poor health are brought into the prison.

To prevent MRSA, use hand sanitizer or wash your hands thoroughly with hot water and soap. Keep your cuts or scrapes clean and covered until they heal, and avoid other people’s bandages or wounds. Avoid sharing personal items like razors, linens, tweezers, or towels. Use shower shoes or try and wrap plastic around your feet.

MRSA treatment is guided by the severity of the infection. A local MRSA infection on the skin may be treated by draining the site at a doctor’s office. Don’t try this on your own, because you may make it worse. Keep the infection site covered with something sterile so as not to spread it. Antibiotics may also be used to control the infection, but make sure you take all the doses, even if you are feeling better. Treatments for more serious infections include fluids and medications given through a vein, kidney dialysis in the case of kidney failure, and oxygen.

If you think you have MRSA, immediately put in a sick call slip and see medical. The chronic care doctor will look to see if it is MRSA. The doctor often must report an outbreak of MRSA to the public health department. If you can’t see a doctor immediately, have a nurse put hydrogen peroxide on the infection to prevent it from spreading.

MRSA can be really dangerous if untreated. Don’t delay if you suspect you have an infection. Educate your cell mates and peers about MRSA and how to prevent it. For more information, write to us at: Prison Health News c/o Philadelphia FIGHT 1233 Locust Street, 5th Floor Philadelphia PA 19107.

People Incarcerated in the U.S.?

a drug law every 19 seconds. The federal government spent over $15 billion dollars in 2010 on the War on Drugs, at a rate of about $500 per second.

I learned that: Property crime and violent crime rates have declined since 1973. But from 1988 to 1997, the U.S. prison population nearly doubled. I learned that some of the reasons for this drastic increase were: legislative enactments toughening drug and weapon penalties and encouraging mandatory minimum sentencing, preventive detention, reduced use of parole, and increased penalties for habitual offenders.

I learned that: African-Americans were sent to state prisons for drug offenses 13 times more often than people of other races, even though they only comprised about 13% of regular drug users.

I learned that: When the federal and state prison systems reported that they were functioning at over capacity in 1992, an executive order issued by President George H. W. Bush required all federal agencies to encourage state and local governments to use private prisons. This led governments to look to private prisons as a supplement to public ones. I learned this began an era of Prisons for Profit.

I learned that: The practice of imposing longer prison sentences on repeat offenders is common in many countries. But the Three Strikes laws in the U.S.—with mandatory 25-year imprisonment—that were implemented in many states in the 1990s are very extreme compared with countries in Europe.

I learned that: in the mid-to-late 1990s, the War on Drugs expanded beyond increased policing and harsher sentences to include new laws and policies that restrict people’s access to services after their release from prison.

I learned that: From the late 1990s to the present, after 30 years of “tough on crime” policies, some reforms have been made to address the root causes of crime, sentencing disparities, and the needs of people recently released from prison. Activists across the country are working hard to get rid of mandatory minimum drug sentencing and reduce the barriers people face after their release from prison.

Lastly, I have learned that: I can make a difference by working closely with groups like the Support Center for Prison Advocacy and Ex-Offenders for Community Empowerment.

We can gain positive and lasting impact on prison reform policies.

One recent win was Philadelphia’s “Ban the Box” legislation, which removes the section in job applications asking for criminal histories.

My Momma always taught me that “When You Know Better, You Do Better.” So one way I have managed not to re-enter the prison system is by educating myself about the history of prisons and the political issues that drive mass incarceration.... so I “Can Do Better.” Today I’m not doing too bad.
On November 2, more than 270 formerly incarcerated people, family members and allies from more than 20 states met in Los Angeles for the Formerly Incarcerated and Convicted People’s Movement’s second convening. It was a united front from across the nation, coming together to have a conversation—and to build a movement.

We adopted a 14-point platform demanding an end to mass incarceration, privately owned prisons, price-gouging and medical co-pays in prisons, racial profiling, long-term isolation, the death penalty, detention and deportation of immigrants, and discrimination against formerly incarcerated people in jobs, public benefits, housing and other areas. We demand the right to vote and not have our children taken away because we are locked up. We demand just compensation and on-the-job protections for work in prison, and an end to sexual exploitation behind the walls. We demand contact visits and overnight family visiting, and for religious freedom and transgender identity to be respected. All political prisoners must be released.

The specific points of the 14-point platform that address medical care and health for people in prison take into consideration all aspects of this experience, so people can include their work in this work that we’re doing. Medical confidentiality, adequate and

Freedom, by Zenos Frudakis, located at 16th and Vine Streets, Philadelphia, PA.

Freedom, according to the artist, embodies the “universal desire with almost everyone; that need to escape from some situation – be it an internal struggle or an adversarial circumstance, and to be free from it.”

score within a range of 410 to 800 on each individual section. If you pass one or more but not all five tests within the GED battery, you may retake each individual part of the test that you did not pass. Some places limit the number of times that a student may retake the test within a year. You must complete the entire test within two years of first taking the test.

There are many good reasons for pursuing your GED. Getting your GED in some states could influence parole decisions and/or reduce sentence length. Several research studies showed that adult basic education, like GED test credentials, reduces the likelihood that someone will commit crime and get locked up again once they are out of prison. Other researchers found that higher GED test scores were associated with higher income the first two years out of prison for some inmates.

While you are in prison or out of prison, here are some helpful tips. While in prison, ask for a request slip to the education department or for your social worker. Every federal prison in the country offers GED testing on site, and all the same accommodations available to those outside should be available to you on the inside. When you get out, you can check with the mayor’s office, your parole officer, community centers, schools, YMCA (or YWCA), or public libraries for more information on when and where to take your test.

If you need help accessing GED test preparation resources, you can write to Prison Health News at our address on the back page. Or if you have internet, you can download materials directly from the Official GED website at: http://www.acenet.edu/AM/Template.cfm?Section=GED_TS

And here are two books you can order for GED test preparation:

“McGraw-Hill’s GED: The Most Complete and Reliable Study Program for the GED Tests,” by Patricia Mulcrone


To purchase a book in prison, you can order from a bookstore or vendor and have it mailed directly to you, or have someone on the outside order the book and have it shipped from the vendor directly to you. Also, check with other people on the inside, who may have good resources and local knowledge about where and how to order books.

Take a chance and jump on this opportunity to educate yourself and make a positive difference in your life. Remember this: don’t sell yourself short. It never hurts to try something new to keep you moving forward for the betterment of your life. Bettering yourself can also improve and enrich the community that you’re coming home to. You can do it. Climb the ladder to a successful way of learning and living. Strive to keep those walls from closing in on you and to strengthen your mind.
**How to Obtain Your GED While In**

by Stanley J

The GED stands for general educational development. The GED test consists of five subjects: Language Arts/Writing; Social Studies; Sciences; Reading; and of course, Mathematics. Passing the test certifies that the taker has American or Canadian high school-level academic skills. Only individuals who have not earned a high school diploma take the GED. Common reasons for not having a high-school diploma include leaving high school early, not passing a required class, the need to work instead of go to school, or immigration to the United States, to name a few. The test was first developed for veterans after World War II to help them get back into civilian life after coming home from war. Today there are more than 3,400 testing sites to choose from in the United States and Canada, and the test is also available in Spanish and French.

The cost of the GED test varies depending on the state. In some areas there is no charge to students that wish to receive the GED. The most up-to-date information about cost can be found at your local testing site. Students with disabilities who wish to take the test are entitled to receive testing accommodations. Some accommodations include audiocassette tests, Braille or large print tests, use of a sign-language interpreter, or use of a scribe, which is someone who will write down your answers. The accommodations are provided at no extra charge. To receive these accommodations, you must have a professional document the disability and you must fill out the appropriate paperwork from the testing center.

To pass the GED test, you must use a sign-language interpreter, or accommodations are provided at no extra charge. To receive these accommodations, you must have a professional document the disability and you must fill out the appropriate paperwork from the testing center.

To pass the GED test, you must
Prison Food: The 411 of Navigating the System
by Tre Alexander

Let’s face it! You’re incarcerated and the food they give you is disgusting. You’d rather share a bowl of kibbles ‘n bits with your former neighbors’ dog than eat this stuff. The portion sizes are so small that after eating, your stomach is still growling, and you’ve even contemplated popping your cell mate upside the head and stealing his commissary just to get some grub. It’s not like a home cooked meal loaded with chicken, fish, collard greens and delicious desserts. Yum! News Flash!! Jail is not a vacation and the food they give you is disgusting. You’d rather share a bowl of kibbles ‘n bits with your former neighbors’ dog than eat this stuff. The portion sizes are so small that after eating, your stomach is still growling, and you’ve even contemplated popping your cell mate upside the head and stealing his commissary just to get some grub. It’s not like a home cooked meal loaded with chicken, fish, collard greens and delicious desserts. Yum!

Over the years, men, women and trans people across our country who faced unfair and harsh conditions behind the walls made significant changes to this system. Some made change with peaceful protest, rallies, and dialogues, and then some with force. But you must do your homework; formulate a well laid out plan and use wisdom in your approach. Weigh the consequences of your actions in your delivery for bringing about the change you seek.

First, let’s look at individual action vs. group action. As an individual, recognize that you have a voice. Though you are behind the walls, you can use your voice to be a powerful tool to evoke change if done correctly. As an individual, you must look at why you want this change. Do you eat for health? Do you eat to increase weight? Do you eat for taste or eat to survive? Do you make good choices when it comes to what they serve you? You know, you don’t have to eat everything on the plate!

If you want to advocate for yourself, keep detailed notes of dates and times of food disbursed to you. Build a positive rapport with those in power in the jails. Talk to them positively about the food choices and taking an active role in being a leader in the jails. This may help you on the road to change.

Second, as far as group action is concerned, recognize that many voices must unify and become one powerful voice with a common goal or agenda. Differences aside, come together and choose someone or a group that can stand up and bring the concerns or agenda of the group to the forefront in a creative and knowledgeable way.

Example: In the case of the Pelican Bay Hunger Strikes, a group of people incarcerated in California decided to stage a hunger strike because of inhumane conditions within the jail which included food, profiling inmates for gang associations as well as overcrowding, which led to rape and victimization. This act spread to activists outside the walls as well as other jails, and at its peak over 6,600 people in prison stopped eating in solidarity. Some incarcerated people, not a part of the original core group that organized the strike, were met with solitary confinement as a consequence. The positive outcome of this was that after 21 days, negotiations and talks were held between folks incarcerated in California and heads of the Department of Corrections to reevaluate the conditions. This was a peaceful yet powerful approach that made others take notice when those involved were of one accord.

The hunger strikers felt that their demands were not met by the CDCR and went on strike again for almost three weeks. Strikers were threatened with commissary privileges being suspended and six-month terms in the Security Housing Units (SHU) for others in general population who joined in. This strike grew to 12,000 people and won a major victory: A memo from CDCR saying it would review the gang validation status of everyone who is in the SHU for alleged gang activity.

The moral of this powerful example is that anything worth having is worth fighting for. Remember, the walls that you stand behind right now may confine your body but cannot stop the knowledge you gain or silence the voice you possess.