



*What Does a World Look Like in Which Black Lives Matter?* by Trey Williams

## 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

## IN THIS ISSUE

Getting from Monday to Tuesday: Coping with Long-term Incarceration.....	2-3
PA Activists Inside and Outside Launch Campaign to End Death by Incarceration .....	4-5
Aging Healthfully with HIV .....	6-7
MRSA: What is It? What Can Be Done About It?.....	8-9
How Loved Ones Outside Can Advocate for People in Prison.....	10-11
Fighting Prison Censorship and Book Denials.....	12-13
Information and Support Resources.....	14-15
Thank You, Laura McTighe!.....	16

## WRITE AN ARTICLE!

We know that everyone who reads this newsletter will have questions or their own story to tell. 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? Or perhaps you are an artist or a poet and want to share your work with *Prison Health News* readers. 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.

**Correction:** In the Winter 2015 issue, an article about vitamins included a mistake in the section about how much sunlight people need in order to get enough vitamin D3. It should have read, "Each day, you need 10 minutes of direct sunlight if your skin is white, 15 to 20 minutes if your skin is brown or tan, and more than 20 minutes if your skin is black." New data from research studies show that more sunlight than this may be needed. However, the National Institutes of Health has not changed its medical guidelines for vitamin D yet.

## GETTING FROM MONDAY TO TUESDAY: COPING WITH LONG-TERM INCARCERATION BY PATRICE L. DANIELS

**Knowledge of Self:** A better understanding of who I am (and am not) has given me a sense of security and confidence when facing whatever life throws at me—as well as whatever I decide to embark upon.

**Spirituality:** Nurturing and feeding the part of me that believes there's a divine methodology to all of existence gives me a moral/behavioral template from which to operate. Spirituality contains a component of hope and redemption. Without death, there'd be no need for religion (on a certain level)—a part of me needs to believe that there is something after this.

**Purpose:** I have a clearly defined purpose that I actively live my life carrying out. Purpose gives me an incentive to live.



**Total Acceptance and Responsibility:** I senselessly, regrettably, remorsefully took a human life. An act I had no right to do. The consequences that come along with that choice in June of 1994 are of my own doing. I earned this life sentence.

**Serenity:** Trying to always remain focused on that which I can actually control. Once we get into the realm of trying to control others or external factors, we are setting ourselves up for a world of trouble.

**Realism:** Having clearly defined, realistic expectations.

**Transcendence:** Not allowing my physical conditions to define me. We are all more than the sum of our circumstances, errors and mistakes.

**Support:** No man is an island. I have a tremendous support group. My immediate family members and a plethora of friends help me to navigate the reality of life imprisonment with no parole. An extension of the support apparatus is socialization/interaction with others.

**Therapy:** Both in a group setting as well as individually.

**Creative Writing:** An opportunity to express myself as well as vent, cleanse, purge, and opine. I often hope to inspire others in some way.

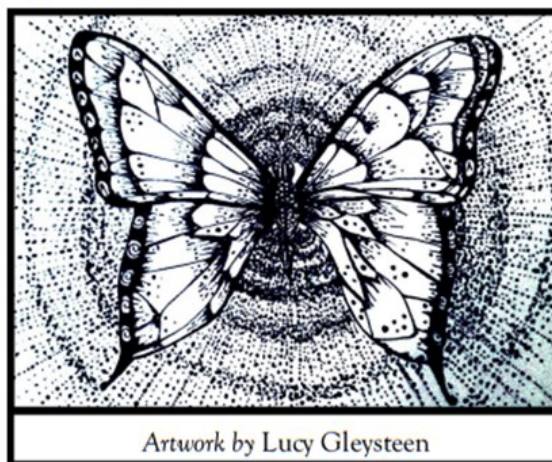
**Music/Television:** These forms of entertainment provide me escape.

**Physical Exercise:** Maintains my health and helps with sleeping at night as well as stress management.

**A Healthy Sex Life:** In as much as that's possible in prison. Humans are sexual beings, so that's a part of us that cannot be ignored, especially when it comes to coping and functioning.

**Attainment of Book Knowledge:** I have become an "organic intellectual." It has shielded me in many ways. Knowledge is still power, even in prison.

**True Freedom:** This poignant quote from Viktor Frankl has aided me for years: "Everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way." This is not an illusory concept. True freedom is internal. You can be a non-prisoner and still be "enslaved." You don't have to be locked up to be in "prison."



## PENNSYLVANIA ACTIVISTS INSIDE AND OUTSIDE LAUNCH CAMPAIGN TO END DEATH BY INCARCERATION

by Coalition to Abolish Death By Incarceration

On June 6, 2015, over 300 people crowded into the Vineyard Community Church in West Philadelphia to launch a campaign to end death by incarceration (DBI), more commonly known as life without parole. At the event, people serving DBI sentences, their family members, and formerly incarcerated people gave powerful testimony about why and how we must end the practice of sentencing people to die in prison. Those currently in prison participated via phone and prerecorded audio. We shared music, food, poetry, and personal stories, and signed hundreds of postcards asking legislators to abolish DBI.



*What Does a World Look Like in Which Black Lives Matter?* by James Hough

Over 5,000 people are serving DBI sentences in Pennsylvania, where a life sentence means your natural life—it is a sentence that almost guarantees you will die in prison. This is why many people instead call it **Death By Incarceration**. Death By Incarceration is part of a larger system of mass incarceration that disproportionately impacts people of color and people from poor and working class communities. DBI sentences have increased dramatically over the past few decades due to “tough-on-crime” policies pushed forward by politicians more interested in garnering votes than keeping our communities safe. However, we know that mass imprisonment and lengthy sentencing, such as DBI, further destabilize communities and direct resources away from the things that do keep our communities safe—education, healthcare, jobs, housing, and transformative forms of justice that actually address root causes of violence and inequality.

We believe that sentencing people to Death By Incarceration is an affront to the humanity of us all. In the words of Right to Redemption, an organization of people serving DBI sentences at SCI Graterford in Pennsylvania, “The damnation of a human being of any age to spend the rest of his or her natural life in prison without even the possibility of a parole hearing review is a negation of the distinctly human capacity for redemption, a denial of the individual's core humanity, and a violation of an inalienable human right.” That's why Decarcerate PA, Human Rights Coalition PA, Fight for Lifers, and Right to Redemption have formed the Coalition to Abolish Death By Incarceration (CADBI). We are working to build a mass movement both inside and outside of prison to take a stand against DBI and other harsh sentencing practices.



To do this, we have established **three core demands** for legislative change:

1. Parole eligibility for everyone after 25 years;
2. Presumptive parole: people are automatically released at their minimum date with the burden of proof on the state if the state wants to continue to hold them;
3. A maximum sentencing law that will stop the commonwealth from incarcerating people for indefinite periods of time.

Over the coming months, we will work to advance these demands, both in the legislature and in our communities. According to David Lee, who is serving a DBI sentence at SCI Coal Township, ending DBI “will require massive amounts of organizing and education. People must understand the facts surrounding our imprisonment. People in society are fed a heavy diet of propaganda regarding how dangerous we are, and how we never deserve to be back on the outside again. We must find ways to pressure legislators into doing the right thing—not the politically expedient thing!” CADBI aims to create a shift in public consciousness, asking people across the state to consider who is really being served by making thousands of people—people who could be at home working to improve their communities—spend their entire lives in cages. It’s time to bring our friends and loved ones home.

If you are in Pennsylvania and want to get involved in the Coalition to Abolish Death By Incarceration, write to us at:

CADBI c/o Decarcerate PA  
PO Box 40764  
Philadelphia, PA 19107

**The Other Death Penalty Project**  
[www.theotherdeathpenalty.org](http://www.theotherdeathpenalty.org)

Started by people in prison serving life without parole, this project hopes to end all forms of the death penalty, including death by incarceration. It’s run by people currently in prison, so they don’t have much ability to respond to mail. If you have loved ones on the outside who can visit the website, they can find advocacy and support information. If you would like someone to print and send you a copy of “**The Other Death Penalty Project Prisoner Organizing Kit**,” please write to PHN, c/o Institute for Community Justice, 1207 Chestnut Street, 2<sup>nd</sup> Floor, Philadelphia, PA 19107.

# AGING HEALTHFULLY WITH HIV

BY SUZY SUBWAYS

Almost half of all people living with HIV in the United States are over 50 years old. Many are living long and healthy lives, thanks to HIV treatment. But people with HIV are still dying 10 to 20 years earlier than their peers without HIV. And they are dying of diseases normally associated with old age, such as cancer and heart attacks. Only one in four deaths of people with AIDS are HIV-related.

## **You're not really aging faster**

This has worried scientists and caused them to research the idea that people living with HIV actually go through the aging process faster than HIV negative people. But researchers at the University of Pennsylvania say that people with HIV are not aging faster, because it's not like a 50-year-old person with HIV has the overall health of a 70-year-old HIV negative person. Aging is not a precise term, and the idea of "accelerated aging" implies that every part of your body is aging faster.

People living with HIV are at increased risk of particular conditions. For example, HIV positive people are twice as likely to have a heart attack, but this is not happening earlier in life than in HIV negative people. People living with HIV are at higher risk for cancer, kidney failure, insulin resistance, osteoporosis and other conditions. They are also more likely to have risk factors that increase the chance of disease, like smoking and obesity.

## **Living longer and healthier**

**HIV meds:** The sooner you start treatment for HIV, the better off you'll be in the long run when it comes to disease risk.

**Sense of purpose:** A reason to get up in the morning can help prevent depression, anxiety, and loss of brain function that can come with aging. If you've been taking meds for 20 or 30 years, you might be tired of all the pills—so a sense of meaning is vital to keep you going. Try writing a personal goal statement about what you value and what you need to do to connect yourself with those things. It's a good idea to stay in touch with friends and loved ones outside if you can, get support from a counselor or therapist, and participate in support groups (if they have them at your facility) and/or activist work with organizations outside prison.

**Stress management:** Stress is the silent killer. People in prison have a lot to worry about, but as much as possible, try to celebrate anything that's good in your life. Enjoying life can mean finding ways to have fun and be around people who put good things into your spirit.



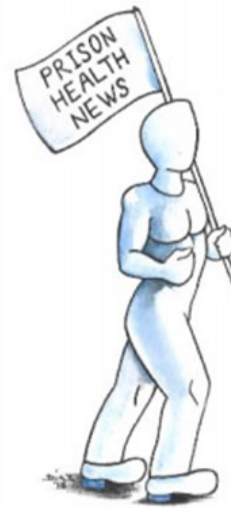
**Lower cholesterol:** Heart disease is as important as HIV—even if you have to take an extra pill in order to prevent it. In addition to people living with HIV, African Americans are at higher risk for heart disease. According to University of Pennsylvania researchers, 20% of Americans should be taking a statin drug to lower their cholesterol. Quitting smoking, losing weight, exercising, eating as healthy as possible, and managing stress can sometimes lower the risk of heart disease without a statin.

**Hepatitis C treatment:** If you have this virus, you may need to try written requests and grievances to get your facility to provide the latest treatments to cure it.

**Strong bones:** People living with HIV are more at risk for bone loss and fractures. Women can lose bone strength during menopause. Walking and other exercise along with vitamin D and calcium can help. People living with HIV who are over 50 or post-menopausal should have a DEXA scan.

**Monitoring HIV drug side effects:** Some HIV treatments can worsen conditions you might have or be at risk for, like liver problems or high cholesterol. It's a good idea to read everything you can about the drugs you're taking and their side effects, and to make sure the doctor is keeping a close eye on your lab work for any changes in liver function and cholesterol levels.

**Wisdom of the aged:** Writer Dan Buettner traveled around the world to the places where people live the longest—and to learn from them. Those with longevity in all these places have a few things in common, including a strong sense of purpose, a role in their family and community, longtime friends, a spiritual connection, low-impact exercise like walking or yoga, and quiet time away from stress.



Artwork by James Diaz

*This information is from presentations at the “Older & Fabulous with HIV” panel discussion at Philadelphia FIGHT’s End AIDS Conference on June 8, 2015 by Dr. Rose Cantor, PsyD, of Philadelphia FIGHT; Dr. Pablo Tebas, MD, of the University of Pennsylvania; Robert Curry of ActionAIDS; and Jeffery Haskins of COMHAR. Any errors or omissions are the responsibility of Prison Health News.*

# MRSA: WHAT IS IT? WHAT CAN BE DONE ABOUT IT?

BY GREGORY J. MARCINSKI, EMT-P (RET)

## **METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS**

**(MRSA)** is a complicated bacterial skin infection that is often resistant to many different types of antibiotics, including but not limited to penicillins and cephalosporins.

### **SIGNS AND SYMPTOMS**

MRSA manifests most frequently as small bumps that look like pimples; then a boil or abscess will form. The area may be tender and painful, as if you are being burned by a cigarette. The skin may be hot, red, and swollen. It can feel hard because the infection has caused edema, which is the accumulation of fluid in the tissue.

If you are experiencing what's described above, it would be a good idea to mark the border of the hard skin (edema) with a pen or marker and note the time. (If the infection is progressing, the edematous area will become larger. If it is clearing up, it will reduce in size. You will be able to note the progress by marking the border of the edema.) Report what you've found as soon as you can to medical staff. Don't let medical staff off too easily if they tell you "You're fine—you don't have a fever." Absence of fever does not exclude an infection. If they make you jump through hoops to see them or tell you to make a sick call—do it! Be sure to inform them that you believe it's MRSA based on the symptoms. MRSA usually does not clear up on its own.

Certain people are more at risk of MRSA infection, including but not limited to: people who share gym equipment, people living in crowded conditions, older people, and people living with HIV/AIDS and/or diabetes.

### **TREATMENT**

There are two basic principles to treat MRSA:

- 1) elimination of the focal infection.
- 2) administration of systemic antibiotics.

To attempt to eliminate the focal infection, a health care professional would first apply a hot compress to the area in order to encourage the abscess to come to a head. When the center of the abscess appears white to yellow, it is ready. They will either apply pressure to the sides of the boil or lance the head of the boil with something sterile until the abscess ruptures. At this point, they would remove all pus, dead tissue and debris by applying continuous pressure to the sides of the abscess until clean blood or clear fluid starts to come out.



They should take note that when attempting to drain the abscess, they will not be able to drain all of the edema. This does not mean that there is still pus in the abscess. The hardness is the fluid that accumulated in the tissue around the abscess and is a part of the normal immune system response.

Because the MRSA bacteria is contained in the pus, dead tissue, debris, and blood from the site, all materials are infectious. Therefore, the skin and materials should be thoroughly cleaned with hot water and soap, the skin should be covered with a clean bandage, and the materials should be disposed of properly.

MRSA is resistant to many of the standard antibiotics. But drugs such as Bactrim (trimethoprim-sulfamethoxazole) and Cleocin (clindamycin) can work well against MRSA. For very serious infections, vancomycin (500 mg every 6 hours or 1 g every 12 hours) is given intravenously. Elevation of the affected area can help reduce edema. Cool, clean, wet washcloths placed on the site can help relieve some discomfort.

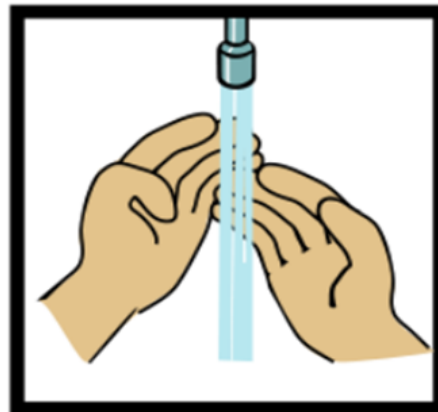
## PREVENTION

Hand washing is your best bet to prevent being infected by MRSA. Using soap and hot running water will wash any collected bacteria that may be on your skin. If available, an alcohol-based hand sanitizer is the standard, or an anti-bacterial hand sanitizer is also good. However, neither is necessary.

MRSA can survive outside the body on many surfaces for several days, so keep your area clean as well. In your cell, clean all surfaces, including table tops, sink, toilet seats, and anything else you frequently touch. MRSA can survive on clothing and other fabrics, so keep your clothes and bed linen clean, too.

If working out in the gym or rec yard, it is imperative that you try to isolate your skin from all surfaces as much as possible. Gyms are breeding grounds for bacteria, and this is not limited to prisons. Even the NFL and other pro sports have had problems with MRSA infections. If you are able to, wash the gym equipment down both before and after use.

Poor hygiene allows bacteria to set in and grow, so keep clean.



*Wash Your Hands* by Thibault fr, via Wikimedia Commons



# HOW LOVED ONES OUTSIDE CAN ADVOCATE FOR PEOPLE IN PRISON

FROM THERESA SHOATZ

For readers who have family, friends or a partner on the outside to help them get urgently needed health care, here are some suggestions for those outside prison to try. Philadelphia activist Theresa Shoatz perfected these steps while advocating for her father, former Black Panther Russell Maroon Shoatz, a political prisoner in Pennsylvania. As she says, "I have a passion to keep him healthy because one day, we'll get him out."

## **10 steps for loved ones on the outside:**

1. Your loved one in prison will probably need to fill out a medical release form to let you access their health information. In many places, they can ask a counselor for this form.
2. The first line of care begins with the incarcerated person requesting a sick call. Loved ones on the outside should ask the incarcerated person to mail them copies of all sick call slips or medical documents.
3. Once the incarcerated person's illness is diagnosed, loved ones outside can search for information about it from reliable internet sources. Some of the best websites are [mayoclinic.org](http://mayoclinic.org), [health.nih.gov](http://health.nih.gov), [cdc.gov](http://cdc.gov), and [my.clevelandclinic.org/health](http://my.clevelandclinic.org/health). Government, hospital, and university sites are the best. Once you print and mail this medical information to your loved one in prison, they'll be equipped with questions for the doctor.
4. Once the incarcerated person has seen the doctor or is denied a doctor visit, call the prison and ask the operator to connect you to the medical department. At many facilities, the nurses start work at 7 am, so calling at 8 am is best. Ask to speak with the doctor, but you may just get the head nurse. Calmly ask the nurse to pull your incarcerated loved one's file. Ask what was the most recent procedure done on your loved one, and what time is best to call back for a full report. If you're unable to speak with medical at 8 am, try calling again at 10 am, 11 am, 12 pm, and 1 pm. If unsuccessful, try again the next morning, and so on. Once you've gotten the full report from them, say you'll call back in five days for an update.
5. After five to seven days, if nothing has been done, call your loved one's counselor (if they have one) and the prison's warden or superintendent (or their assistant) and ask them to please email the medical department saying to address this issue and call you back. Tell the warden you'll call back in two days.
6. Also after 7 days, write letters to everyone you've spoken to on the phone, to remind them of what they said they would do or to ask them again for the care that's needed. In some states, they're required to write back. Keep writing letters as you move up the chain of command, and cc everyone you spoke to before.



7. If your loved one is still not receiving needed care, call the warden's supervisor—usually a regional director. Their name and phone number can be found in the state prison directory or by calling the state's prison administration office. Politely tell them, "No one under your command has done what they were supposed to do."
8. If a private company provides health services, call that company's chief of staff and ask them to please email everyone you've spoken to, saying your loved one needs medical assistance.
9. If that doesn't work, call your state's head of corrections. Say you'll call back in two or three days: "I know you're just hearing about this, and you're busy. This should never touch your plate, Secretary, but I've tried everything."
10. Request your loved one's medical records going back to when the health problem started (you may need an attorney). This can help you decide what to try next.

### **Tips for those outside:**

- Keep a written log of everyone you speak to, with the time, date, and what they told you.
- Talk to staff and officials on a professional level. You may be mad as hell, but remain calm. Don't tell a long story. And they can see who's calling—be upfront.
- Make sure the staff see your loved one as a person, not a number, by talking about them in a personal way. For example, "I'm concerned about my daddy."
- Ask the name of whoever you speak with, and how to spell it. Leave your name and phone number. Ask the operator for the extension number so you can call directly.
- Keep a pen, log book, and your incarcerated loved one's number handy in case medical staff return your call.
- If your loved one has a counselor, get to know them and ask them for help.
- Look up the facility's drug formulary and other health policies, starting on the Department of Corrections or Bureau of Prisons website.
- Be careful when talking about mental illness. Your loved one may be put in isolation if the prison thinks suicide is a risk.
- Before asking others to call too, ask your loved one if this will cause them to get too much heat from prison staff.
- Once your incarcerated loved one has gotten the medical attention they needed, it might help to send thank-you cards to the staff and officials you spoke with. A good word goes a long way, and this could mean you get a quicker response next time.

# FIGHTING PRISON CENSORSHIP

## AND BOOK DENIALS

BY EMILY ABENDROTH, ADAPTED FROM THE INSIDE BOOKS PROJECT  
RESOURCE GUIDE

If books or political materials that were mailed to you are denied by your prison mailroom, it is worth contesting the denial. Many books and magazines are banned simply because these denials are not appealed. They can, as a result, sometimes then end up permanently banned throughout your state's prison system. Contesting your book/publication denials can be important, not only for your own benefit, but for the benefit of others who may request the same title or materials in the future.

In each and every case that materials are denied to you, the prison you are at should be required to provide you with documentation of the denial and an explanation for why it was denied. In your appeal, you should try to directly address and argue with the administration's stated reasons for the denial.

If you are being held in a federal facility, it may be easier to challenge the denial and prevent the book or publication from being banned. According to federal prison policy, "When a publication is found unacceptable...the warden shall permit the inmate an opportunity to review this material for purposes of filing an appeal." An opportunity for review is not necessarily guaranteed in state facilities.

If you've ordered books, educational resources, or political materials, and they're being denied by the prison administration, you may also want to consider contacting:

**Human Rights Defense Center**  
**P.O. Box 1151**  
**Lake Worth, FL 33460**  
**Phone: 561-360-2523**



**The Human Rights Defense Center** is a non-profit organization that advocates on behalf of the human rights of people held in U.S. detention facilities. This includes people in state and federal prisons, local jails, immigration detention centers, civil commitment facilities, Bureau of Indian Affairs jails, juvenile facilities and military prisons. HRDC advocates on behalf of the free speech rights of publishers to communicate with people in prison and the right of people in prison to receive publications and communications from outside sources.



*Everyone's Sin, Including Me* by Enid Pagan

## 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. Their newsletter, published 3 times a year, is free to people in prison.

### **Jailhouse Lawyers' Handbook**

c/o Center for Constitutional Rights  
666 Broadway, 7th Floor  
New York, NY 10012  
Write for a free copy of *The Jailhouse Lawyer's Handbook: How to Bring a Federal Lawsuit to Challenge Violations of Your Rights in Prison*.

### **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  
24-hour hotline: 213-384-1400 (accepts collect calls)  
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.

# THANK YOU, LAURA MCTIGHE!

This issue of *Prison Health News* is the first in many years that wasn't graced with and made possible by the wisdom and creativity of Laura McTighe, who co-founded PHN in 2003 and kept it strong for over a decade, first as the coordinator and then as a collective member and our art director. But her vision still guides our pages, as she moves on and continues her work on other projects that we know will keep inspiring us: building the "Born in Flames" oral history project to document the history of Women With a Vision in New Orleans, hosting the "Religion and Incarceration" forum against mass imprisonment, and writing for books and journals about communities organizing to keep their members out of prison and about the resilient leadership of Muslim women.



When Laura and our late mentor John Bell started PHN together, they were fueled by an urgent desire to give readers in prison the tools they'd need to protect their health—and they knew exactly how to best do that. As Laura wrote in her tribute to John in the Winter 2013 issue, "John asked us to write from our hearts, to explain health information as clearly and succinctly as possible, and to remind people that taking care of their health was an investment in the futures they would some day lead beyond the walls." We thank you, Laura, on behalf of all our readers, and from our hearts. It's been a joy—and a deeply educational journey—to work with you.

## PRISON HEALTH NEWS

16

### Edited By:

Elisabeth Long  
Lucy Gleysteen  
Suzy Subways  
Teresa Sullivan

Envelopes stuffed  
and sealed with  
care by Project  
Light at ICJ

PHN is a project of the *AIDS Library*  
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!**