

PRISON HEALTH NEWS

ISSUE 31

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Artwork by R.A. Dowdell

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

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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.

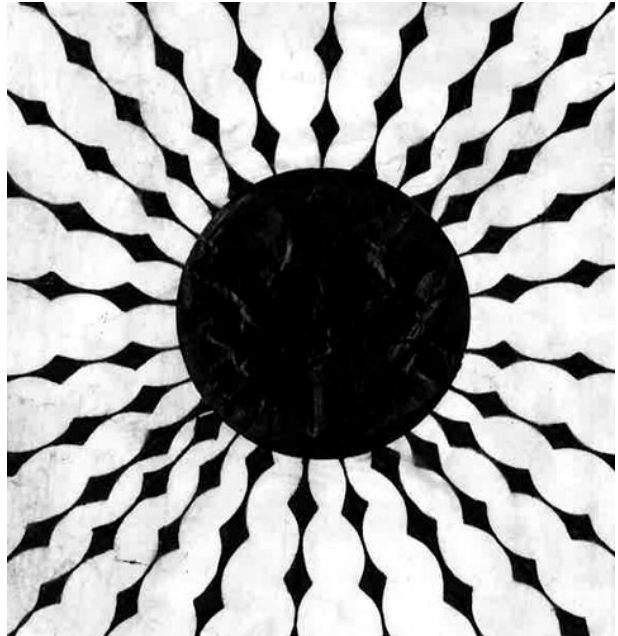
ADVICE FROM A FRIEND ON STRESS

BY W. WILLIAMS

Stress is the physical and psychological reaction to a challenging or adverse stimulus (anything causing a response).

Anyone who has experienced prison to some degree has experienced stress. Stress is a part of life. But excessive stress can be highly damaging and may contribute to physical or mental illness. Some examples of excessive stress are grief over the death of a loved one, doing time in solitary confinement, and missing family, friends and loved ones. The list can go on for us locked behind the wall.

Stress can also have a negative effect on the immune system. The immune system is a primary player in the network of the body's defenses. When the body's defenses are down due to stress, we are usually more prone to contracting an illness.



Artwork by LeRoy Sodorff

Researchers at the Mount Sinai School of Medicine in New York City found that two months after the death of their spouses, widowers suffered a depressed immune function. During stressful times, the body releases large quantities of a steroid known as cortisol, which limits the ability of white blood cells to respond normally to infection.

Ways to Beat Stress in Prison

Learning techniques to cope with the day-to-day stress of prison life can mean the difference between being healthy or sick.

Writing, reading, playing sports and meditation are just some of the ways one can release stress in the concrete jungle called prison. Another way of coping with stress is listening to music. This can take your mind off of stressful situations.

Reading is a very good way for me to keep my mind strong. I love to read autobiographies, biographies and books written by great minds, such as *The Autobiography of Malcolm X* as told to Alex Haley, *Man's Search for Meaning* by Viktor Frankl, and *Antigone* by Sophocles (translated by Robert Fagles), just to name a few. When I read, it allows me to take my mind off of things that may be stressful to me at the time, while giving me a different view of the world around me.

Writing is another tool I use to fight back the stress. When I write my feelings down, it allows me to release and express my feelings in a productive and positive way. A journal is the best way to write your feelings, because I find that you can go back and reflect on your writings.

The most helpful out of the above is working out. The best time for me to work out is in the morning. I like to do a little bit of everything, such as push-ups, pull-ups, dips, running and lifting weights. I like to work out five to six days a week. Push-ups and pull-ups are the best exercises that work to manage stress, because they require me to use my whole body. Exercise can keep you physically and mentally strong.

The above, I feel, work for me because they help me to grow and feel better about myself mentally and physically. They also help me to keep my mind off of things that can start me to stress. Mostly things that I can't control make me start to stress out. These are just some of my ways of releasing stress.

One of my most important goals is to get home. I know that staying well and healthy will help me get out and stay out.

Sources:

American Medical Association Complete Medical Encyclopedia
The Natural Pharmacy Product Guide
Webster's Dictionary

UNDERSTANDING AND TAKING CONTROL OF YOUR HIGH

BLOOD PRESSURE

BY PRIYANKA ANAND

Most people have heard of **high blood pressure**, also known as **hypertension**. Maybe the doctor has told you that you have high blood pressure. About 30 percent of adults in the United States have high blood pressure.

What is high blood pressure?

Blood pressure is the pressure of your blood pushing against your blood vessels. When you have your blood pressure taken, the doctor or nurse will give you two numbers: your **systolic blood pressure** and your **diastolic blood pressure**. Your systolic blood pressure represents your highest blood pressure, when your heart is contracting, and the diastolic represents your lowest blood pressure, when your heart is relaxed. For example, if your blood pressure is 120/80 (“one-twenty over eighty”), you have a systolic blood pressure of 120, and a diastolic blood pressure of 80.

Normal blood pressure is a systolic blood pressure **less than 120** and a diastolic blood pressure **less than 80**. A blood pressure of more than **140/90** is a high blood pressure.

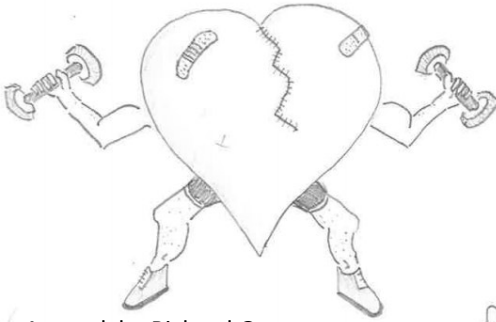
To be diagnosed with high blood pressure, you need to have two or three blood pressure measurements that are high, measured at separate doctor’s visits. This is because your blood pressure goes up if you have just been exercising or you are nervous at the doctor’s office.

Why is high blood pressure bad for you?

Our blood travels through our body in blood vessels. As it travels through the body, blood carries nutrients and oxygen to all the different parts of our body. We can think of our blood vessels as hoses, and our blood like the water in a hose. Our heart is a pump that sends the blood around our body, providing water pressure. We need some pressure in the hose to make sure that the blood goes to all the places it’s supposed to, but where there is too much pressure, it can damage the hose. High blood pressure puts strain on our blood vessels. This can result **in damage to our kidneys and strokes or bleeds in our brain**. It also puts strain on the pump (our heart). This is why high blood pressure puts us at risk for **heart disease, heart attacks, and heart failure**.

Most people who have high blood pressure feel perfectly healthy. But having untreated high blood pressure puts us at a higher risk for heart attacks and strokes as well as kidney disease over time. That is why high blood pressure is often called a “silent killer.”

We don’t fully understand why people develop high blood pressure, but we do know that there are many risk factors. These include **aging, obesity, a high salt diet, high alcohol consumption, physical inactivity, diabetes, and high cholesterol**. Also, if a family member has high blood pressure, you are at higher risk.



Artwork by Richard Gross

Rich
'16

How can I control my high blood pressure?

If you have high blood pressure, set a blood pressure goal with the doctor, usually less than 140/90. Studies show that any decrease in your blood pressure reduces the risk of complications, so every small reduction helps.

The first step in

controlling your high blood pressure is diet and exercise. **Aerobic exercise**, like walking or running, three to four times a week has been shown to lower blood pressure.

Diet tips for controlling high blood pressure include:

- **Trying not to eat much salty food**, like chips and salted nuts
- **Only adding salt to your food if you can't eat it otherwise**
- **Weight loss** if your doctor has said you are obese
- **Avoiding fatty foods**, like chicken skin and cheeseburgers
- **Drinking 1% or skim milk if available, instead of regular milk**
- **Eating fruits and vegetables** (rinse salt off canned vegetables)

The best way to start a change in your lifestyle is to pick one change that will be easy to make starting today, for example, exercising. You don't have to change everything at once. If that change goes well for several weeks, think of adding another change.

The main kinds of medications that lower blood pressure are:

- **Diuretics** (water pills): these include drugs like **hydrochlorothiazide**. Diuretics make you pee more than usual to get rid of water and salt.
- **ACE inhibitors** and **angiotensin receptor blockers (ARBs)**: these include drugs like **lisinopril (Zestril)**, **valsartan (Diovan)** and **losartan (Cozaar)**. They can help prevent kidney disease and are often given to people with diabetes.
- **Calcium channel blockers**: these include drugs like **amlodipine (Norvasc)**. They relax your blood vessels to lower your blood pressure.
- **Beta blockers**: these include drugs like **metoprolol (Toprol, Lopressor)**. They reduce the amount of work the heart has to do, and are often given to people who have had heart attacks.

One of these medications may be prescribed if exercise and diet alone aren't enough to get your blood pressure under control. If one medication isn't enough, the doctor may add a second or third medication.

If you have other conditions that might put a strain on your heart or blood vessels, such as diabetes or high cholesterol, it's important to tackle those too. With exercise, diet, and sometimes medications, you can bring your high blood pressure under control!

HIV AND AGING

Today, more than half of all people living with HIV in the United States are 50 years or older. This is mostly because people are living much longer with HIV, thanks to effective antiretroviral therapy, and that's good news.

The bad news is that diseases that typically strike HIV-negative people in their 60s and 70s are occurring in people with HIV in their 40s and 50s. Whether it's heart attacks, bone fractures, kidney disease or certain cancers, the rates of these conditions in HIV-positive people are high. It's unclear how much HIV contributes to these conditions and how much is explainable by other factors (such as smoking, HIV drugs, or other viruses).

But most HIV-positive people can do quite a lot to slow the aging process and guard against the onset of age-related illness.

How does HIV affect the aging process?

Educators often explain what happens in the bodies of people with HIV as a war between the virus and immune cells. This constant state of battle, where the virus reproduces and the body fights against it, keeps the immune system in high alert, a syndrome called inflammation.

In the past decade, numerous studies have yielded some important findings. We know that inflammation is greatly reduced in people who are able to get and keep their viral loads undetectable using antiretrovirals.

Researchers are concerned with how inflammation directly affects major organs such as the heart, liver and kidneys. They're also interested in how chronic inflammation affects the immune system itself. The longer a person's immune system continues to battle HIV—even if antiretrovirals are being used—the more likely that person is to experience “immune exhaustion.” This condition means that immune cells can't react appropriately when confronted with a new challenge. They also don't reproduce easily or efficiently. In fact, when scientists look at the immune cells of people with HIV, they find that those cells often have the same degree of immune exhaustion as HIV-negative people who are many decades older.

Many of the diseases associated with aging occur at much higher rates in people with HIV and at much younger ages than in people not living with the virus. Here are just a few of those conditions:

- Weakened bones
- Loss of muscle mass and redistribution of fat
- Cardiovascular disease
- Liver disease
- Kidney disease

Is it possible to slow down the aging process?

We're a long way from discovering a fountain of youth. But a number of factors reduce the risk for age-related diseases and conditions:

- Starting and staying on antiretroviral therapy
- Getting treatment for other infections, including hepatitis B and hepatitis C
- On average, people who exercise regularly are far healthier than people who don't exercise. Regular exercise lowers the risk of cardiovascular disease, diabetes, metabolic syndrome, age-related cognitive decline, bone-mineral loss and muscle loss. Exercise also reduces inflammation, improves symptoms of depression and anxiety, and hastens recovery when illness strikes.
- Diet also helps determine who will live a long and healthy life. (See "Understanding and Taking Control of Your High Blood Pressure" on pages 4 and 5 for nutrition tips.)
- Smoking tobacco and excessive use of recreational drugs and alcohol can make a person's life shorter, so quitting or cutting back can help.
- It is important to ask your doctor what disease prevention and screening guidelines are in place for a person of your age and medical background, and to insist on following those guidelines in your own care.
- Numerous studies have found that people who maintain social connections with their family and friends and who engage in activities that they feel add meaning to their lives not only live longer, but also remain healthier than people who are socially isolated and who do not engage in meaningful activities.

Conclusion

This doesn't mean that everyone who is HIV positive will have multiple illnesses by the time they reach their 50s. In fact, the actual rates of some age-related diseases remain well under 10 percent in people with HIV. What isn't yet clear is who will be most at risk of which diseases, how vigilant we need to be in screening for various diseases and whether treatment for any diseases will need to be different in people with HIV.



Artwork by Buck Settle

HOW TO WRITE A SUCCESSFUL GRIEVANCE

MRS. GE GE

Most of what I will be talking about is based on Pennsylvania Department of Corrections (DOC) policy. But this information might be useful in other states. Whenever you need to write a grievance, you should first review the policy in your facility regarding grievances. In Pennsylvania (PA), that policy is DC-ADM 804. Remember that not all grievances are winners, so it is important to find any case law that is similar to your situation to use in the grievance.

If your prison requires you to try to resolve the issue with staff before a grievance, then do so. Even if you know they will not help. You want to exhaust all remedies first. Remedies are things that can be done to resolve or fix an issue. It is also a good idea to get in the habit of documenting all interactions between you and staff, and other important events. This can be done by simply keeping a journal to log the dates, times, and locations, and what staff are involved. That way, if later you need to recall certain information, you have a detailed log to rely on. In PA if you ask for a grievance, you will be asked what it is for. Answer cautiously. You don't have to say names unless you are asked. You don't want to give a heads up to staff that the grievance is about them. Just give the basics.

The *Jailhouse Lawyer's Handbook* and the *Prisoners' Rights Handbook* are a good start for finding case law to match up with your grievance. Even if you can't find similar cases or yours doesn't seem to be a winner, you can still file the grievance. The *Prisoners' Rights Handbook* was written for people in PA prisons, but it covers U.S. Supreme Court decisions that apply to people in any state or the federal system.

Also, you should review any and all policies that the issue pertains to. In PA, Policy 7.2.1 states that any staff receiving a DC-135A Request to Staff must respond within 5 working days, excluding holidays and weekends. If you have sent the request and it is not answered within that timeframe, then staff are in violation of your due process rights.

Now you are ready to file your grievance. Get all your thoughts together. Get all the relevant information. If you have witnesses, remember, you cannot file a joint grievance. You just want them to be mentioned in the grievance. If the issue affects them, they can file a separate grievance and use you as the witness and vice versa.

You want to be as detailed as possible. But do not tell them your life story. You want to be as direct as possible. State the facts and the evidence. Attach any supporting documents, but make sure to make copies for yourself first. They don't have to give you copies of any submitted material.

Most prisons have time limits for filing a grievance, and staff have time limits to respond to your grievance. In PA, you have 15 work days to file your grievance, and staff have 15 work days to respond. However, they also have the option of an extension of time to respond. In PA, they can get an additional 10 work days to respond. The same limits apply to an appeal to the facility manager. On the final level of appeals, you have 15 work days from the date they responded to file your appeal, and the DOC has 30 work days to respond and an extension of 10 work days. Remember, the time limits apply on the date the grievance is received, not the date you write it. The date should be logged on the receipt of grievance.

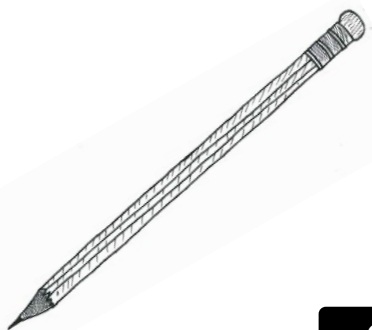
In your appeal, you can only raise issues that are in your initial grievance or decisions the facility or DOC makes that your grievance was frivolous, which basically means that the grievance has no real cause. They are pretty much calling you a cry baby. Do not let that stop you, though. Appeal through all levels, and if you are not satisfied with the results, you can raise a lawsuit.

I hope this information is useful to you all, and I encourage you all to get to the library and review any and all policies in the prison you are in. This is how we learn to use these policies to our advantage and stop the gulags from taking advantage of us. We must learn to unite and teach and help each other to win this struggle. I send you all my love and solidarity...

Sincerely, Mrs. Ge Ge

To get a copy of the *Jailhouse Lawyer's Handbook* and the *Prisoners' Rights Handbook*, you can write to this address. They will send it to you for free. They also have a PA Directory of Services.

PA Institutional Law Project
718 Arch Street
Suite 304 South
Philadelphia, PA 19106



HOW I'VE PROTECTED MY HIV HEALTH

BY TIMOTHY HINKHOUSE

I have been going back in time with my thoughts to when I was newly diagnosed with HIV in 1990. Some serious thought has been put into how I've managed to live this long, so many years beyond the original expiration date given by the doctor who broke the news to me. I was 19 when I was told of my HIV diagnosis. With the lack of medications and knowledge of how to manage this disease, I was going to die before I was 22 years old. So I was told.

In 1998, I was introduced to a protease inhibitor called Crixivan. It kept my CD4s (the white blood cells that HIV attacks) elevated, which was being monitored to follow the virus at the time. One side effect was the "Crixivan hump" on my neck. This medication that was designed to save my life made me deformed.

In around 2010, I was prescribed a four-pill combination: Prezista, Norvir, Combivir and Viread. I was transferred to another prison that was three hours from the nearest Department of Corrections pharmacy. I had problems getting my meds refilled there. The ordering was slow—the return was slow too.

We were supposed to mail our blister pack stickers to medical seven days prior to running out of meds. This was the buffer to order and receive med refills, so we wouldn't have to skip doses. (Skipping doses of HIV meds should be avoided at all costs, because it can build drug resistance.) In 2011, it would take up to three weeks to get all of my pills. Each med would come in at a different time, even if I ordered them all on the same day. I couldn't take two or three pills of the four-pill cocktail. I would go days without being able to take any of my meds.

My blood work would show the doctor that I was missing doses, because my viral load (the amount of HIV in my blood) would spike, so he took my meds out of cell and I had to go to med line twice a day. When possible, it's best to get your meds in your cell, because then your med schedule isn't thrown off by a lockdown, and you don't have to leave your unit to get them. But now, my meds were in the control of the medical department. I was told I shouldn't have to worry about them being refilled, but the nurses were neglecting the pill counts and not reordering them on time. I was still missing doses, and it was not my fault, yet my doctor blamed me for the discrepancies in my viral load and CD4 counts.

My only recourse was to use the grievance system, which didn't fix anything immediately. I was determined to create as much chaos internally with the medical department as I possibly could. I read lots of case law as well. My health wasn't deteriorating at a rapid pace, so I wasn't scared. I had friends help, talking me through this time, too.

Filing a grievance is necessary before an incarcerated person spends the \$350 on a lawsuit. It shows the courts that the administrative process was used first. I used the prison grievance system to show the Oregon State Board of Nursing that I was keeping records, and the response given at each level. As an inmate I am held accountable, so why can't the people who work here be held to a professional level of accountability?

They messed with my life and health, so what better way to push back than mess with their career and license? Open investigations were conducted on all the nurses named in my complaints to the Board of Nursing.

The nursing staff now take me seriously. I don't have any complaints about the medical personnel now. I want to encourage you to look at your state board of nursing rules. Look for "Conduct Derogatory to the Standards of Nursing." These are their rules to follow first.

I want to also encourage you to write letters asking for help on any HIV/AIDS issues or if you've faced discrimination. Write to the following people, or have your people call them:

Lambda Legal
120 Wall Street, 19th Fl.
New York, NY 10005-3919
(212) 809-8585

Manager of Accreditation Services
National Commission on
Correctional Health Care
1145 W. Diversey Parkway
Chicago, Illinois 60614

Good luck with your fight to stay healthy with HIV.



Artwork by Ricky Smith



LIGHTSTREAM: A GUIDED IMAGERY TECHNIQUE

BY FRANCINE SHAPIRO, PHD

For those of you with physical pain, the following is a guided imagery technique that may assist you. It can often help emotional pain disappear by at least temporarily helping you to change the way you are feeling. It can also help make physical pain more manageable.

As with all the other self-control techniques [in the book *Getting Past Your Past*], it's up to you to decide if it handles enough of the problem or if it would be a good idea to seek further assistance.

This technique is very useful for certain kinds of physical as well as emotional pain. It can also be helpful as a quick energy enhancer. After you use it, give yourself a little time to relax before doing anything important. Read through the exercise until you memorize it, and then follow the steps.

If you are feeling disturbed, concentrate on the upsetting body sensations. Ask yourself the following questions:

- If it had a shape, what shape would it be?
- If it had a size, what size would it be?
- If it had a color, what color would it be?
- If it had a temperature, what temperature would it be?
- If it had a texture, what texture would it be?
- If it had a sound, would it be high-pitched or low?
- Just notice the shape and its other characteristics.

Now: What is your favorite color, or one you associate with healing?

Now imagine that a light of this color is coming in through the top of your head and directing itself at the shape in your body. Let's pretend that the source of this light is the cosmos, so you have an endless supply. **The light directs itself at the shape and resonates, vibrates in and around it. And as it does, what happens to the shape, size or color?**

If you find that the negative feelings change, then continue the Lightstream until you feel comfortable. If they don't change, try breathing deeply and slowly. Using other techniques in the book *Getting Past Your Past*, such as Safe/Calm Place, Spiral or breathing techniques, can help you come back to neutral.

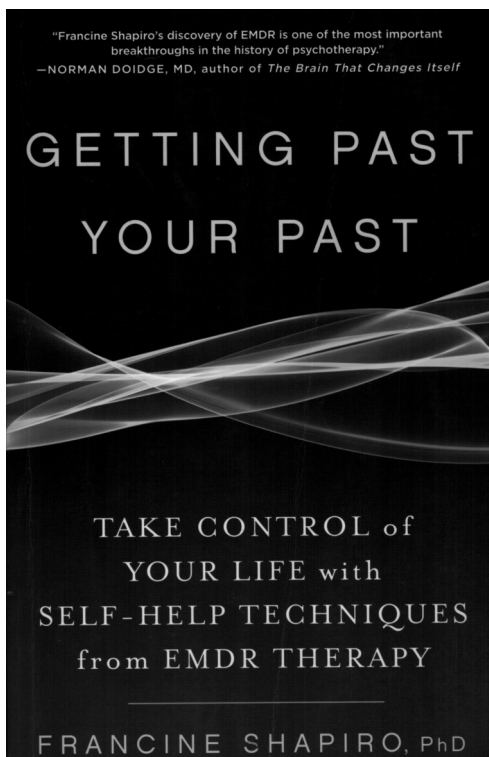
Clients have reported positive effects with the Lightstream technique for years. A recent study indicates that it may also prove to be useful for insomnia (trouble sleeping). In Indonesia, both the Lightstream and Safe Place techniques were used in combination to address sleep disturbance. Researchers reported the effects with five women who had been traumatized by receiving a diagnosis of HIV. They were all burdened by terrible feelings of fear, shame and insecurity because of their perception of the disease as horrible, along with the stigma in their culture that left them feeling dishonored. Their clinicians taught them the Safe Place in order to bring up feelings of comfort and relaxation. Then the Lightstream technique was directed at any negative body sensations. Within three days, all the women were able to sleep easily.

Since that time, an additional 106 people have been treated, and 75% have reported improved sleep. Those who didn't have improved sleep could not imagine a safe place. That included a number of people in prison—where life is very unsafe. While more research is necessary, this appears promising enough for me to suggest that you try it if you are having trouble sleeping. There are obviously no side effects, and we can all use help in this area occasionally.

**Adapted from the book
Getting Past Your Past: Take
Control of Your Life with Self-
Help Techniques from EMDR
Therapy by Francine Shapiro,
PhD. Copyright © Francine
Shapiro, PhD. All rights
reserved. Used by permission
of Rodale Inc., Emmaus, PA.**

The EMDR Institute is generously offering this 344-page book for half price to people in prison. Send a check or money order for \$10 (this includes shipping and handling costs) to the following address:

EMDR Institute
PO Box 750
Watsonville, CA
95077



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.

AIDS InfoNet

International Association of Providers of AIDS Care

2200 Pennsylvania Ave., NW,
4th Floor East
Washington, DC 20037

Free factsheets on HIV prevention and treatment in English and 10 other languages. Please ask for "Factsheet 1000." 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

212 West 35th Street, 8th Floor
New York, NY 10001

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

1621 South Jackson Street, Suite 201
Seattle, WA 98144

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

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. It contains contact information for other organizations that can provide free books and information on finding legal help, pen pals, 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 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 on hepatitis C: *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
1013 Lucerne Ave
Lake Worth, FL
33460**

Prison Legal News

Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: \$5, 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.

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 us if your address changes.

All subscriptions are **FREE**

PHN by Russ Casson



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