We are on the outside, but some of us were inside before and survived it. We’re here to take your health questions seriously and make complicated health information understandable. We want to help you learn how to get better health care within your facility and how to get answers to your health questions. Be persistent—don’t give up. Join us in our fight for the right to health care and health information.

Read on...

From

The PHN Team
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. You can submit your work to this address:

**Prison Health News**
4722 Baltimore Ave.
Philadelphia, PA 19143

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**COVID-19: Updates & Impacts**

**By Evelyne Kane**

Since our Spring issue, the COVID-19 (or “coronavirus”) pandemic has presented many new challenges in the U.S. and around the world. As of early July, there have been more than 3 million reported cases and 134,000 deaths from COVID-19 in the USA. Testing and trials to find a vaccine or treatment are ongoing, but it is still unknown when either will be discovered or made widely available. As scientists and health professionals learn more about the virus, they have agreed social distancing (keeping six feet away from others, and/or wearing a mask or face covering when you cannot stay more than six feet apart) is still the best way we know how to stop the spread of COVID-19.

Many scientists now believe that the virus is most likely to spread from close person-to-person contact, rather than from surfaces or through the air (transmission those ways is thought to be possible, but less likely), and that it is easier to spread the virus in indoor areas with poor air circulation than it is in the outdoors.

Wearing masks and avoiding close (within 6 feet) contact with other people are the most important ways to avoid spreading the virus. It is still believed that people over the age of 65 and people with pre-existing health issues (including but not limited to: diabetes, chronic kidney disease, chronic obstructive pulmonary disease or COPD, heart conditions, sickle cell disease, HIV, and anyone with weakened immune systems) are at higher risk of having serious complications from COVID-19. Although COVID-19 can cause serious complications and death, some people have the virus but do not have any symptoms at all. However, people without any symptoms can still spread the virus to others, and may even be more likely to do so if they fail to take extra precautions because they do not believe they are sick. For that reason, everyone should wear a mask, even if they do not believe they are sick.

Specific information and recommendations continue to change, so it’s important to look for updates from reliable sources such as the Centers for Disease Control (CDC) and the World Health Organization (WHO).
Unfortunately, the people who are the most vulnerable to complications are elderly and chronically ill Black, Native American, and Latinx people, especially those in settings like prisons, jails, nursing homes, acute rehabs, and detention centers. According to the Journal of the American Medical Association, people in prison are over five times more likely to get COVID-19 than people outside. Some correctional facilities have started mass testing (testing everyone for the virus, regardless of whether or not they have symptoms), but most have not. We have heard many reports that correctional facility guards and staff are not wearing masks or adhering to other new safety guidelines, which increases the risk of COVID-19 being brought in from outside prisons.

Across the country, many people in prison are fighting for better health conditions and the immediate release of all incarcerated people, because prisons and jails are not equipped to allow for safe social distancing and sanitation measures. In Pennsylvania, the Free People Strike launched a rolling hunger strike by people who are not in prison to pressure Pennsylvania Governor Tom Wolf to release people from state prisons and ICE detention during COVID-19 and to ensure adequate support to people who remain incarcerated. In California, a group of people incarcerated at San Quentin released a list of demands, including access to COVID-19 testing, masks, and cleaning supplies; free phone calls and video visits and a plan to resume in-person visits; stopping guards from working in more than one section of the prison; stopping all transfers between California prisons and from prisons to ICE detention centers; and reducing California’s prison population to below 50% of capacity. San Quentin had no COVID-19 outbreak until 121 people were transferred from a prison that had a bad outbreak. By early July, one-third of San Quentin tested positive (almost 1,500 people), and 20 people in prison there started a hunger strike in addition to the demands. The San Quentin outbreak’s publicity from the demands and hunger strike resulted in California firing its prison system’s top medical officer because of the outbreak. There have been many small victories along the way, but as conditions remain bad for so many incarcerated people, the struggle is ongoing.
Since the end of May 2020, there have been major uprisings in the USA and across the world against racism and police violence. This timeline summarizes some of the important events in these uprisings and political upheaval to date.

Timeline

• **May 25:** A Black man, George Floyd, was killed by police in Minneapolis. It was reported that he was being arrested over a suspected counterfeit $20 bill. Officer Derek Chauvin was filmed with his knee on Floyd’s neck for over 8 minutes while Floyd repeatedly said “I can’t breathe.” He died while three other officers stood by and did nothing. A video taken by a bystander was posted online and shared across the world.

• **May 26 to today:** Protests and rioting began in Minneapolis and quickly spread to other cities. Other recent killings of Black people, mostly by police, are being protested at this time, too, including:
  • *Breonna Taylor*, a Black woman killed by police while sleeping in Louisville, KY
  • *Ahmaud Arbery*, a Black man killed by two white men while jogging in Glynn County, GA
  • *Tony McDade*, a Black transgender man killed by police in Tallahassee, FL
  • *Elijah McClain*, a Black autistic man killed by police while walking home from the store in Aurora, CO

Over the following two weeks, there were protests and riots against racism and police violence in over 2,000 cities and towns. These protests happened in every state in the USA and on every continent in the world:

• **May 29:** Protesters in Minneapolis took over and burned down a police precinct.

• **June 2:** Minneapolis schools announced they will end their contract with the Minneapolis Police Department (MPD) and take cops out of their schools. On June 5, Portland, OR schools announced they will do the same.

• **By June 3** the National Guard was deployed in cities across the country and many cities and states implemented curfews to try to put down the uprising.

• **On June 4,** about 70 immigrants detained by Immigration and Customs Enforcement (ICE) at Mesa Verde Detention Facility in California began a hunger strike against racism and ICE detention.

  “We begin our protest in memory of our comrades George Floyd, Breonna Taylor, Oscar Grant, and Tony McDade. Almost all of us have also suffered through our country’s corrupt and racist criminal justice system before being pushed into the hands of ICE,” their statement read in part.

• **Also June 4,** the American Public Health Association released a statement declaring, “The current protests are the result of the American people rightfully demanding an end to the racial profiling by some police officers and a system of structured racism resulting in disproportionate harm to the health of individuals and communities of color.”
• **June 7:** Minneapolis City Council announced they intend to defund and disband the MPD.

• **June 8:** Police abandoned a precinct building in Seattle and protesters took over the six blocks around it. They named it the Capitol Hill Autonomous Zone. They occupied the area for 3 weeks, keeping cops out.

• **June 12:** The New York Times published an op-ed supporting abolishing the police. The uprising has brought the idea of abolishing the police into the mainstream. Many cities have tried to calm people down with surface-level reforms, like banning chokeholds and disciplining individual officers, but the people have made it clear that these are not enough.

**Protests**

Protesters used a variety of tactics. There were big marches with thousands of people. People destroyed Confederate monuments and statues of racists. Some people busted up shopping districts and took things from stores. Many police cars were burned.

The people provided free food, water, and first aid to each other at the protests. Almost everyone at protests, except for the cops, has worn masks to protect each other from the spread of COVID-19.

Many occupation-style protests have happened across the country. Several have focused on providing housing for unhoused people. One involved people taking over a hotel in Minneapolis, and another involved moving people into vacant public housing in Philadelphia.

During the uprisings, cops have been filmed across the country using extreme brutality against protesters, reporters, medics, and bystanders. Multiple people lost eyesight to tear gas canisters and rubber bullets. Videos of cops tear-gassing, beating, pepper-spraying, and intentionally running into people with their cars, unprovoked, have turned public opinion even more in favor of the uprisings and against police.

**Considering COVID-19**

While the uprising was sparked by police violence, the ongoing COVID-19 crisis has influenced the uprising, too. Many protesters have connected the dots between state violence through police and prisons to the state’s violence in letting COVID-19 disproportionately hurt marginalized communities. COVID-19 has sickened and killed Black, Brown, and incarcerated people at a much higher rate. Mass unemployment caused by COVID-19 shutdowns and the government’s lack of support has created a lot of anger. At the same time, it has given many more people free time to protest.

**Today**

Between May 25 and July 3, over 14,000 people have been arrested at protests. In that same time period, police have killed at least 96 people in the USA. The protests have not stopped and are showing no signs of stopping any time soon.
My name is Johnnetha S. Hawthorne, and I have had cancer five times in the course of my life. My last bout with cancer was in 2017, while I was incarcerated. This is my story of discovering I had cancer, what helped me through that extremely hard time, and how I survived with help from loved ones. I hope my story encourages others to find their strength and know they can make it and will if they just keep going.

My journey with breast cancer began on May 28, 2017, when I discovered a lump on my right breast while showering. My first reaction was sheer panic. I touched the area repeatedly in disbelief. I met with the nurse and asked her to examine me. She did and was as terrified as I was. I told her about my cancer history, and she immediately contacted the head of the medical department.

The first week of June, I was scheduled for a mammogram and ultrasound. I met with the head of the medical department and was then scheduled for a video visit. I knew there would be numerous medical trips to uncover the truth about the lump, but I was not prepared for the outcome. Having had cancer before doesn’t make it easier, it just means I’m more informed. Several trips later, in September, I underwent surgery to have a port put in the side of my chest. That week I received my first treatment.

In December, my doctor suggested I take control of the emotions surrounding my hair loss by shaving it. I called the barber for my cottage, and she came and shaved my head. I remember the tears flowing easily. I was in prison and had no one to truly be there for me. I felt alone, without support from anyone besides the two doctors there—one on the grounds compound, and the head of the medical department. The woman I lived with was not especially supportive. The five-day officer was not especially kind or compassionate toward me or anyone who attempted to help me. My faith was shattered, and the tears seemed to never end.

For six months, I received heavy doses of chemotherapy. I had a hard time getting head scarves. In June, the prison system had changed their attire from khaki to orange, so I had to get an orange scarf as well as a khaki one for going out to appointments. The day before my first chemo trip, the sergeant sent an officer to deliver the khaki scarf to me, and the housekeeping department gave me two white handkerchiefs. The warden and my mother discussed my condition and situation on a regular basis. I rode in the wheelchair and cruiser vehicles, no longer the paddy wagon. The warden also sent out memos notifying the staff of my right to wear scarves, because officers were complaining about it. I needed transportation to get around the grounds compound, because the chemotherapy interfered with my ability to walk. I couldn’t have the alternative to the patch that administers medicine the day after my chemo treatment because, as an inmate, I can’t have needles, so I had to visit the clinic 10 days after my treatment. That medication also disabled me and caused so much muscle pain. The pain was nearly unbearable, and the entire ordeal was depressing because I was not able to eat or keep anything down. Everything I ate had no taste, and food in prison doesn’t have the nutritional value one with my condition required. I only had Jesus, and He helped me through. I stayed in my room all the time and only came out at night when the other women were in their rooms.
The chemotherapy was so potent it caused me to lose control of my bodily functions and lose my hair for the third time. I had to deal with people spreading rumors that I was faking this illness and there was nothing wrong with me. I had to keep pushing, because I felt that God allowed me this experience for a reason, so I kept going—and going is what I did. My family couldn’t be there for me, which was more painful than the daily physical pain. My mom was hurting most, because she couldn’t nurse me and take care of me. She had to rely on my peers and those who had authority over me. Altogether, I had a year of chemotherapy, then two months of radiation.

I’m thankful for everyone I love who prayed for me and was there for me throughout this journey. I’m now part of an amazing, supportive, surviving, and courageous community of cancer survivors that I know will receive me well, as I will receive them. The experience gave me the will to keep living and thriving. I know good will come from my experience and pray what I have gone through will encourage and inspire someone who feels they have no one to lean on and find support in. I want to be that person, a sort of beacon of hope.

May this story speak to those who need to hear from people who have endured such a horrible condition and have come out on the other side stronger, more inspired, and ready to help others fight their battles with cancer and any disease they may have.
There is a national call to end prison gerrymandering—to end the manipulating of our votes and federal resources. Prison gerrymandering was started by the Republican party and their erroneous “tough on crime” propaganda. Prison gerrymandering manipulates our votes by building prisons, jails, and youth residential placement in areas of small populations, to inflate the area’s population for the census count every 10 years.

The census count began in 1790 to count our population. In 1902, the United States Census Bureau was formed under the Commerce Department to produce data about us and our economy. The census uses the collected data to create political representation and federal funding allocations based on counting people at their place of residence the day of the census count. This federal funding includes monies for public health and other social services that many of our brothers and sisters behind bars are denied. The incarcerated community are only considered residents of the voting district where their prison is located on the day of the census count. Our brothers and sisters behind bars, in most states, are not permitted to vote in the district that used them for population count. They are not permitted to use the schools, playgrounds, or hospitals (unless on their dying beds), allocated in their names by the census count. And the neighborhoods or cities where our brothers and sisters behind bars come from are not granted the federal funding that they would have received if people were not in prison elsewhere.

Prison-based gerrymandering makes the disenfranchisement of incarcerated people worse. For example, the NAACP Legal Defense and Educational Fund and The Sentencing Project released a report in 2016, finding that, “In the city of Anamosa, Iowa, a councilman from a prison community was elected to office from a ward which, per the census, had almost 1,400 residents—about the same as the other three wards in town. But 1,300 of these ‘residents’ were prisoners in the Anamosa State Penitentiary. Once those prisoners were subtracted, the ward had fewer than 60 actual residents.”

Sherri Davis, a fellow at Common Cause, describes it as “A form of gerrymandering that unfairly skews political representation and federal monies towards the rural, whiter communities where prisons are often built. While some states are taking steps to end prison gerrymandering altogether, some are doing absolutely nothing. With Census Bureau data being used today for redistricting at all levels of government, prison populations are the key to who wins in many elections [emphasis added].”

Prison gerrymandering is on the radar of political candidates. Please contact them and ask your family and support circle to contact their elected officials to let them know how you feel about ending prison gerrymandering. When has an elected official talked to you about life in prison? Please address the distance from home, the manipulation of federal resources and votes, on our incarcerated population aka the coming up off of our vulnerable backs.
What happened to one person, one vote?

Water may be the only census allocation the incarcerated have access to. Is the water drinkable for the incarcerated, or are they drinking fracked waste? Is there housing in the prison district that the incarcerated can go home to? The argument of jobs will try to take precedence. Ask them to look in the mirror and question what kind of society are we to cage people in need of support, in inhumane living conditions? Manipulation of our resources and votes in all forms of gerrymandering can end if we believe in democracy of the people for the people.

Activists are currently organizing in the following states to demand change: Connecticut, Illinois, Kentucky, Louisiana, Massachusetts, Minnesota, Ohio, Oregon, Pennsylvania, Rhode Island, and Wisconsin. As a prison abolitionist, I advocate with Fair Districts PA. We have several bills to form a redistricting citizens commission pending passage in our state legislature. The redistricting citizen commission would aim to be nonpartisan and create fair representation for one person, one vote. We have Fair Districts chapters nationwide. Fair Districts PA volunteer Sara Stroman shared that states can apply for the Census Optional Data Product to protect redistricting and the federal resource allocations of incarcerated people. The Census Optional Data Product is important because many of our sisters and brothers behind bars will not be behind bars for 10 years and will need resources and support when returning home. States can reallocate the federal allocations to the home communities of our brothers and sisters with the Census Optional Data Product. To find out the addresses of elected officials so you can write letters in support of this campaign, you can write to Prison Policy Initiative, P.O. Box 127, Northampton, Massachusetts 01061.
Hi, my name is Bernard Lee Starks Jr. I am a 30-year-old African-American male who has suffered from post-traumatic stress disorder (PTSD). Contrary to the belief that PTSD only happens in people who have experienced war, my PTSD comes from getting sucker-punched over an intense three-year span in a juvenile correctional facility. The degree to which I was affected was unknown until I became an advocate against sexual violence and began reading about rape trauma syndrome.

Being in confinement is very difficult, especially while fighting symptoms of PTSD. It’s always noise from people or machinery which adds difficulty to maintaining assertiveness. After speaking with a trusted psychologist at 20 years old, I was told I likely had PTSD.

At first, I was prescribed mood stabilizers to “knock off some of the edge” of my symptoms from PTSD, but living with the belief of self-empowerment, I quickly became tired of them and stopped altogether. Very soon after doing so, I became more explosive than I was before I was prescribed medication.

**Symptoms of PTSD**

After my traumatic event took place, I felt as if I was beaten out of whack. It was such an abrupt change in my worldview that I could not grasp. The scariest part was the feeling of being not myself, but a stranger inside my own body. Group conversations were very uncomfortable because of the feeling of separation.

In the beginning, I was unbelievably stressed. I was terrified because of the way I would explode. As of today, it has been 11 long years with PTSD, and nine were pure mental anguish. I have dealt with these life-draining symptoms for years, and the longer I went without knowing how to effectively cope, the deeper I fell. The more disconnected I became, until I not only felt this way inside, but my eyes and facial expressions also adopted the appearance of being elsewhere. Complete trust feels nonexistent and unattainable. It seems to be forever question marks behind the words of others. Years of inadequate sleeping from nightmares about me running from seemingly nothing. Recently, I’ve come to the thought that maybe I am not being chased, but subconsciously searching for myself.

Feeling anxious or jumpy throughout the day or even while unconscious is a symptom of hyper-awareness that can happen to sufferers of PTSD. Nightmares and stressful daydreams can signal an acute panic attack. You may experience flashbacks as replays of traumatic events. Intrusive, or unwanted, thoughts can
seem to be uncontrollable. Intrusive thoughts made me feel like I was losing my mind. They took over until I found a calming environment.

The mental disconnection from others caused me to create my own fictional reality, which in turn led me onto a path that others misunderstood. I became avoidant, quiet, and eventually many potential relationships were crushed. Talking to myself became a new normal along with being perceived as weird. I have come to terms with who I am now. Though I still deal with symptoms of PTSD, they are now manageable.

Advice
Being able to find someone you trust to unload your feelings and worries can work wonders. It will not make your problems go away but will remove some of the weight from your mind, which makes all the difference.

Educating yourself is a must, because these are not problems people can muscle themselves through. Many have committed suicide as a result of negative coping strategies such as drugs, drinking, and violence.

Depression is one of the problems many who suffer from PTSD have. Depression does more than making you feel down. It can cause headaches and gastrointestinal problems, such as stomachaches. Some who have had PTSD develop clinical depression, which is more intense and lasting, longer than the event that caused the PTSD in the first place.

Helpful Exercises
Learning how to control anxiety is paramount. For many who are unfamiliar with their triggers, knowing ways of calming yourself is even more of a demand.

Deep Breathing Exercise
Breathe in through your nose for a count of four, then hold for a count of four. Breathe out your mouth for a count of four, then hold out for a count of four. Repeat this exercise until your anxiety, flashback, or panic has passed.

Progressive Muscle Relaxation
All this takes is five minutes. Find a calm place for this exercise. Sit or lie down, making yourself comfortable. This exercise is meant to reduce the tension you carry in your body. As a result, your whole being will be less stressed.

Begin by tensing all muscles in your face. Make a tight grimace, close your eyes as tightly as possible, clench your teeth, even move your ears up if you can. Hold this position for a count of eight as you inhale.

Now, exhale and relax completely. Let your face go completely lax, as though you were sleeping. Feel the tension seep from your facial muscles, and enjoy the feeling of deep relaxation.

Next, completely tense your neck and shoulders, again, inhaling and counting to eight. Then, exhale and relax. Continue down your body, repeating the procedure with each muscle group.

Closing Thoughts
I have had a life compounded with traumatic and unwanted experiences I once allowed to put me down. It’s never about what an individual goes through, but how they overcome their obstacles. Where you are now has to be farther along than you were before you experienced trauma. If this wasn’t true, how would you be here and live to see another day?
Spiritual Health is just as important—if not more important—than your physical health. It’s what gives you the willpower to wake up and thank the Creator for all you have. It’s also what gives you the willpower to work out and better yourself.

I know it’s hard to do when you’re in solitary confinement. In solitary, there is no access to the sweat lodge and Pow Wow, for all my Native brothers and sisters. I hope that changes soon, because Native Americans should have access to their spiritual practices like everyone else in the general population.

Here are some things I recommend you do while you’re in solitary confinement if you want to continue your spiritual practices:

I highly recommend this book: 365 Days of Walking the Red Road: The Native American Path to Leading a Spiritual Life Every Day (2003) by Terri Jean. You will come to develop a better understanding of your personal journey. This book has helped me keep my head up during these dark and depressing times in solitary confinement.

Another book I recommend is Black Elk Speaks (2014) by John G. Neihardt. It is a great book about the Native Nicholas Black Elk.

In closing, I want to share the prayer I say to the Creator every night. This gives me hope. I hope it helps you, too:

“Oh Great Spirit, whose voice I hear in the winds. Life to all the world, hear me! I come before you as one of your many children. I am small and weak. I need your strength and wisdom. Let me walk in beauty and make my eyes ever behold the red and purple sunset. Make my hands respect the things you have made. Make my ears sharp to hear your voice. Make me wise, so that I may know the things you have taught my people; the lesson you have hidden in every leaf and rock. I seek strength not to be superior to my brothers, but to be able to fight my greatest enemy - myself. Make me ever ready to come to you with clean hands and straight eyes, so that when life fades as a fading sunset, my spirit may come to you without shame.”

With many blessings, Joshua aka “Apache”
One concern I would like to address is the deliberate indifference and lack of remedy regarding addressing medical concerns in prison. For months, I have been trying to get a new mattress, because my current one is flat and falling apart. In fact, the mattress is only about half an inch thick.

A few years ago (prior to my incarceration), I was in a terrible car accident. My friends and I were lucky to be alive after the accident occurred. I did come away from the accident with multiple injuries, though. I sustained a skull fracture, major concussion, broken leg, broken ankle, and a dislocated kneecap. I still suffer pain all over my body to this day.

The current mattress I have has made my pain so much worse, so I contacted multiple staff members, including medical staff and the sergeant, to ask for a new, better mattress. Nothing happened at first. It wasn’t until I sent a grievance that the sergeant had me come to his office to discuss my concern.

When I walked into his office, the first thing he told me was, “So, you think you’re better than everyone else? Is that it?” From his response, the best tip I can give my fellow inmates when you deal with a smart remark such as this is to hold your tongue. I can’t stress this enough. Trust me, if a corrections officer (CO) can use something against you, he will. Sometimes, the best response is no response. That’s exactly what I did. I held my tongue, ignored his smart remark, and simply stated why I need a new mattress. I also talked about my medical history.

The sergeant told me he needed to see proof of the accident. That’s another thing you may often deal with when you’re incarcerated; people tend to not believe you, because you are an inmate, after all.

I was raised to be an honest man and learned early on that a real man with solid principles doesn’t lie. I grew up believing, “All men are created equal.” It wasn’t until I was incarcerated that I learned, “All men are created equal, but some are more equal than others.”

I may be just a 20-year-old kid with a 22-year sentence, but that doesn’t mean that I should be presumed a liar or denied adequate medical care because I’m incarcerated.

I’m still waiting on the mattress, but some advice I can give from this experience to others is to not stop pursuing your grievance. Don’t give up. You will get brushed off the first few times you send it, but don’t lose hope. Keep on appealing and eventually, someone will have to listen to you.

Don’t let people’s assumptions and remarks get to you, too. Respond respectfully and continue your business. I’m Native American, and I know my ancestors were oppressed. This isn’t something new. You will come to realize it’s not so much about what’s being done to you, but how you respond to your oppression. I hope this helps anyone who’s going through something similar.
Prison Covid
P.O. Box 48064
Burien, WA 98148
Free monthly newsletter with updates on how COVID-19 is impacting people in prison

Center for Health Justice
900 Avila Street #301
Los Angeles, CA 90012
Prison Hotline: 213-229-0979
Community Resource Warm Line: 213-320-8829
Free health (including HIV and mental health) hotline Monday to Friday, 8 a.m. to 3 p.m. Those being released to Los Angeles County can get help with health care and insurance. Due to COVID-19, the speed of services may have changed or some services may be suspended.

Prison Yoga Project
P.O. Box 415
Bolinas, CA 94924
Write to ask for a copy of the book, Yoga: A Path for Healing and Recovery, free of charge on request.

National Prisoner Resource Directory
Prison Activist Resource Center
PO Box 70447
Oakland, CA 94612
Free 26-page national resource guide for people in prison. It contains contact information for other organizations that can provide free books and information on finding legal help, publications, resources for women and LGBT people, and more.

Jailhouse Lawyers’ Handbook
National Lawyers Guild - Prison Law Project
132 Nassau Street, Rm 922
New York, NY 10038
Write them to ask for a free copy.

Building a Movement to End the New Jim Crow: An Organizing Guide
c/o Chico Peace and Justice
526 Broadway Street
Chico, CA 95928
Some free copies are available for people in prison.

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 to ask for their Survivor Packet, which includes a self-help guide for survivors and info on prisoners’ rights and how to get help via mail and phone. Survivors can write via confidential, legal mail to Cynthia Totten, Attorney at Law, CA Attorney Reg. #199266 at the above address. Please note that they do not provide legal representation or counseling services.

POZ Magazine
Attn: Circulation Department
212 West 35th Street, 8th Floor
New York, NY 10001
Magazine for people living with HIV/AIDS. Give your full name and address, and state that you are HIV positive and cannot afford a subscription.
Black and Pink
6223 Maple St. #4600
Omaha, NE 68104
An open family of LGBTQ prisoners and “free world” allies who support each other. Free newspaper.

Transforming Re-Entry/MWIPM
10 W. 35th Street, 9th Floor
Chicago, IL 60616
For those returning home to the Chicago area, they can answer questions about re-entry, faith, health, and other organizations, and help obtain personal documents, such as birth certificates.

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 to them for a free Handbook for Writers in Prison.

Hepatitis Education Project
1621 South Jackson Street, Suite 201
Seattle, WA 98144
Write to request info about viral hepatitis, harm reduction, and how you can advocate for yourself to get the treatment you need.

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

928 pages, $54.95. Clear, practical advice on the rights of people in prison related to conditions of confinement, civil liberties, procedural due process, the legal system, how to litigate, conducting effective legal research, and writing legal documents.

Write to this address for the 4 resources on the right:

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

Write to us if you know about a great organization that is not yet listed here.
CALL FOR SUBMISSIONS

Prison Health News wants to hear from you! We know our readers often have the best insight and suggestions for helping other people on the inside! We are looking to publish information about the experiences of people in prison taking care of each other, especially in situations where it is difficult to access medical care.

Have you ever supported someone through a difficult illness? Hospice? Caring for an injury? How have you been able to help out others when the medical facilities are overburdened or unreliable? Do you have a story about a time you helped take care of someone who was sick? Do you have any helpful practices for how you keep your body, mind, or spirit healthy?

If you answered “yes” to any of these questions, please write to us at the address below to tell us about how you care for yourself and/or others, and what you would like to tell other people who are incarcerated about staying well and healthy on the inside.

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