PRISON HEALTH NEWS UPDATES

Please note that our Baltimore Ave. address is the current and correct address. We apologize for any confusion. We are no longer at Philadelphia FiGHT. The Cherry Street address is for our fiscal sponsor. We have to use our fiscal sponsor’s address on the envelopes to get the nonprofit mailing discount. But please only use this address: Prison Health News, 4722 Baltimore Ave. Philadelphia, PA 19143.

Below is information to consider when sending us your health questions:

Here’s what we CAN do:
- Provide medical factsheets
- Send information about medications
- Offer information about options for testing and treatment
- Send general information about specific conditions

Here’s what we CANNOT do:
- Answer more than 2 questions in one letter
- Interpret health test results
- Suggest a diagnosis for your symptoms
- Provide analysis for complex cases
- Provide legal advocacy
- Send books
- Offer pen pal referrals

Many thanks to the PHN Advisory Board for their wisdom and insight:

Leo Cardez, currently incarcerated in Illinois
Timothy Hinkhouse, currently incarcerated in Oregon
Elisabeth Long, San Francisco
Fatima Malika Shabazz, Los Angeles
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Teresa Sullivan, Philadelphia

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4722 Baltimore Ave.
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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
The PHN Team

From
The PHN Team
COPD: CHRONIC OBSTRUCTIVE PULMONARY DISEASE
BY SETH LAMMING

Chronic obstructive pulmonary disease (COPD) is a common group of diseases that affect the lungs and airways. COPD is treatable and preventable, but it is the fourth leading cause of death in the United States. COPD is caused by smoking or inhaling fumes or dust over a long period of time. Sometimes genetics and environment can cause COPD, as well as untreated asthma.

The lungs are a pair of air-filled organs in the chest that allow your body to take in oxygen and exhale carbon dioxide. Air goes down the trachea (windpipe) and splits off into two bronchi (smaller windpipes) that supply each lung. The two windpipes supplying each lung branch off and get smaller and smaller, like tree roots. At the end of each airway are tiny alveoli (air sacs). Blood vessels surround the air sacs and take oxygen from them to the body.

Chronic bronchitis and emphysema are the two major categories of COPD. Many people have a combination of both, but one type usually dominates. Chronic bronchitis is when the airways become inflamed and get narrow. The airways also release a lot of thick mucus that the body cannot clear. In emphysema, the air sacs get damaged and can no longer exchange oxygen with blood vessels in the lungs. Air gets trapped in the lungs, which causes airspaces in the lungs to get permanently enlarged. The word “obstructive” in COPD refers to air getting trapped in the lungs. Physical changes to the airway make it difficult for people with COPD to fully exhale each breath.

Shortness of breath, mucus, and a cough or wheeze are the most common symptoms of COPD. Easily getting out of breath during physical activity like walking up the stairs can be an early sign. Medical providers use a history of symptoms and a lung test called spirometry to diagnose COPD. Spirometry measures how much air the lungs are able to exhale.

The best way to manage COPD is to quit smoking. Doing a combination of strength and endurance exercising, like lifting light weights and walking, can help the lungs work better. Eating a balanced diet and getting plenty of sleep are also important.
Information and Support Resources

Prison Covid
P.O. Box 48064
Burien, WA 98148
Newsletter with updates on how COVID-19 is impacting people in prison. Send two stamps per issue. People outside prison can get a free electronic copy via email at contact@prisoncovid.com.

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.

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.

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.

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.

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.

People with COPD commonly take bronchodilator inhalers for opening up the airways. Sometimes people also need inhaled steroids for reducing inflammation in the airways. Depending on how severe the disease is, you might need to use supplemental oxygen. Talking to your doctor about breathing techniques for COPD could also help with symptoms.

It is important for people with COPD to avoid getting sick. A COPD exacerbation is when something triggers symptoms to get worse for a period of time and it is harder to breathe. Exacerbations are usually caused by upper respiratory infections like a cold. Everyone with COPD should get the flu vaccine and pneumococcal vaccine. Over time, exacerbations can lead to permanent lung damage. As much as possible, always practice good hand hygiene and social distancing.

Self-Care Tips from Contributors

The past several months have been especially difficult—mentally, physically, and emotionally—as our readers on the inside are faced with frequent lockdowns, new safety issues, and less contact with the outside. In the hopes of offering tools for coping with these stressors, we’ve gathered self-care tips from several writers on the inside who offer advice based on how they try to maintain their mental and physical well-being.

My Daily Health and Fitness Program
By Aging Graciously

My daily health and fitness program is simple, easy, and doable. I borrowed it from a Loma Linda University health article and would like to share it with you. It’s the acronym “NEW START”:

- **N** is for Nutrition: Eat your vegetables, fruits, and hot cereals on your food tray, along with your healthy snacks in your lunch box such as almonds and dried fruit
- **E** is for Exercise, Energize: Walk, stretch, jog, move around
- **W** -- drink your required amount of Water; This is mandatory
- **S** -- get your 30 minutes of Sunshine; Get outdoors
- **T** -- be Temperate: Don’t overdos anything; use moderation
- **A** -- get fresh Air; Early morning is best
- **R** -- get your Rest; Sleep your 8 hours
- **T** -- Take time for prayer and meditation

Every day is a brand new day—a new start.
**Self-Care Tips (continued)**

**Workout Tips & Routines for Native Bros in Solitary Confinement**
By Joshua O’Connor aka “Apache”

Being in solitary confinement can be challenging, lonely, and depressing. One thing you can do is to use workouts and routines to keep you strong.

**Stretches:** Do stretches when you first wake up. Trust me, do this every day and it will help your muscles so much. You’re locked in your cell 24 hours a day—it is vital you stretch.

The best workout you can do is **burpees**. It’s a great total body, cardio workout and important when you are in a small cell. I personally do 28 down burpees, then 28 up. You do 28 burpees, then 27, all the way to one. Then, you can reverse and increase them (one, two, three…) to 28.

**How to Do a Burpee**

- Stand with your feet shoulder-width apart, weight in your heels, and your arms at your sides.
- Push your hips back, bend your knees, and lower your body into a squat.
- Place your hands on the floor directly in front of, and just inside, your feet. Shift your weight onto your hands.
- Jump your feet back to softly land on the balls of your feet in a plank position. Your body should form a straight line from your head to heels. Be careful not to let your back sag or your butt stick up in the air, as both can keep you from effectively working your core.
- Jump your feet back so that they land just outside of your hands.
- Reach your arms overhead and explosively jump up into the air.
- Land and immediately lower back into a squat for your next rep.
- Form tip: Avoid “snaking” the body off the ground by lifting the chest first and leaving the hips on the ground when raising the body back up off the floor.

Luckily, this move is super versatile and can be tailored to any fitness level. **To make a burpee easier**, move into a plank position by stepping, rather than jumping, your feet behind you. **To make a burpee more challenging**, you can add a push-up to the plank position or add a knee tuck to the jump. You can also perform the entire burpee on just one leg (then switch sides and do on the opposite leg).

I do 28 because it’s a sacred number. Twenty-eight is the number of ribs in the buffalo. Be sure to keep your core tight when you do this. Overall, you will be doing 812 burpees in this workout.

Wildfires impact air quality and health even if you stay inside. Air leakage from open windows and doors, cracks in the structures, and air pulled in from outside for ventilation can all draw in smoke with fine particles that create poor air quality. It is recommended to try to cover gaps as much as possible with towels or cloth. Wet towels can be more effective at trapping smoke and reduce the incoming heat. Fans that pull air out of a space and use a filter or towel on the inner side can help to trap particles. It’s important to try to maintain the quality of air indoors by avoiding the following: using aerosol sprays, smoking, frying food, and sweeping up dust or ash.

In terms of other precautions, it is recommended to wear an N95 respirator if provided. Cloth masks and bandanas do not provide sufficient protection from smoke. It is recommended to avoid being outdoors when there is poor air quality. Wearing cloth masks, spending time outside, and ventilating spaces are still recommended by the CDC for preventing the spread of COVID-19. Unfortunately, when coping with the risks of both wildfire smoke and COVID-19, there is no right answer on how to prioritize these safety measures.

**Cleaning up from Wildfires**

For people involved in clean up from wildfires, there are specific recommendations by the Environmental Protection Agency on how to handle ash. It is recommended to:

- Avoid ash touching your skin, eyes, or mouth. If exposed, wash the area immediately.
- During clean up, cover the skin with long clothes, gloves, and goggles if possible. (Physical contact with wet ash can lead to chemical burns.)
- During clean up of ash, the EPA recommends a tight-fitting respirator to cover the face marked with NIOSH and N95 or P100 to ensure the respirator meets the specifications to prevent particles from entering the respiratory system.
- Do not stir up dry ash, and always sprinkle it with water to lightly dampen it before sweeping. They advise using little water.
- If you can, keep ash in plastic bags after clean up and avoid washing ash into drains.

**Mental Health and Natural Disasters**

Natural disasters can bring up strong emotions including anger, guilt, sadness, and a feeling of being “numb.” These feelings are normal and should be expected from difficult experiences, so it is important to be kind and patient with yourself if you are having difficulty coping.

Here are tips for how to manage the emotions that may come up:

- Stay connected in the ways that feel important to you by writing letters, reading newsletters or your favorite authors, and journaling to your future or past self.
- Maintain your mental health treatment. If you have a preexisting mental health condition, it is important to keep up your routine for what keeps you well, whether that is medication, counseling, meditation, or a consistent sleep schedule.
- Even when it feels difficult, try to eat, drink water, get exercise, and enough rest.

Overall, staying safe during crises is about using mutual aid to share resources and maintain hope through our community relationships. Building networks across the inside and outside of prison is the foundation for how we keep each other safe, even in the scariest of times.
Cop ing with Wildfires

By Frankie Snow

While coping with multiple crises, many communities this year have also had to navigate wildfires threatening their safety. Wildfires occur when there is a large fire that spreads across forests, grasslands, or brush. Their spread can also impact towns and cities nearby. Wildfires can be caused by lightning or by accidents from campfires, fireworks, or electrical failures. Small fires can be a natural part of the life cycle for forests, and indigenous communities have practiced controlled burning to encourage new growth in forests for ages. Wildfires have become more prevalent and destructive due to droughts and warmer temperatures from climate change. In the western United States, residents in California, Washington, Oregon, and Colorado have had to evacuate or shelter from smoke due to a number of uncontrolled wildfires.

Incarcerated community members are uniquely impacted by wildfires and other natural disasters. These folks perform as firefighters enlisted across western states. Additionally, they live in correctional facilities impacted by these natural disasters, so safety issues are ever present. There have been multiple reports across the U.S. of poorly planned prison evacuations and insufficient precautions taken by prison administrators, risking the safety of those inside. Environmentalist and prison abolitionist, Ruth Wilson Gilmore, calls for decarceration as a key strategy to address climate change, including natural disasters like wildfires. We know that resources are needed now to manage these crises safely until a better future can be realized.

Wildfires and Health Risks
The blaze and smoke from wildfires pose several health risks, including difficulty breathing, respiratory complications, heat exhaustion, irritation, and burns to the skin, as well as the eyes. People with underlying health conditions like asthma, chronic obstructive pulmonary disease (COPD), heart disease, and pregnant people are at a higher risk of smoke-related health risks.

Signs of smoke-related health issues include:
- Coughing and difficulty breathing
- Irritated sinuses, throat, and eyes
- Runny nose
- Fatigue
- Increased heart rate
- Chest pain
- Headaches

Wildfire smoke is a combination of gases, liquids, and tiny solid particles of burned materials. Exposure to fine particles can create irritation to the eyes, respiratory system, and heart. People with underlying health issues should seek medical treatment if they experience shortness of breath, chest pain, or uncontrollable coughing.

- Leg Workouts: A great leg workout is 28 down jumping-down squats (go down like a normal squat then jump back up, having your feet leave the ground.) Then, do 28 down lunges. After that, do 11 sets of 11 step-ups off of your bunk or stool. Finish by doing four sets of 100 calf raises. I do eleven sets because it spells “Native Pride,” and I do four sets because that equals the total number of seasons.
- Arm Curls: If you want to do arm curls, try rolling up your mattress and curl with both hands, or use your pillowcase filled with books.
- Push-ups: Instead of always doing regular push-ups, try Navy Seal one-armed push-ups or incline/decline pushups. (You can do this simply by doing incline/decline off of your bunk or desk.)
- Iron Eagles: Last great workout is something I created, called “Iron Eagles.” I do 28 full Iron Eagles for a great chest workout. One Iron Eagle consists of 10 regular push-ups, 5 one-armed Navy Seal push-ups, and 5 burpees.

Managing Self-Care in Peer Support
By Rodney Derrickson, certified peer specialist and Wellness Recovery Action Plan facilitator

Editor’s note: This article was originally written for people who offer peer support. Peer support programs are facilitated by people in prison who are trained to help other incarcerated people going through mental health challenges—but we think the writer’s self-care tips can be useful to anyone.

Managing self-care in peer support is a priority that must not be overlooked. How can we provide support to anyone when our own self-care is not in check? As Certified Peer Specialists, it is necessary that we maintain and manage our self-care.

It is essential to work on self-care because we don’t have any checks or balances in self-care, peer support can become counter-productive to maintaining overall mental wellness. Maintain control and awareness over your self-care by taking it one-day-at-a-time. Take time out to reevaluate, reassess, and readjust triggers.

Maintain self-awareness of thoughts, feelings, and behaviors. Utilize the four components of self-care: the physical, a type of exercise; the psychological, doing something to relax; the emotional, how to cope and express your feelings; and the spiritual, understanding your purpose and drawing from a greater power!

Having awareness of these four components of self-care will help better support ourselves as well as others. Remember, we are not perfect and we’ll have bad days, but make the bad days an exception and not the rule. Maintaining a balance is key!

Have a little “me time.” Take time from each week to relax, read a good book, exercise, get the necessary professional, emotional, and spiritual support as needed. Have a little fun, and try to laugh more. This will help immensely.

Challenge yourself to do a little more each day to achieve a successful mental wellness. Once we have awareness of self-care and the tools used for empowerment, our service becomes motivational and inspiring to others.

Take care of the most urgent priorities first, i.e., you! This will help maintain your overall wellness and self-care. Once our self-care is in check, our peer support will help empower those who seek our service to take control of their own self-care and wellness. Isn’t this what peer support is all about?
Researchers have found that there are certain factors, including having other health conditions, that make it more likely you will have a severe illness if you catch COVID-19.

Here are some of the factors that seem to go along with more complications from COVID-19. Of course, having these health conditions doesn’t guarantee you’ll definitely get severely ill if you catch COVID-19. And people who are otherwise healthy can still get very ill if they catch COVID-19. The best way to prevent getting severe complications from COVID-19 is to not get it at all, so it’s important to keep practicing social distancing when possible, wearing a face covering, and practicing hand hygiene.

Some of these you can do more about than others. For the ones you can do something about, we’ve included some tips. Eating healthy, being physically active, and quitting smoking can improve or lower your risk of a lot of these health conditions. If you take medications, take them regularly and make sure you have enough refills.

- Cancer
- Pregnancy

**How Other Health Conditions Interact With COVID-19 (Coronavirus)**

By Lily H-A

Researchers have found that there are certain factors, including having other health conditions, that make it more likely you will have a severe illness if you catch COVID-19.

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- Cancer
- Pregnancy

**Acupressure Points for Stress and Pain Relief**

Jaan Laaman, shiatsu therapist, anti-imperialist political prisoner

*Editor’s note:* Acupressure is a practice that is part of traditional Chinese medicine. Acupressure is done by using the fingers or thumbs to apply pressure to different places on the body to help alleviate pain or other symptoms, like nausea or tension.

There are hundreds of acupressure points on the body, but let me describe three of them that could be helpful to you for many types of headaches and stress or tension.

For headaches: The point right in the middle of the web of skin on the top of your hand between the thumb and first or index finger. With your opposite thumb, firmly press this area. Inhale fully and as you exhale and press this point while holding the pressure. Inhale and exhale again and hold this point—do it at least four times on both hands. Your headache should slowly start to ease away.

For stress or tension (headaches too): Two points, first just above your nose between your eyebrows, use your thumb and firmly press in and up. The second point is the “crown point”—the very highest point on your head. Press down firmly on this point, again on your exhale. You can also press the crown point as you simultaneously press the point between your eyebrows.

Finally I would also urge everyone to learn yoga. It is a good physical workout, and it also keeps you focused “in the moment.” Yoga also includes meditation—definitely do this too—try it and relax. Stay healthy, stay positive. Freedom is a constant struggle!

**Blackness Is (an) Art**

by Lorin Jackson

“Anti-Blackness is also the disregard for anti-Black institutions and policies. This disregard is the product of class, race, and/or gender privilege certain individuals experience due to anti-Black institutions and policies.”

We see anti-Blackness in displays of overt racism and discrimination where people or policies are outwardly racist in their behavior. There is also covert anti-Blackness, though, which is when people or policies do not outwardly show their disdain or discrimination against Black people directly, but rather, indirectly institute or influence the livelihoods of Black people.

For example, a medical provider may assume a Black person is ill before they have even spoken about their symptoms in a medical appointment because they are Black and are assumed to be generally less healthy. The medical provider may have already formed this negative opinion of the patient and be less likely to hear them out during their appointment to provide adequate medical care because of their bias.

**What can we do about anti-Blackness and its intense grip on humanity?**

Combating anti-Blackness starts with us.

Ask, discuss, and write journal reflections about anti-Black racism:

- If you are not Black, what ways do you discriminate against Black people?
- What are some of the messages you have received or seen that cast Black people in a negative light?
- When you see examples of anti-Black racism, how can you intervene and challenge inappropriate and oppressive notions?
- If you are Black yourself, how have you internalized anti-Black oppression and what would you like to see changed? How would it feel to truly be yourself?
THE PANDEMIC OF ANTI-BLACKNESS
BY LORIN JACKSON

“These are hard times for Black America,” Lecia Brooks and Eric K. Ward write in an article for the Southern Poverty Law Center. “Black communities are disproportionately devastated by COVID-19—one in 500 of us is projected to die from the virus by January 1—along with police violence and criminalization, wage inequities, healthcare disparities, environmental toxins, and hate crimes.”

COVID-19 and anti-Blackness go hand-in-hand. Anti-Blackness is a pandemic and has been for many years. As with COVID-19, anti-Blackness is a global phenomenon that impacts the well-being of Black people.

What is anti-Blackness?
The University of California San Francisco Multicultural Resource Center cites this definition of Anti-Blackness:

“Anti-Blackness [is] a two-part formation that both strips Blackness of value (dehumanizes), and systematically marginalizes Black people. This form of anti-Blackness is overt racism. Society also associates politically incorrect comments with the overt nature of anti-Black racism. Beneath this anti-Black racism is the covert structural and systemic racism which predetermines the socioeconomic status of Blacks in this country and is held in place by anti-Black policies, institutions, and ideologies.

Information on conditions that interact with COVID-19 is from the U.S. Centers for Disease Control and Prevention.

- Having had an organ transplant and/or being on immunosuppressant medication
- Heart conditions (coronary artery disease, heart failure, cardiomyopathies): Many heart conditions can be prevented or improved by eating a diet low in saturated fat and cholesterol; getting regular exercise; and avoiding or cutting down on smoking, drugs and alcohol.
- Sickle cell disease: Do your best to maintain your healthy lifestyle routines and take any medications you are prescribed in order to avoid having a sickle cell crisis.
- Smoking cigarettes: Smoking weakens the lungs, which COVID-19 attacks. If you’re trying to quit or cut back on smoking, making a plan, talking to others for support, and using nicotine patches or gum if you can get them can help. There are also some medications doctors can prescribe that can help with quitting.
- Asthma: Have your inhaler or other medications on hand and know how to use them. Avoid your asthma triggers as much as you can (like smoke or allergies). Keeping a diary of your symptoms and how often you’re using rescue medications can be helpful in telling the difference between your regular asthma and if your breathing could be getting worse due to COVID-19.
- COPD: Quitting smoking can help prevent COPD, or improve it if you have it. If you have COPD, staying active can help keep your lungs as strong as possible. Like with asthma, keep track of your symptoms, and if your breathing is getting worse, get medical attention.
- Chronic kidney disease: Some things that help with CKD are quitting smoking, managing your blood pressure, regular exercise, and eating a low protein and low potassium diet. Stay well hydrated—drink lots of water and other fluids, but avoid alcohol and caffeine, which can dehydrate you.
- Type 2 diabetes: If you have type 2 diabetes, it’s important to eat healthy (lots of fruits and vegetables) and at as regular intervals as you can, monitor your blood sugar, stay active, and keep up with your medications. You can get a free copy of the Prisoner Diabetes Handbook, which has lots more tips about managing diabetes, by writing to: Prison Legal News P.O. Box 1151 Lake Worth, FL 33460
- Hypertension (high blood pressure): Some of the things that help lower blood pressure are regular exercise, stress reduction (like meditation), quitting smoking, and a low fat, low salt diet with as much fruits and vegetables as possible. Look at nutritional info when you can — snacks and processed food can sneak in a lot of salt. Keep track of your blood pressure when it’s possible to get it measured. Talk to your doctor about medication. If you’re already on medication and your blood pressure is still high, talk to them about changing your dose or adding or changing medications.

The Fire Cleanses by Lorin Jackson
As of October 2020, at least 1 million people worldwide and 200,000 people in the United States have died of COVID-19. Experts say that the true number of deaths is higher than what has been reported. In the United States, the number of deaths would have been lower had there been wide-scale testing, contact tracing, mask wearing mandates, accessible personal protective equipment for essential workers, and large-scale quarantining. COVID-19 still persists, and the number of deaths continues to rise. Case counts on the outside are trending upwards, reaching peak levels in some places.

Over the course of the spring and summer, COVID-19 cases have soared in prisons across the United States. In prisons and jails, infectious diseases spread quickly because the conditions of incarceration force people into crowded living situations without access to proper safety and prevention measures.

How is COVID-19 spread?
The virus that causes COVID-19 spreads through person-to-person contact, most often through respiratory droplets. Respiratory droplets are small particles that come from a person’s mouth or nose. Droplet transmission occurs when a person who has COVID-19 coughs, sneezes, or talks near someone else and they inhale the particles. The Center for Disease Control provides guidance that people should stay at least six feet apart to prevent the transmission of COVID-19. However, it is still possible for COVID-19 to be transmitted from farther away if someone who has COVID-19 is in an enclosed space with few windows and poor ventilation. This is called airborne transmission. In enclosed spaces with other people, there is the possibility of contracting COVID-19 because those environments contribute to the buildup of virus-carrying particles in the air. This possibility is also higher if people are doing activities that can release more virus-carrying particles into the air, like shouting, singing, or exercising. It is still possible to contract COVID-19 from touching objects and then touching your eyes, nose, or eating. It is important to wipe down surfaces and frequently wash your hands to reduce risk. Strategies to avoid COVID-19 are often harder in prison than for people on the outside. These strategies include staying at least 6 feet away from other people, wearing a mask that covers the nose and mouth, washing hands frequently, and to the extent that it’s possible, avoiding crowded spaces.

What’s it like to get COVID-19?
Most people who contract COVID-19 experience mild to moderate symptoms and recover without medical intervention. However, serious illness can develop. People over the age of 65 or who have pre-existing conditions such as cancer, being immunocompromised, chronic kidney disease, heart conditions, sickle cell disease, and diabetes are at increased risk for complications from COVID-19.

The most common symptoms of COVID-19 include a fever, dry cough, tiredness, and shortness of breath. Additional symptoms include congestion, sore throat, headache, diarrhea, muscle and body aches, and/or new loss of taste or smell.

When to seek immediate medical attention
If someone is having trouble breathing, chest pain or pressure, confusion, an inability to wake or stay awake, or looks blue in the face or lips, seek immediate medical attention.

Long-term impacts of COVID-19
Many of the long-term effects of COVID-19 remain unknown because it is a new illness. The long-term impact of COVID-19 varies depending on the person. While some people are able to clear the virus and recover after a few weeks, others experience COVID-19 symptoms for months. The virus can damage the lungs, heart, and brain, which can lead to serious long-term health issues.

For some people, COVID-19 has affected their hearts by causing inflammation and damage to the heart muscle. Heart damage is a part of what can cause COVID-19 to be severe and deadly, for people of any age. The impact of COVID-19 on the heart may be the cause of some of the long-term symptoms people have reported after COVID-19. This includes shortness of breath, chest pains, and heart palpitations. Another serious side effect of COVID-19 is the possibility of a stroke. COVID-19 can cause blood clots that travel throughout the body and lead to stroke. This can happen to people of all ages. Some people experience cognitive difficulties during and after having COVID-19. This includes memory loss, confusion, dizziness, difficulty focusing, and brain fog.

Is there a vaccine yet?
Researchers around the world are working to find a vaccine for COVID-19. Vaccines usually take years of research and testing before they become available to the public. This process is being accelerated for the COVID-19 vaccine due to the wide-scale health and economic devastation the pandemic has caused. At the moment, there are many different vaccines that are being tested for COVID-19. Some of these options have been promising, but more data is still needed. When a vaccine is approved, there is no way of knowing how long it will take to get everyone vaccinated. Having an effective vaccine would be a significant step in ending the pandemic. However, it will only work if researchers are certain that the vaccines are effective and safe.

Who is most impacted by COVID-19?
While COVID-19 impacts everyone, those who experience systemic oppression are most vulnerable to contracting the virus and experiencing symptoms. This includes people in prison, people living in poverty, the elderly, essential workers, people with chronic illnesses and disabilities, undocumented people, people of color, and many more not mentioned. People who cannot work from home are vulnerable because they face the possibility of a COVID-19 exposure in order to earn a living. Factors that contribute to increased risk, especially for Black and indigenous people, include discrimination in healthcare systems, housing, education, and criminal justice. Not only does this lead to toxic stress, which can harm the immune system, but it also impacts who receives healthcare and the quality of healthcare they receive. A person’s geographic location and their local government can have an impact on risk if they live in a part of the country where COVID-19 is not taken seriously.