

TURN IT UP!



STAYING STRONG INSIDE

WINTER/SPRING 2019

Stories, information, and
fact sheets for
health and wellness

PLUS

**MORE THAN
10 PAGES OF
RESOURCES**

**ALL FOR
PEOPLE
IN PRISON**

Aging in Prison

p. 15

Getting the Best Care You Can

p. 22

**“The shackles
are gone, but replaced
by handcuffs.”**

p. 19



Monica James (standing), Camillaa Queen Parzzaa,
and Su'Ganni Tiuzza (in photo)

A Hand from the Other Side of the Bars

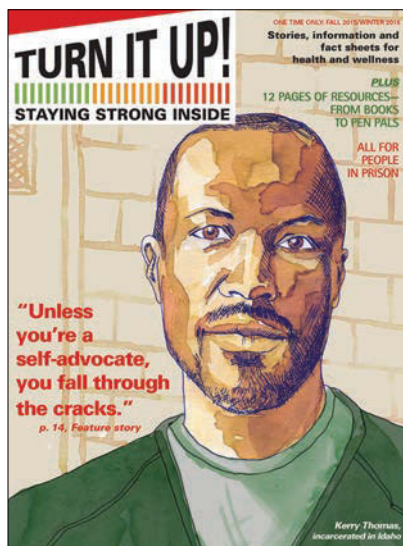
At the Sero Project, we receive countless letters from incarcerated people describing obstacles to accessing health care, decent food, and other necessities. They frequently share heartbreaking stories of callous treatment and injustices that are difficult to imagine, let alone something any person should have to endure.

That motivated us to produce *Turn It Up! Staying Strong Inside*, to help people advocate and care for their own health and welfare while incarcerated. But sometimes we despaired of finding people in positions of authority who would depart from the inhumanity rampant in prison systems.

Kerry Thomas is a member of Sero's board of directors who has been incarcerated at the Idaho State Correctional Center on HIV criminalization charges since 2009. Through Kerry, I met someone who gives me hope: Jay Christensen, a prison warden who truly wants something better for, and will go out of his way for, the incarcerated people under his watch.

With his blessing, the prison has allowed Kerry to address, by telephone, Sero's biennial HIV is Not a Crime conferences, a conference of human rights lawyers in South Africa, several International AIDS Conferences, and other gatherings. Arranging these calls has required coordinating with prison staff to provide Kerry phone access. Due to time zone differences, this was sometimes at odd hours in the middle of the night.

The prison's willingness to cooperate with Sero and enable Kerry's voice to be heard prompted me to ask Warden Christensen about his philosophy. Two excerpts from



Kerry Thomas, pictured on the cover of the first issue of *Turn It Up!* (Fall 2015/ Winter 2016)

our conversation provide insight into his thinking:

[We] practice a different level of transparency than other states. We allow [media] access.

We invest in our food, with fresh fruit, good greens. ... We keep the facility green, clean, and well cared for. If someone breaks up the cell and makes a mess, we go in and fix it. I believe that if you make the facility a better place for the [incarcerated people] to live, it's a better place for my staff to work.

As the call ended, I told Warden Christensen about Sero's efforts to modernize Idaho's HIV laws. He listened carefully and said, "You're doing honorable work." It's nice to be reminded that there are prison employees who, in their own way, also do "honorable work." We hope *Turn It Up!* will help you find support from unexpected places, both within and beyond your own self.

—Sean Strub,
Executive Director, Sero Project

TURN IT UP!

STAYING STRONG INSIDE

A Publication for Incarcerated People

Published by Sero Project, Inc.,
a network of people with HIV and allies
fighting stigma and injustice

Winter/Spring 2019

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*This issue is dedicated
to the memory of
Mujahid Farid
September 3, 1949—
November 20, 2018
courageous formerly incarcerated
warrior for justice; staunch ally
of people living with HIV/AIDS*

Dear Reader,

We're honored to bring you a second edition of *Turn It Up!* Like the first, this issue was created for and by people in prison. Many contributors have served time, and bring experiences protecting their health amidst prison's numerous obstacles.

Readers of the first *Turn It Up!* urged us to do another issue. *Turn It Up!* inspired people to share its contents; hold group discussions on its ideas; advocate for better treatment; educate staff; find new ways to be healthy. We also heard concerns about barriers to health inside—including racism and other biases; parenting challenges; and lack of elder support. You'll find these topics, and more, in this issue.

Barriers to wellness stem from systemic prison issues, not incarcerated people's failures. *Turn It Up!* is meant to help you manage your health and welfare in these conditions: with information on diabetes, trans health, and opioids; the latest on hepatitis C; proven facts to bust destructive HIV myths; and voices of people in prison sharing self-care tips that work for them.

We know conditions and rules vary widely between prisons; we tried to provide universal information. But some things may not apply where you are. This is especially true for immigration detention or jails; we wish we could better meet the needs of our comrades in these facilities. We hope everyone can find something useful in these pages.

Over the year we've been producing *Turn It Up!*, we encountered the range of life's challenges—from



Turn It Up! editors and Advisory Board, meeting to plan this issue.

Olivia's new baby, Orian, joined our team in May.



childbirth to the death of a trusted friend and partner in prison activism. Happily, by the time you read this, we will have welcomed home one of our writers. These experiences fuel our passion to make *Turn It Up!* a tool to support you in what you may be going through. We hope its pages convey our profound respect and friendship—things that remind us of our power and humanity, even as prison seems designed to crush those vital parts of ourselves.

Turn It Up! shows what can be accomplished when incarcerated and formerly incarcerated people and our communities come together to learn from and lift up our inside family. That's a healthy habit we can all get behind.

—Laura Whitehorn and Olivia G. Ford,
Editors-in-Chief

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A Complicated "Happy Mother's Day"

The women of Mabel Bassett Correctional Center in Oklahoma always recognize Mother's Day, and one will hear "Happy Mother's Day!" at least a dozen times. To me, the enthusiastic salutation seems almost morbid considering many women never see their children and, in fact, many women are here for harming or killing children. Needless to say, I just smile and nod when people say it and go on. But it is so very poignant that women who are locked away from their children and loved ones cling to this sentimental holiday designed to sell greeting cards and other commercial fodder.

I never fail to send a card to my semi-estranged mother, my 95-year-old grandmother, and my two maternal aunts. I stretch the "mother" definition as far as possible, so perhaps the holiday has cast its spell on me as well. I have joy in my heart when I get an envelope with my son's scrawl on a Mother's Day card. It is good to be remembered.



Abstract art created by a 10-year-old artist.

Recently I have been reunited with my teenage son whom I have not seen during my 10 years of incarceration. My mother kept Jake away out of spite or fear of losing him. Whatever her motive, she has softened and, after years of filing motions and writing letters to the judge who is over Jake's guardianship, I finally have unlimited access to him.

I saw him in person for the first time this year. We had spoken on the telephone and I had written him long rambling letters, sort of a one-sided conversation so he could get an impression of who I was. I

talked about my experiences when I was his age and how sorry I was that I abdicated my responsibility by becoming a drug addict and going to prison. I really thought that I would burst into tears when I first saw him, but I did not. Speaking with him was so natural, it was as if we had been together all his life. The last time I'd hugged and kissed him, he was a cherubic toddler—and now he is well over six feet tall and wears a size 16 shoe. My father brought him to see me just as he has brought my younger son Jamie faithfully almost every week for 10 years.

We talked and laughed and ate vending machine junk food. Jake loves to argue and debate and so do I. I try to get him to read more serious books and he tries to interest me in the tedious plots of comics and video games. It is maybe not a happily ever after, but it is very happy for now. Happy Mother's Day, everyone!

—Jerrye Broomhall, OK
This article first appeared in the newsletter *Tenacious: Art & Writings by Women in Prison*, Issue 25, Spring 2012. Edited and reprinted with permission.

WORKS FOR ME!

"When I went to prison and 'disappeared' on my toddler son, he concluded that he was unlovable. I made sure in letters and phone calls to let him know over and over and over that he is lovable."
—David, NY



WORKS FOR ME!

"When I get a bad phone call or letter, I don't let it fester. I confide in someone—either a counselor or a trusted friend."
—Amanda King, DE

Overcoming Barriers to Parenting

When I got locked up, my daughter was 12 and my son, four. I felt like my world had been turned upside down. Being a mother had been the purpose of my life, and I thought it was the end. But I was wrong.

Parenting from behind the wall is hard, but it is possible. So I vowed that I would keep being their mother, letting my children know that they are not at fault for our separation, and that they are loved. Here are some things I do in order to let my children know I care:

- I call whenever possible. It may only be 15 minutes, but I ask questions to let my children know they are still important, and what happened in their lives that day is interesting to me.

- I write letters, draw pictures (or find other women inside who are better at drawing than I am!), make collages for them out of papers and magazines, write poetry about them, and order books for them.

- At visits, I maintain eye contact. I hug and kiss them as much as I am allowed to. Touch is important.



- I joke and kid with my children. I keep it light and get serious when necessary. My sister, who is the guardian of my children, does most of the disciplining, and I back her

up. I try to put lessons into situations using laughter, so the children don't feel chastised. That would hurt them and our relationship. After all, I'm the one in prison!

- I try to be honest at all times, especially about why I am locked up. That has always worked for me. I explain it in an age-appropriate way.

There have been a lot of tears, and more good, healing hugs. Kids can challenge you, and that gets even harder with the teenage years. All I can say is, I am still learning.

—Nicole Campbell, DE

WORKS FOR ME!

"On the phone, my young son got bored with me asking, 'What did you do today? What did you learn today?' So I invented games for our calls, like a serial adventure story with him as the main character. Each call ended with, 'What will happen to our hero next?' That allowed us to stay present in each other's lives better than my asking a lot of questions."

—David, NY

Ramadan: Nutrition for Body and Soul

Fasting in prison is always challenging. It runs from difficult to almost impossible. While serving more than 30 years in some of America's worst prisons, I fasted each year the best I could. I actually looked forward to fasting each coming year. If nothing else, the brotherhood of fasting was usually very rewarding.

Most prisons I was in made some kind of provisions for Muslims during Ramadan, like ordering dates or other dried fruits to break and start the fast every day. But others seemed to delight in making things difficult for the Muslims—like not supplying dates or any other dried fruit, and not letting us order or buy any for ourselves. I have been in prisons that didn't supply anything to break fast with, or even let us break fast together. When I was locked down in one prison, we weren't allowed out of our cells to break fast, and we had to eat the same food the rest of the population had eaten earlier that day. In the hole in other places, we had to take whatever we were given

during the day and save it until time to break fast later that night. Of course, the food was cold by then.



The timing of Ramadan changes by more than a week every year, so over the years it takes place in every season. In the winter the time for fasting is short, 11 or 12 hours. In the summer it might last 16 or 17 hours. Ramadan in the summer can be very difficult in prison, especially in places where the prison administration is racist or has an anti-Islamic bent.

In most states by law, jails and prisons have to recognize religious holidays of established religions (Christianity, Judaism, Islam, etc.). But that wasn't always the case. Not so long ago, Islam wasn't a recognized religion in most states. Muslims had to go to court and fight to have Islam recognized as a true religion. But today Muslims boast the largest religious congregations in most U.S. prisons. That is to say, although more people in prison identify as Christians, there are more Muslims who actually practice their religion than any other denomination.

In spite of the many problems and hardships that can occur during Ramadan in prison, for most Muslims it is usually a Blessed and enjoyable time. I always looked forward to the reading and studying of the Quran, the praying, and the breaking of the fast with my fellow Muslim brothers. Every year, it helped keep me healthy and whole.

—Sekou Odinga,
formerly incarcerated



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Protecting Your Health & Safety: A Litigation Guide for Inmates
\$16 (including shipping); a 325-page manual on health & safety rights & how to enforce them. Published by the Southern Poverty Law Center. To order, send payment to *Prison Legal News*, P.O. Box 1151, Lake Worth, FL 33460.

WORKS FOR ME!

"Over the years I have been locked up, I have tried to disassociate myself from the negatives in my environment by keeping a positive outlook on life as my daily motivation."
—Robert Roberts, TX

"At the end of a day when I've had a few hassles, I write them all down to stop them from spinning around in my head. Then in the morning I look at the list. Usually there are some things I really don't have to worry about, and I can make a work plan for the ones that matter."
—David, NY

Running for My Life



Any avid runner will tell you there is such a thing as the runner's high—a feeling of contentment, a fullness of being—that puts a smile on your face before you even realize it's there. In prison, it's been a lifesaver for me.

In a place where there are few positives, exercise can be a positive action. As I break away and propel myself steadily around the yard, I experience the runner's second wind: a weird phenomenon that comes from conquering my tiring body with my own personal effort to keep going. Technically what

happens is that vigorous exercise initiates adrenaline flow, triggering the release of endorphins in the brain—a process with effects the dictionary tells me are similar to those of morphine.

I am not a pharmacist or a chemist, but I am an incarcerated person. That gives me the background to proclaim the runner's high a powerful and effective medicine.

Even moderate physical exercise, like a long, brisk walk around the track, can leave you with this warm, full feeling of accomplishment and a sense of self-value. For

some of us, this can replace working our mouth muscles as the only form of exertion in daily life.

When the ugly tentacles of depression embrace me, I force myself to get up and take a run around the track. Short distances are fine—I may run two laps, walk two more, then jog a few more. Those sneaky, slimy, snaky appendages can only hold me down if I let them.

If you try this, you may find that someone wants to join you as a running buddy, opening the door to another endorphin-producing benefit: acceptance and genuine, lasting friendship.

—John Orr, CA

KEEPING MY COOL

I try not to get upset with people I communicate with on the outside. If I blow up at them, I run the risk of them not accepting my calls, not sending money or mail, etc. I have learned that although something feels urgent to me, people outside have lots to do and can't always do what I want or need fast enough for me. The key is being kind, polite, patient, and understanding—and appreciative.

Inside the walls, I avoid situations and people who pose a high potential for conflict. I try to be aware of how I act, put myself in the shoes of the other person. I may have to make some changes in myself, especially if I find myself running into problems a lot.

I've experienced a lot of mental and physical abuse in my lifetime. What helps me is to stay busy, focus on positive stuff, try to exercise daily, and have someone I can talk to.

—Dean Bagley, WA

WORKS FOR ME!

"I meditate by closing my eyes and visualizing the word 'push' or an image of windshield wipers swiping the thoughts away."

—Nicole Campbell, DE



"I do yoga, meditation, and stretching every week."

—Bud Hurst, TX

Creating a Creative Support Group

My story is about a support group I created for the prison LGBT community. We need the group because we are all stigmatized and discriminated against, and we need a place where that doesn't happen, if only for an hour a week.

It's called Positive Actions Create Everything (PACE). Our purpose is to help the LGBT population in the prison be productive and creative towards helping the outside LGBT society, and to play an active role in advocating for LGBT rights. We support one another in here, and we send support letters with stories of acceptance and equality—and against bullying—to LGBT centers and publications in the U.S. and Canada.



It's a way for us all to grow and learn responsibility for who we are and the impact of our words. Although we ask for nothing in return, we get letters of support back from the places we reach out to.

When I first had the idea for the group, I took it to a recreational therapist. She liked it and said she would be the sponsor. She took it to her supervisor and he took it to his supervisor. Then the proposal went to Administration and to Custody.

Time and again the people in the group say this is the only group where they can be who they are without being judged and criticized for their gender, their feelings, or their compassion. Every member is required to participate actively by creating writings or artwork [to send to groups outside], to give strength and to show that no matter how challenging life can be, we as the inside group show our support for the outside LGBT community.

I don't teach them how to write what they say in the stories. Their own hearts and minds know what they are feeling. My job as a facilitator is to support them and give them all a chance to be heard by the LGBT communities inside and outside prisons around the world.



INCARCERATED PEOPLE'S HEALTH BILL OF RIGHTS

Created by men behind the walls at Sing Sing and Green Haven prisons in New York

- Ensure the use of gloves by care providers, including when dispensing medication.
- Prompt responses for medical emergencies.
- Staff to maintain confidentiality, limiting access to medical files and requiring officers to stand away from exam rooms.
- Clinicians to keep instruments sterile and inside packaging until in front of patient.
- Clinicians to notify patients of the medications being prescribed.
- Presence of emergency alarms in porter cells for quick responses to medical emergencies.
- AED devices accessible in program areas and dormitory areas.

We would add:

- Consider people patients, not "offenders," and treat us as you would treat your patients in the free world.

—With thanks to Akil Salter of the Osborne Association

My advice to anyone who wants to start a group is:

- Have a passion for what you want to do.
- Find a good concept and write out the proposal and requirements.
- Find support from other incarcerated people to help find a staff member who will sponsor the group.
- Don't give up—keep pushing for what you want.

And this is why: Positive Actions Create Everything! There is nothing more beautiful than who you are.

—Lisa Strawn, CA

Diabetes—The Basics

Adapted from Real Health magazine

WHAT IS IT?

Diabetes results when the body doesn't produce or can't store enough insulin—a hormone made by the pancreas and used by cells to process glucose (a form of sugar) for energy. Too much glucose builds up in the blood, causing high blood sugar.

Untreated, high blood sugar levels can damage the vessels that carry blood to vital organs. This raises the risk of stroke, heart and kidney disease, eye problems, and nerve disorders.

There are three main types:

Type 1 diabetes: the body doesn't produce any insulin;

Type 2 diabetes: the most common form—the body produces insulin, but not enough to function properly;

Gestational diabetes: affects women during pregnancy, usually around their 24th week.



Drinking lots of water, exercising, and maintaining a healthy weight can help you live well with diabetes.

RISK FACTORS FOR TYPE 2 DIABETES

- Being obese or overweight
- Not exercising
- Age over 45
- High blood pressure
- Insulin resistance
- Polycystic ovary syndrome
- Having had diabetes during pregnancy (gestational diabetes)
- Family members who have type 2 diabetes

Eating sugar doesn't cause diabetes, but it can make you overweight or obese, and that can lead to diabetes.

SYMPTOMS OF DIABETES

- Frequent urination
- Extreme thirst or hunger
- Unintended weight gain or loss
- Fatigue and feeling tired, listless, and irritable
- Blurry vision
- Cuts and bruises that don't heal quickly or properly
- Numbness or tingling, particularly in the hands and feet
- Itchy skin; skin and yeast infections
- Gum infections and gum disease; red, swollen gums that pull away from the teeth
- Sexual dysfunction in men

If you have one or more of these symptoms, it's time to see the doctor and ask for diabetes testing.

DIABETES TREATMENTS

The key to managing diabetes is changing what you can—like getting to and maintaining a healthy weight, exercising regularly, learning how to choose nutritious foods, controlling intake of sugars and starches, avoiding sugary drinks, and drinking plenty of water. The doctor might prescribe oral medications and insulin shots to keep blood sugar in a safe range and prevent blood vessel damage.

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Prisoner Diabetes Handbook
c/o Prison Legal News
P.O. Box 1151
Lake Worth, FL 33460
prisonlegalnews.org
561-360-2523
37-page handbook by & for people in prison.
Single copies free.

How to Avoid or Manage Hepatitis C

The majority of people with hepatitis C virus (hep C) are “baby boomers” (born between 1945 and 1965). About a third of all incarcerated people have hep C. In prison and out, the most common cause is shooting drugs—even if it was only one time, many years ago. Spread of hep C is increasing in the U.S. because of the opioid crisis.

Testing positive for hep C doesn’t automatically mean you will get sick. Some people clear the virus with no treatment. But for most people, hep C becomes chronic, slowly causing progressive liver

damage, including fibrosis (scarring of the liver), and sometimes cirrhosis (more serious scarring) or liver cancer. It can take years before the virus produces symptoms of liver damage—things like abdominal pain, gray-colored stools, dark urine, joint pain, and jaundice, in which the skin and whites of the eyes turn yellowish.

Test, Treat, and Manage Hep C

It’s important to be tested for hep C. The American Association for the Study of Liver Diseases, the Infectious Diseases Society of America, and the Federal Bureau of Prisons all recommend that everyone in prison be tested for hep C unless they opt out. So you’re backed up by science when you

Getting hep C treatment?

Ask the medical staff for help managing any side effects. Discuss possible interactions with other drugs you are taking.

ask for a hep C test. If you have a detectable viral load more than six months after exposure to the virus, you have chronic hep C.

If you have chronic hep C, the next step is more tests. A physical examination as well as blood tests (ALT, AST, albumin, bilirubin, international normalized ratio, and complete blood count), serum tests for fibrosis, ultrasound, CT scan, or liver biopsy can check your liver function and how bad the damage is. You should also be tested for hepatitis B, and to find out which genotype of hep C you have.

Ways to protect your health:

- Exercising, drinking more water, and eating less fat can help your liver health.
- So can avoiding hootch, cigarettes, and drugs—including other people’s meds.
- Getting vaccinated for hepatitis A and B can help protect your liver.
- If you also have HIV, be sure to take your HIV meds to keep your immune system healthy. Coinfection with hep C and HIV makes it even more important that you get treatment for hep C, because HIV can cause hepatitis to progress more quickly, speeding up damage to your liver. If you haven’t previously tested positive for HIV, your facility should provide you with testing.
- Learning more about monitoring and treating hep C empowers you to discuss your care with the doc.

Hep C is spread through blood-to-blood contact, including:

- Sharing razors, toothbrushes, nail or hair clippers, or—riskiest of all—needles and rigs. Even rinse water and filters can spread hep C.
- Tattooing: While free-world tat parlors are regulated, with sterilizing equipment and disposable needles, those protections aren’t available in most prisons. Bleach (if you can get it) doesn’t work. Reused ink can spread hep C too.
- Hep C is NOT spread through casual contact (including sharing food, dishes, or eating utensils; drinking behind someone; hugging; or sharing a cell).

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Hepatitis Education Project
1621 S. Jackson St., Ste. 201
Seattle, WA 98144
206-732-0311; 800-218-6932
You can request basic information sheets on hepatitis. The websites hepeducation.org and hcvinprison.org have information for family members supporting the health of a loved one inside.

Hep Magazine
212 West 35th St., 8th Fl.
New York, NY 10001-2508
hepmag.com
Extensive coverage of liver diseases (including hep C), including info from people living with hepatitis. 4 issues/year; you can request a single free copy of an issue.

Hepatitis C Can Be Cured

THE CURE: There's no vaccine for hep C, but new treatments now make it possible to cure most cases. Older treatments—up to a full year of interferon-based, injectable treatment, which can cause severe side effects—only cured about 50% to 75% of people. The new oral treatments, called direct-acting antivirals (DAAs) or “the cure,” work better and are a lot easier to take. DAAs cure around 90% to 95% of people who can get them, most in eight or 12 weeks. If you have questions about DAAs and the combinations they are prescribed in, or about viral hepatitis in general, write to Hepatitis Education Project (see info in box on previous page).



Getting treated—when and with what—depends on a few things. The guidelines for treatment of hep C that health care providers follow are set by two big professional organizations: the Infectious Diseases Society of America (IDSA) and the American Association for the Study of Liver Diseases (AASLD). The guidelines say that everyone with chronic hep C should get treatment to cure it.

IT'S THE LAW: Courts have ruled that the standard of care for people in prison must be the same as the standard of care in the community. And the IDSA and AASLD plainly say: “Chronically infected individuals should receive antiviral therapy according to AASLD/IDSA guidance while incarcerated.”

But only 3% of incarcerated people living with hep C are getting the cure, according to a Columbia

University survey of 49 state prison systems. You may be more likely to get treatment if you have serious liver damage; if chronic hep C has spread to other parts of the body such as the blood, immune system, kidneys, or skin; or if you have certain other health conditions. Many states follow the Federal Bureau of Prisons (BOP), which says, “all sentenced inmates with chronic hep C infection are considered eligible for

DAA DETAILS: If you are able to get treatment, your health providers should carefully consider which medications to give you. The following things help determine which DAAs will work best for you:

- Which genotype of hep C you have: 1, 2, 3, 4, 5, or 6
- Having both HIV and hep C (called “coinfection”)—could mean using a different regimen to avoid drug interactions
- Other health conditions and medications you are taking
- Whether or not you have been treated for hep C before
- Whether or not you have cirrhosis

AFTER-CARE: Once your hep C has been cured, you should be given follow-up care to make sure your liver stays as healthy as possible. This is especially true if you have cirrhosis. You should also be offered a program or counseling for substance abuse, to help you keep from getting hep C again. Organizations on the outside can send you information about harm reduction strategies if you plan to continue using drugs or getting tattoos. If you are going to be

“The new hep C treatments can work whether or not you have been treated before, and even if you already have cirrhosis.”

consideration of treatment,” but sets three “priorities” governing who gets treated first. (The law library, medical staff, or a family member on the outside can find these at “Clinical Practice Guidelines” on the BOP website).

released before you can finish the DAA treatment, write to community health clinics in your hometown to ask for an appointment to make sure you can continue the hep C treatment regimen.



Getting Hepatitis C Meds When You Need Them

The new treatments for hep C are powerful enough to cure the virus (see previous page)—but they are expensive, and when you're doing time, they can be hard to get. The Eighth Amendment of the Constitution requires that people with chronic hepatitis C in prison be treated, because the courts have said that deliberate indifference to a serious medical need is cruel and unusual punishment.

From a public health perspective, the disease can only be eliminated if people in prison can get hep C testing and treatment. Because some states have negotiated lower prices, and because of legal

advocacy by people in prison and their supporters, prices are finally starting to drop—and more people in prison are getting cured.

You should not be denied medication based on the high cost, how much time is left on your sentence, a mental health condition, or any disciplinary infractions. But you may need to advocate for yourself to get the care you need.

The Federal Bureau of Prisons and most state systems have guidelines on treating hep C, and any decisions about your care have to conform to those rules. (The same is true for HIV and other conditions.) Ask the medical staff or your coun-

selor for the rules and the formulary (list of available drugs) for treating hep C in the prison you are in. An outside friend or family member can get them from your state department of corrections (DOC)—or for federal prisons, the Bureau of Prisons. Hep C guidelines are updated frequently, so make sure the ones you see are the latest.

People in at least 10 states have filed class action lawsuits to get hep C treatment. As of early 2019, lawsuits in Missouri, Massachusetts, Pennsylvania, South Carolina, Virginia, and Indiana were well on the way to winning expanded access to hep C treatment.

FILING A MEDICAL GRIEVANCE

If you have hep C and haven't been able to get the new treatments (direct-acting antivirals, or DAAs), you have a good basis for a grievance.

The standard of care set by medical experts (the American Association for the Study of Liver Diseases/AASLD and the Infectious Diseases Society of America/IDSA) requires that everyone with chronic hep C get treatment with DAAs, so you can clearly claim that denying the treatments is deliberate indifference. If medical staff just monitor your condition with examinations or tests, this is not treatment. For a strong case, you have to prove that the decision to deny the meds wasn't medical—for instance, that it was a financial decision, based on the high cost of the treatment. You may need help from medical staff to find out details about your condition—for

example, your platelet count and fibrosis stage—and to see your medical records. If you have loved ones outside who can call and ask the medical department to cure your hep C, that might help. You may need to sign a release form to let your loved one get your medical information.

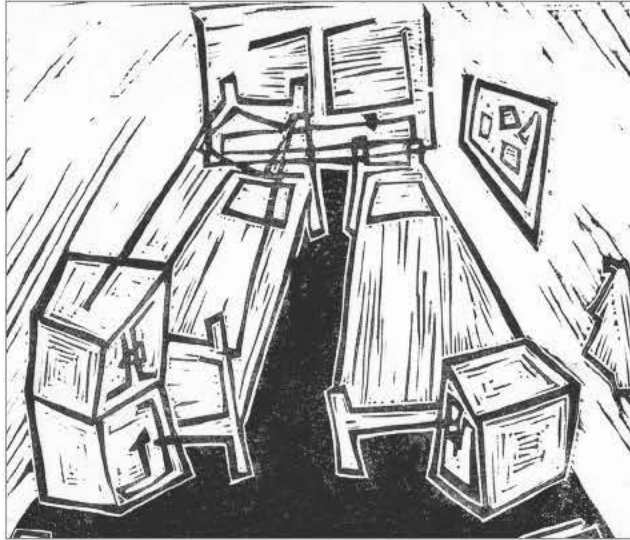
You can file a grievance saying something like, "Because there's no medical reason for refusing the care, I request that this be remedied. Failure to do so would be deliberate indifference to a serious medical need." As with any medical grievance, you must first put the request on paper and get a denial of the request on paper. You must show that prison staff were aware of the risks to your health and didn't take reasonable measures to prevent harm. And if you want your family or someone else outside to back you up with calls

or letters to the prison, remember to sign a form to release medical information to them.

Proper procedures can be different at every facility. It's important to meet all deadlines and comply with all rules, so they consider the grievance on merits. Name all the people responsible for denying your treatment, such as the medical director at your facility, as well as the Department of Corrections and private health contractor officials. In some places, you must request money damages in the initial grievance if you might be asking for them in a lawsuit later. The prison may respond to your grievance by saying you are being treated already because medical staff are monitoring your condition with blood tests. This is still deliberate indifference, because medications are the only recognized way to treat hep C.

A class action affects everyone in the “class,” whether or not you are named in the lawsuit. So if the lawsuit wins, everyone in prison with hep C in that state could be eligible to receive treatment in the future. But courts can take years to reach a decision. And even if you are in a state where there is currently a class action lawsuit, you may need to file your own lawsuit for a preliminary injunction to get treatment right away.

Before going into court, you’ll need to exhaust all administrative remedies. See “Filing a Medical Grievance” on the previous page for more information on that process. Failure to complete the grievance process and follow all its rules will result in your lawsuit being thrown out of court. If your grievance is rejected, file a prompt appeal as soon as you can. If all possible appeals are denied, you may proceed to filing a lawsuit. Finding a lawyer may be hard. It can help to ask jailhouse lawyers



Portrait of a Cell, Federal Prison for Women, 1999.

or old timers at your facility who to contact on the outside. Try asking around for a criminal defense attorney with a good reputation, or a lawyer who’s not afraid to go against the DOC. If a lawyer says they’re not available, ask them to refer you to another lawyer.

The American Civil Liberties Union (ACLU) has an office in every state and Puerto Rico. You can try writing to the ACLU office closest to your facility (the law library should have the address). If they can’t represent you, ask them for the addresses of civil rights lawyers, attorneys who do prison litigation, and activist legal projects near you.

If you’re in a state with a class action lawsuit, you could write to the attorneys on that case to ask if they’ll consider representing you or referring you to another lawyer to seek an injunction for immediate treatment. An experienced lawyer can find doctors to serve as expert witnesses for you.

If you can’t find an attorney, representing yourself (pro se) can work. It’s important to know and follow the grievance process for the institution you are in, and to stay informed about the progress of other cases like yours. One good way

is to subscribe to *Prison Legal News* (see “Resource Guide,” p. 25).

If there is no class action lawsuit in your state yet, you can try to get one started. Get the complaints from the class actions in other states, and send them to attorneys in your state asking them to take on this lifesaving work.

On the street, Medicaid and other insurers are more likely than prison health services to pay for the new treatment (DAAs), but in some

states Medicaid only covers people with significant liver scarring (stage 2 or 3 fibrosis). If you’re preparing for release, ask a case manager or release planner for information on patient assistance programs and clinical trials that can cover costs. If you are released (or transferred), try to take copies of medical records to avoid repeating tests.

—*Hepatitis C information adapted by Suzy Martin*

GOOD NEWS: In 2017, political prisoner Mumia Abu-Jamal was cured of hepatitis C after winning a lawsuit against the Pennsylvania Department of Corrections and its private medical services provider, Correct Care Solutions. A federal judge in that case ruled that everyone in prison with chronic hepatitis C has a right to the cure. People in prisons across the country have cited this ruling to win their cases. For the jailhouse lawyers reading this, see *Abu-Jamal v. Wetzell*, U.S.D.C. (M.D. Penn.), Case No. 3:16-cv-02000-RDM; 2017 U.S. Dist. LEXIS 368.

A USEFUL RESOURCE: The Abolitionist Law Center (ALC) in PA has a 52-page Hepatitis C Pro Se Litigation Manual—how to file a federal civil rights case, which you can do in any prison system. People in PA can write to the ALC at P.O. Box 8654, Pittsburgh, PA 15221 for a copy. Outside PA, the fastest way to get a copy is for someone outside to print it from the web (at abolitionistlawcenter.org, they’d look for “Fighting for the Right to the Cure – ALC’s Hepatitis C Pro Se Litigation Manual”). If that won’t work for you, write and ask the ALC to print and mail it to you.

The Truth About HIV

Adapted by Olivia G. Ford

Today we know more than ever about living well with HIV, treating the virus, and preventing transmission. But some myths hang on. Read the facts about HIV, and avoid misconceptions that are bad for your health.

HIV stands for human immunodeficiency virus.

AIDS stands for acquired immune deficiency syndrome—the condition that results if HIV is not treated for many years.



MYTH: “AIDS is a death sentence. If you test positive for HIV, you will die soon.”

FACT: In the epidemic’s earliest years (1980s through early ‘90s), there were no effective treatments* for HIV. An HIV diagnosis was usually a death sentence.

It’s different today. There are many good medications that treat HIV with few noticeable side effects. Someone diagnosed with HIV today, who has access to treatment, can expect to live as long a life as someone without HIV.

HIV is not AIDS. You can live with HIV for years with no signs of disease, or just mild symptoms. Those who take HIV drugs as prescribed are unlikely to progress to AIDS. But without treatment, in about five to 10 years, HIV will wear down the immune system in most people until they develop certain health conditions (called opportunistic infections) that indicate AIDS.

Many people don’t get tested for HIV until they have already progressed to AIDS. This still doesn’t mean they will die quickly—but if they had been able to get tested and treated earlier, they might never have become sick. The longer HIV attacks the immune system, the greater the risk of developing serious health conditions, including cancers. It’s important to get tested

for HIV and, if you test positive, most doctors recommend you start treatment as soon as possible.

MYTH: “HIV is easy to transmit. There’s almost no way to prevent it.”

FACT: Even in the most unsanitary conditions, HIV can’t be transmitted by: tears or sweat; a cough or sneeze; a hug or handshake; a swimming pool or toilet seat; sharing dishes with someone living with HIV or eating food they prepare. The virus doesn’t survive in open air.

Only four things transmit HIV: blood, semen, vaginal fluids, or breast milk from a person with HIV—most often via sex, sharing needles, or breastfeeding an infant. If the person with HIV is on treatment that’s working, meaning they have an undetectable viral load (too little HIV in the blood to measure), any risk of transmitting HIV can drop dramatically—to zero, in the case of sexual transmission.

There are multiple ways to prevent HIV transmission. Drugs to prevent people who don’t have HIV from contracting it include PrEP (pre-exposure prophylaxis—a daily prescription drug to prevent HIV) and PEP (post-exposure prophylaxis—preventing HIV by taking a month of HIV drugs within two or three days after coming into contact with HIV). For people living with

HIV, effective treatment* prevents them from transmitting HIV to others. If a pregnant woman with HIV takes effective HIV treatment,* the baby’s chance of getting HIV is less than 1%. And, of course, condoms and other barriers are effective for all who use them.



MYTH: “I can tell who is ‘clean’ and ‘dirty’ by looking at them. People with HIV look sick.”

FACT: Now that effective HIV drugs* are widely available, it is unlikely that a person with HIV will ever get sick, much less look sick. An HIV test is the only way to know if someone is living with HIV.

Using “clean” and “dirty” to describe a person’s HIV status adds to stigma against people with HIV. Stigma makes HIV hard to live with, even in the age of effective treatment.*



MYTH: “HIV can lie dormant in a person’s body for years, and the person will test HIV-negative. I tested negative many years ago, and now I’m positive.”

FACT: It takes around 10 years for HIV to cause illness, so a person could contract the virus and not know it unless they got tested. But during that period, their body makes HIV antibodies (proteins that mark a disease cell so your immune system can destroy it). Most HIV tests detect antibodies, not the virus itself.

But it takes one to three months, and sometimes up to six months, to develop those antibodies. This three-to-six-month period is called the “window period.” An

HIV test result is only reliable if it's done three to six months after exposure to HIV. If your HIV test is negative in the window period and then years later you test positive, your original test may just have been too early.



MYTH: "Having any kind of sex with someone with HIV puts you at high risk."

FACT: Not all sexual activities carry equal risk. For example, if one partner has HIV, and the couple do not use prevention methods, anal and vaginal intercourse pose the highest risk of sexual transmission (especially for the receptive partner). Yet oral sex poses only a very low to zero risk (especially for the insertive partner). Condoms are extremely effective at preventing HIV and other sexually transmitted infections (STIs). Having an undetectable viral load blocks sexual transmission of HIV, but doesn't prevent other STIs. Sex acts where fluid isn't exchanged carry no risk of HIV transmission.

MYTH: "Only 'those kinds of people' get HIV—and they deserve it."



FACT: Since the start of the HIV epidemic, some people have pointed fingers—like saying it's a gay men's disease or "an African problem." But virtually any human being can get HIV if they engage in activities that transmit HIV.

HIV does affect some communities more than others, but that's not because people in those communities are doing something wrong. It's because of conditions like past trauma, discrimination, poverty, and lack of access to health care. If a community already has

high HIV rates, it's more likely that someone in that community will be exposed to HIV if they "slip up."

HIV isn't a punishment for "bad behavior"; it's a health condition that can be prevented with access to the proper resources.

MYTH: "HIV in Black communities comes from 'down-low brothas' who secretly have sex with men, including in prison, and bring HIV home to women."



FACT: Despite highly publicized claims, not backed up by evidence, of the dangers of the so-called "down-low," research proves that the number of "secretly" bisexual Black men is small—not even close to what could cause an epidemic. The down-low myth is part of a long history of framing Black men as predators and labeling their sexuality as dangerous.

Most incarcerated people with HIV already had the virus but hadn't been tested until they got locked up. For many, prison health care is their first chance to get tested and treated.

Research also shows that Black gay men have lower rates of HIV risk behavior than their white counterparts. Things like existing high HIV rates in the community, discrimination, poverty, and lack of access to good health care are responsible for the ongoing HIV epidemic among Black communities.

MYTH: "HIV drugs are more dangerous than the virus itself."



FACT: The first HIV drugs were extremely toxic, hard to take, and frequently had awful side effects. They sometimes did more harm than good. This is no longer the

case. Today there are many HIV drugs that are safe to take, work well at controlling HIV for a long period of time, and have few or no side effects.

MYTH: "Locking people up for not revealing that they have HIV keeps communities healthy."



FACT: Prosecuting people for not disclosing their HIV status before having sex (known as HIV criminalization) does not reduce HIV transmission. A growing body of evidence shows such prosecutions are making the epidemic worse.

Despite this, more than 30 U.S. states have special laws to prosecute people with HIV who have sex—even safer sex, using prevention tools that work—if they can't prove they told their partner in advance that they had HIV.

In states without special HIV laws, people living with HIV may get charged for non-disclosure under general criminal statutes, or may face heightened charges or sentencing. A misdemeanor assault charge, for example, might become felony assault.

Seldom is HIV transmission a factor in these HIV criminalization cases. In some states, exposing someone to "bodily fluids" like saliva or urine—which cannot transmit HIV—can result in prosecution. Scientific facts—like that condoms and effective treatment* prevent transmission, or that saliva and tears don't transmit HIV—rarely influence these cases. These laws are about stigma, not science.

There is evidence that these laws discourage people from trusting public health officials, or getting tested for HIV—because a person can only be prosecuted if they knew their HIV status. Not being tested means not getting lifesaving treat-

ment if needed. The laws also create a dangerous illusion of safety for those who do not have HIV, leading some to have riskier sex.

MYTH: “There’s a cure for HIV, but the government saves it for rich people.”



FACT: There is no cure for HIV yet. Only one man and, as of early 2019, possibly a second man have been cured of HIV—through an extremely risky treatment made possible because they had cancer as well as HIV.

Basketball legend Magic Johnson is very rich, and very much alive after more than 25 years with HIV. Johnson has stated repeatedly and publicly that he isn’t cured; he

takes the same HIV drugs that are available to virtually everyone with HIV in the U.S.

It’s understandable that HIV, which highly affects communities already facing historic injustices and mistreatment by medical institutions, would attract conspiracy theories. These fears are valid; but myths are dangerous if they keep people from seeking life-preserving HIV treatment and care.

*“Effective treatment” is a combination of HIV drugs, taken regularly as prescribed, that control the virus in a person’s body. People with HIV who are sexually active also need to get a viral load test every three months to make sure the virus is still undetectable, as well as a test for other STIs.

Q. “Shouldn’t people who ‘intentionally infect’ others with HIV be punished?”

A. Cases where someone has had a premeditated specific intent to harm another person by passing HIV to them are so rare that only a small handful have been documented. And “intentionally infecting” a person with HIV isn’t the same as not disclosing one’s HIV status. HIV is difficult to transmit even in the riskiest instances, so sex or contact with a person living with HIV doesn’t automatically equal transmission. Further, there are many complicated reasons why a person may not say, “I have HIV” to a sex partner, including potential violence.

TRANS HEALTH BASICS

Whether you’re trans or not, let’s start with a few definitions.

- **Gender:** A person’s sense of being a woman, man, or another gender
- **Transgender:** Being a gender that differs from the sex one was assigned at birth
- **Sexual orientation:** Attraction to other people, of one’s own or different gender(s)

Everybody has the right to live as the gender they feel they are.

Care for Transition

The steps a person takes to begin living their true gender are sometimes called “transition.” Hormones—and sometimes surgeries—may be prescribed to change physical appearance. Changes to hair, grooming, and clothing can make our bodies feel more like

home—even in prisons, which control and police gender expression.

Several courts have ruled that trans people have a right to hormones in prison (surgeries are still being fought for in court). Yet many prisons still deny legally required health care. This can create problems, especially psychological ones, so it’s important to follow up and seek support if you are denied care. You may need to attend sick call, file a grievance, and pursue litigation to get the care you need. It may help to ask to see a transgender specialist. If you didn’t have an active and legal prescription for hormones before incarceration, you may be required to go through psychological testing.

Regular Checkups

Your doctor should make sure you’re on the right dose of hormones and watch for side ef-

fects. For example, estrogen may increase risk of blood clots and heart disease. If you have surgery, you may need additional hormones to prevent bone loss and early aging.

Anyone can get breast cancer, including transmen who have had breast-removal surgery. Breast pain, lumps, or family history of breast cancer should be discussed with a doctor. Transwomen over age 50 have a right to mammograms. If you have a cervix (the inch-wide, knobby bit between vagina and womb), you may need Pap smears to check for cervical cancer.

Checkups are important. If a doctor needs to examine you, it may help to tell them what would make you feel most comfortable. Medical staff must provide care in a sensitive, respectful manner that recognizes your gender identity.

Sources: Prison Health News, Center of Excellence for Transgender Health, and TGI Justice Project

Growing Gray, Staying Strong

BEHIND BARS, OLDER PEOPLE BUILD AWARENESS AND SUPPORT

By Victoria Law

Linda Whitmire was 72 when she fell, landing on her face. “I fell on my mouth and my tooth went all the way through my mouth, piercing it,” she recalled. “My forehead also was opened up. I lost a lot of blood.”

In prison, especially a chronically overcrowded prison like Oklahoma’s Mabel Bassett Correctional Center, Linda might have been left to fend for herself, trying to navigate getting around, had it not been for Valerie and Elizabeth.

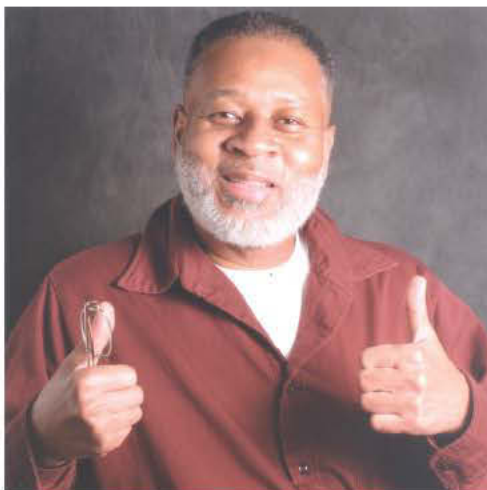
Both women are several decades younger than Linda. “They put me in the shower, washed my li’l butt and took care of me like a baby,” she recounted. Linda, now 75, has since been allowed to have a walker, and she hopes to avoid further spills. “The girls mopped up the pool of blood on the floor. You just can’t beat these ladies when it comes to helping a fallen comrade.”

According to the Pew Research Center, the number of incarcerated people age 55 or older—a common definition of “older” for those in prison—increased 204%, from 43,300 in 2009 to 131,500 in 2012. By 2030, the prison population age 55 and over is predicted to be 4,400% more than it was in 1981. This graying of American prisons isn’t because older people are entering prisons at a faster rate—rather, it’s the result of decades of lengthy sentences from politicians’ “Tough on Crime” posturing.

But prisons—and prison health care systems—have been slow to address and accommodate the needs of an aging population. In Oklahoma, where 8.8% of the prison population is now 55 and older, virtually no accommodations are made for aging people. Linda was only given a walker after she fell. She still sleeps on the same thin mattresses as every other woman in the prison. If she needs to go to an outside hospital, she is still placed in leg irons, handcuffs, and belly chain. Oklahoma isn’t unusual—these are practices in prisons across the country. At the same time, state officials have

been slow to release aging people on parole, medical parole, or compassionate release.

Given the lack of accommodations—and the prospect of remaining behind bars for years to come—incarcerated people create their own forms of support. Some are improvised, like Linda’s support duo. Others are more formal support groups, which often include not only collective self-help and self-empowerment, but also advocacy to challenge policies and practices that cage so many for the rest of their lives.



Charles Diggs, an original Gray Panther.

Gray Panthers

In 1980, a group of older people at the maximum-security prison in Graterford, Pennsylvania, established a prison chapter of the Gray Panthers, an organization formed in 1970 by senior citizens in Philadelphia to fight discrimination and stereotypes against people who are aging. “We started off young and aggressive,” said 68-year-old Charles Diggs, who has spent over 43 years in prison and has since been transferred to another prison. “Now we are turning gray, some have no hair, and many are

not around anymore.”

Today, nearly one-third of the 3,020 people in Graterford are older than 50, and over 6% of Pennsylvania’s prison population is 55 or older.

Yet prison protocol doesn’t fit the needs of people who are aging or immobile. “We are not allowed to have chairs in our cells,” Diggs said. “It’s a security risk—figure that out!” They can’t have pillows, either; men often make their own, risking a rules violation for contraband.

The Graterford Gray Panthers have been able to establish some ways of alleviating the adverse effects of aging where the prison itself fails to do that.

Part of this is basic support. “We look out for the older guys,” explained Diggs. “A few men are in their 80s in my housing unit. Dozens of us always stop by their cells. Some younger fellows check in on me every evening.”



The Golden Girls of the California Institution for Women.

The Panthers have also organized ways to provide foods that Diggs described as “not as dangerous as the commissary.” In contrast to the commissary’s chips, cookies, and ramen noodles, the Panthers can sell dried fruit, nuts, and protein bars.

They also offer classes, including yoga and math, to keep older people active and engaged. “I joined the math class because I have not used any math in decades,” Diggs wrote. “Helps me keep my mind alive.”

The Panthers also advocate to end the use of life-without-parole sentences.

Golden Girls

In 2017, the California Institution for Women held slightly more than 260 people over age 55—at a yearly cost of \$138,000 each.

California’s prisons have begun to address the aging population. At the Central California Women’s Facility, women 55 or older benefit from a Silver Fox program, which offers some privileges such as being allowed to take shortcuts when walking from one place to the next, extra pillows and blankets, and extra time for doing laundry.

At the urging of the older women, the program was expanded in 2011 to include a Senior Living Unit for older women’s emotional and physical needs, with extra mattresses, unlimited phone access, and other benefits. According to a 2012 Human Rights Watch report, however, some rules were not modified. Whether or not a person is geriatric, infirm, or has disciplinary violations, she will be put in cuffs and shackles when taken offsite to a medical visit, even though such restraints can be painful for persons with older bones.

These same accommodations were provided to

elders at the California Institution for Women (CIW), the state’s other women’s prison. In 2008, CIW’s then-superintendent Dawn Davison created the Golden Girls, a group for women 55 and older. Initially, the group met regularly with the administration and won benefits for aging women, such as getting a double mattress, an extra pillow and blanket, assignments for lower bunks, and early access to meals and canteen. “It was the gold standard for care of the elderly incarcerated,” said Golden Girls incarcerated chair Jane Dorotik.

But, she continued, “over time, most of these accommodations have eroded and access to administration has been reduced, so the Golden Girls is diminished and demoralized.” In 2018, Dorotik notes, of the 139 women age 60 and over, 90% had been assigned lower bunks; the other 10%, or 14 women, were “still climbing up and down from the upper bunk.”

In addition, CIW is not ADA-approved for wheelchairs or walkers. That means that women whose mobility has declined and who now need walkers face the threat of being transferred to the Central California Women’s Facility, separating them from the community and support networks they’ve built.

Three years ago, Geri Meyers joined their ranks. She also joined the Golden Girls. “I joined for the support of my peers who are 55 years or older,” she wrote.

Before her incarceration, Meyers had been a fitness instructor. She decided to use that training by offering a workshop on how to stay healthy despite the stresses of aging behind bars. She demonstrated ways to minimize back problems, modeling exercises that could be done while sitting or standing. “She particularly focused on developing a mindset of what you can do instead of always lamenting what you used to be able to do,” noted

photo courtesy Jane Dorotik

Jane Dorotik, who was one of 30 workshop attendees. “I thought it was a very good way to encourage our elderly population.”

At the same time, the Golden Girls are working to ensure that aging people have the chance to spend their last years outside of prison. In February 2014, California courts ordered the state to implement a new parole process for people age 60 and over who have served at least 25 years of their sentence.

This Elderly Parole Program did not result in a substantial number of releases, though—only 21% (or 115 people) of the 549 aging applicants were granted parole. Dorotik has been writing to state officials and legislators to draw attention to the continued parole denials to aging people. “Most are here for a single crime, committed many years ago, very frequently as a result of domestic violence,” she wrote in a letter to Jennifer Shaffer, the executive officer of California’s Board of Parole Hearings, after Shaffer visited CIW. “Most of these women are now over 60 with 25+ years in, have no prior criminal history, low-risk psych evaluations, extensive community support and parole plans, and yet they are still denied parole suitability.”

This court-ordered program did not apply to those sentenced to death or life without parole. In 2017, women in the Long Termers’ Organization (LTO), including Dorotik, began organizing to abolish life without parole (LWOP) sentences. Of the 36 women serving life without parole at CIW in 2017, 30 were over 50 and two were in their 80s. “Several women here have been interviewed by the governor’s office potentially for commutation of their sentence, [making them] eligible for parole,” Dorotik wrote that year. The interviews boosted their efforts. That September, they invited Senator Connie Leyva to attend a Golden Girls’ meeting.

In October 2017, the LTO organized an event about abolishing life without parole. “We had 18 outside professionals from five different advocacy groups,” Dorotik wrote. Each outside advocate was given a packet of information about the 36 women serving LWOP and urged to help advocate for their release. Then, on December 23, 2017, Governor Jerry Brown commuted sentences of five women at CIW, two of whom had LWOP.

“They were ecstatic,” said Dorotik. “The other three were very long sentences commuted to time served, or go before the parole board ASAP. We continue to send the LWOP abolition picture and summary to as many folks as we can, encouraging all to lobby the governor to commute more sentences, especially LWOP.” In March 2018, he issued 14 more commutations. Among

them are 51-year-old Natalie Jaspas, who becomes eligible for parole 20 years early, and 57-year-old Winona Marie Weathers, initially sentenced to LWOP and now eligible for parole after 25 years.

In Illinois, Long-Termers Plan for the Later Years

In Illinois, 7,918 incarcerated people (or nearly 19%) were 50 and older at the end of 2016, and 5% of them were women.

At Lincoln Correctional Center, women facing lengthy sentences formed a long-termers group for support. “We’re more isolated than people who are [in prison] for a short time,” explained Monica Cosby. As the years stretch on, family members and loved ones begin to disappear. “There’s a falling away from people’s lives,” Cosby explained. “You get less mail, you get less visits.”

Unlike the Golden Girls in California or the Gray Panthers in Graterford, the Lincoln long-termers group consisted mainly of women in their 30s, though some members were in their 40s, 50s, and 60s. Cosby herself was in her 30s when she joined. One member, who joined in her 60s, is now past 70.

The younger long-termers joined because they understood that, facing the prospect of aging in prison,

“By 2030, the prison population age 55 and over is predicted to be 4,400% more than it was in 1981.”

they needed to work towards collective empowerment and care. They wrote letters to prison officials, including articles about health and nutritional needs for aging women, in an attempt to get vitamins geared for older women. They succeeded in getting the commissary to carry multivitamins (though not specifically for aging women), calcium, and fish oil. They also got healthier foods, like almonds, walnuts, tuna, and salmon.

But then, to address overcrowding, the Department of Corrections transferred women from Lincoln to the slightly larger Logan Correctional Facility, converting it from a men’s prison. At first, these items remained on the commissary lists. But, Cosby recalled, once those items had sold out, Logan’s officials refused to reorder them. “All that’s left is salmon, which no one can afford,” Cosby said.

Women have also encouraged and taught each other ways to stay healthy despite the limitations on movement and opportunities. “A whole bunch of people

had ‘Yoga for Dummies,’” Cosby recalled. “They also encouraged each other to walk the track in the yard and, on some occasions, managed to get together to do so.”

They also took care of each other in other ways. “We’d hang in the back of the line for someone who can’t move as fast,” Cosby recalled. “We’d literally just stand there with them.” For those without financial support from family, women shared items—an action that could land them a Trafficking and Trading charge, along with time in solitary confinement. But they did it anyway, sometimes buying t-shirts and underwear for each other, or sharing food.

For women with limited mobility, others would make their beds or carry their items. If a woman can’t



reach the bathroom in time and soils herself or her bedding, Cosby said, “we don’t make a big deal about it. We just gather the sheets and wash them.”

If a woman was taken to the prison’s infirmary, prison rules prohibited her friends from visiting. But the women learned to be creative. They might file a sick call emergency, enabling them to go

to the clinic where they could check on their friend. Those who worked maintenance or outdoors made sure to knock on the window as they passed “so they know they haven’t been forgotten.”

That same creativity helps older incarcerated people everywhere continue to organize, making sure they aren’t forgotten either. ■

OPIOIDS: HOW TO STAY SAFE AND ALIVE

Opioids come from the opium poppy or are made synthetically in labs. Some examples include heroin, morphine, Percocet, oxycodone, Oxycotin, fentanyl, and tramadol. In the body, they chemically affect parts of your brain, producing a “high”—a feeling of wellbeing and euphoria. (Methadone is an opioid but does not produce the high.)

Opioids also affect the part of the brain that controls and slows down automatic breathing. Too much—whether street drug or prescription—will cause a loss of consciousness. It slows your breath until eventually, you stop breathing.

That’s how overdoses kill. And combining opioids with other drugs that cause sedation and slowing of breath, like alcohol or benzos, increases the danger of fatal overdose.

Regular use of opioids makes people crave more and more each day, tolerate higher amounts, and

become addicted. Going cold turkey sends people into opioid withdrawal, with stomach cramping, nausea, vomiting, aches, sweating, and dehydration.

The risk of opioid overdose is real in prison. If you take opioids that aren’t prescribed, you don’t know how pure they are, or how powerful. If you stop using opioids inside and get clean, when you get out of prison your tolerance for the drug is reduced. Then, if you take the same amount you used to take, just one dose can cause an overdose.

Street heroin and black-market opioid pills are often laced with fentanyl, which is hundreds of times more potent than other opioids. A tiny bit can cause an overdose.

Emergency responders can reverse overdose by breathing for the person and giving them Narcan (generic name: naloxone), which kicks the opioid off the receptors in the brain, so the person

starts breathing on their own and wakes up—often in withdrawal.

If you witness a person OD’ing, provide rescue breathing until help arrives. (Lay the person on their back; pinch their nostrils closed and cover their mouth with yours. Blow two even, regular breaths into their mouth to raise their chest. Then give a breath every five seconds.) It may save someone’s life.

Back on the street, people can request buprenorphine (Suboxone), a medication that reduces the craving and helps people stop using opioids. And methadone reduces cravings without producing a high. Most communities have programs for opioid use disorders, and many emergency responders carry Narcan kits. Prisons and jails should carry these lifesaving drugs too. A court recently ordered a Connecticut jail to provide methadone.

—Barbara Zeller, MD



When We Dehumanize, We Can Hurt Somebody Without Feeling Remorse

A Conversation

Moderated by Monica James

Racism is not only a social ill—and a daily reality for countless incarcerated people of color. It’s also a public health issue: Studies show that being on the receiving end of racist encounters has a negative impact on health. Monica James, founder of Triumphant Together, who is herself formerly incarcerated, moderated this discussion of social forces that affect the lives of incarcerated people of color. Here are highlights from that conversation, which took place in March 2018.

Please share some of the roots of your experiences with race, or with blackness in particular.

SU’GANNI TIUZA: I’m a man that’s been born here in America, right. I’m an African descendant—my people has been over here for centuries. In a sense, we didn’t have in my household an upbringing in regards to our roots—where we once were and our culture that was taken from us.

Many of us that become conscious of who we are have to do so through educating ourselves through books, and through individuals that share the experiences—whether it’s through theology, or Black studies, or any of these mediums. I had to do the same thing. So my Black consciousness or my blackness is rooted in me having to study, and having to search and dig for that.

CAMILLAA QUEEN PARZZAA: I was born in KwaZulu-Natal, South Africa. I am 100% Zulu. A little bit of history of my life is that my parents were murdered by the [apartheid] government [for their] involvement with the African National Congress, which was Nelson Mandela’s group. They were shot in the back of their heads when I was six years old, murdered in front of me.

Being an African Black intersex woman, born during apartheid [with] the separation of races—race was a key element in South Africa during that time.

Speakers:

Su’Ganni Tiuza (*far right*) is the inside organizer for United for Gay, Bisexual, Transgender Progress (UGP) — a group that addresses the caste system that disparages LGBTQ people in prisons. Tiuza, who has been behind the walls for the past 14 years, is currently incarcerated in Massachusetts.

Camillaa Queen Parzzaa (*left*) (formerly Afrika Lockett), a Chicago-based activist, was released in 2016 after eight years in the Illinois prison system.



Moderator Monica James is pictured to the right of Parzzaa.

The transcript of this conversation has been edited and condensed.

Even though I journeyed to the United States, I have witnessed it once again through my imprisonment. Here on the outside, on parole until February 2019, I still face racism on a daily basis—it’s coming from the Chicago Police Department. It has affected me, as housing and work is concerned.

Racism has been very much a part of my life, but I do not let it affect me being the leader that I am.

MONICA JAMES: I like the way you approached this first question and framed your experiences, turning [them] not into trauma, but learning lessons and stepping stones.

Where have you seen racism play out in prison?

PARZZAA: During being in prison, [I saw that] a lot of people define [African Americans] as a “down race,” and want to dominate. The prison system defines their attitude towards us. Not only us, but those that are Mexican or of Puerto Rican descent—anybody that are immigrants living here in America—face the same problems.

TIUZA: I’m here in the Massachusetts Department of Corrections. My first time that I unfortunately got into a situation with a correctional guard was behind racism: I overheard this guard saying certain completely out-of-order jokes to his fellow colleagues. I made a comment about it, basically saying: “Listen, man, don’t

let me hear you saying that again.” He further went to basically say, you know: “What would you do about it?” So, me and him got into a physical altercation, because of that racism. So that’s my personal experience.

Now the interpersonal experiences that I also seen of this racism in prison is certain white guards that will create certain allegiances and alliances with white prisoners to be able, with impunity and some type of galvanization of strength, to perpetuate that racism. I’ve seen incidences where there might be a guard [who] will shake down a Black or Latino man’s cell much more harder, and mug him; but for the same things wouldn’t even touch a white prisoner’s cell, literally.

The same institutional racism that brought individuals out of the transatlantic slave trade, the same shit that [has] happened [for] thousands of years, that still happens to this day.

PARZZAA: Here in the U.S., President Barack Obama graced us with all he had to offer. Even though we had an African-American man of color as our president, [incarcerated people are] still living in modern-day slavery. My ancestors suffered at the hands of colonialism, as well as being in shackles during [slavery]; the shackles are gone, but replaced with handcuffs. That will never go away, until people begin to wake up and see that they’re doing more harm than good.

How have you seen racism intersect with other systems such as homophobia, transphobia, or sexism?

PARZZAA: I filed lawsuits about racial injustice towards me—guards brutalizing me; at some point they even raped me, twice. I fought and fought. I couldn’t find a lawyer to even get my case off the ground against the Illinois Department of Corrections.

TIUZA: I’ve seen it as the validity to dehumanize—because that’s what these isms or these phobias are about, for the most part.

There was a situation where a guard didn’t know per se—because I’m a bisexual man, but I’m masculine, so on first thought you wouldn’t know that I’m in the [LGBTQ] community. I heard a conversation about a [transgender] sister of mine—this was back in 2011 when I was up in the supermax over in Shirley. The [officer] was talking about her, basically like: “Man, what the fuck, man. You know back in the days, this person would have been killed walking in here. You know what I mean? Now, you know, these people walk around freely. Right?” Then it just turned completely crazy to the point where it’s like: “This niggah tranny is up in here” and dah da da da.



So I went and got a few people. And we went back to the officer, and the other officer that he was speaking with—because what I noticed was that he was looking for his colleagues to give validity to what he was saying. We were calm, but we were very assertive. And we let him know that this woman, this sister of ours that he speaks of, is not to be targeted, is not to be harassed, and we advised him not to speak of that again.

So, how I seen these isms and phobias intersect, for this person and in other situations, was to basically justify dehumanizing, justify abusing, justify violence—because that was all in his demeanor, his vibes, like: “I hate this person.” And when we dehumanize, that’s when we can hurt somebody without feeling any type of remorse.

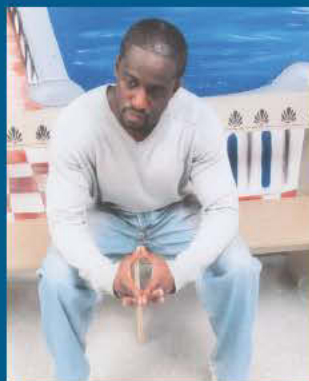
As a Black leader, how has your leadership been received by non-Black folks?

TIUZA: When I first started getting UGP up and started, I faced that roadblock of what does leadership traditionally look like; and what is the race of a [leader]. How I was received by non-Black LGBT individuals in my leadership capacity was, simply said, that I was just a stereotypical Black stud.

I faced intellectual racism in a sense where my ingenuity, my capacity to organize, just my essence to be able to upstart [an] organization and move it forth, was challenged without even individuals understanding my credentials, and not understanding the work that I put in. Just based off of my image where, like I said, it was: “This guy is just a piece of meat. This guy is just into working out.” Do I still receive certain type of bad energies of that sort? Yes; but nevertheless, it’s quelled for the most part.



photos: (Camillia and Monica) John Gress; (Su’Ganni) Tiuzo



The other side is that individuals [that] knew who I was—and individuals that didn’t—just had a camaraderie with me. Some of my biggest supporters have been non-Black individuals, believe it or not—at this institution and my outside support. So, there’s two sides of that coin, man.

JAMES: You’ve both hit on [the] need to center the voices of impacted communities, in order to align a meaningful form of change that society can grow on. That’s how I center my work, my to-do, my everyday life. My total existence banks on change, if I ever want to get to that place where I totally feel accepted and privileged to achieve anything I set out to do, without any hindrance due to my personal outer characteristics. How I navigate for myself, as well as others, in my day-to-day line of leadership [takes] a toll on my wellbeing, and so I have to do a lot of self-care.

Where do you find or create self-care on the inside—and since your release?

TIUZA: There’s nobody on an administrative or staff level that cares for the wellbeing of people in prison. So self-care is essential.

What I do is, first and foremost, I don’t smoke. I don’t drink. I’m very, very particular in taking care of my health. I work out at least five days a week. I eat the right things. I stay away from certain individuals and dimensions and crowds that I know is gonna bring me headaches [or] stress. I have my music, which I’m very big on. I have my meditation that I’m very passionate about. I have strong people by my side that are not only therapeutic for my soul, but purifying for my soul.

To have people like that around me, you know, with music and the right energy around me, individuals

that think like me, and being able to take care of myself on that level, is what I do for self-care. My philosophy is work hard, play hard. And my “play hard” is intertwined within my self-care.

PARZZAA: My self-care has been pretty much having good support by good friends. I’m still getting the support that I need from those that are true friends to me.

I’m [also] going to see a therapist, to continue to deal with the onslaught of my parents’ murder in South Africa. That’s something that’s going to be with me for the rest of my life.

Those that have stuck by my side through thick and thin, [through] my incarceration as well as outside my incarceration: It’s a healing balm to me. ■

MORE RESOURCES PAGE 24

Transformative Justice Law Project
 203 N LaSalle, Suite 2100
 Chicago, IL 60601
 312-558-1472 (phone)
 312-558-1470 (fax)
tjlp.org
facebook.com/transformativejusticelawproject
info@tjlp.org
 TJLP is a collective of radical lawyers, social workers, activists, and community organizers who are deeply committed to prison abolition, transformative justice, and gender self-determination. They provide free, zealous, life-affirming, and gender-affirming holistic criminal legal services to low-income and street-based transgender and gender non-conforming people (in Illinois ONLY) who are targeted by the criminal legal system.

photos (Camilla and Monica) John Gress; (Su’Ganni) courtesy Su’Ganni Tiuzza

5 Tips for Getting the Best Care You Can

By Brian Carmichael

I've spent more than half my life incarcerated, everywhere from the California Youth Authority to Rikers Island, San Quentin to Sing Sing, so I've obviously been a failure as a criminal. But over the years I have learned to deal with the Medical Department to get the best care I can get, and am here, alive and healthy, after living with HIV for more than 20 years, doing hepatitis C (hep C) treatment successfully, and even surviving a couple of surgeries. It's fair to say I've had lots of interactions with doctors and nurses in corrections.

Here are some of the techniques and tactics I've developed over the years that I recommend to everyone, for the best relationship with your providers, and the best results in your care, treatment, and recovery.

1. Educate yourself.

Learn about your medical condition, including the best available treatments and medications.



Reach out to knowledgeable peers and local organizations. This issue of *Turn It Up!* is full of great resources that you can write to. Get friends and family to research and send you relevant information from reputable Internet sites.

Ask questions of your providers, or even write to the Pharmacy at your facility requesting information about your medication. This is especially important if you're changing medications or starting a new one, because important, even vital information might be overlooked, or just not fully explained to you.

Cases in point: When my HIV meds were changed from Atripla to Genvoya, both the HIV doc and the Pharmacy neglected to inform me that unlike Atripla, which is supposed to be taken on an empty stomach, Genvoya is most effective when taken with food! I only dis-

covered this after my best friend outside researched Genvoya online at *TheBody.com* website.

Similarly, a rheumatologist once prescribed me a medication for arthritis, then immediately discontinued it, after my research showed it was in a class of meds called "immuno-suppressants"—not recommended for people with HIV or "chronic immune system issues," like me.

The best way to ensure you're getting the best care available: Know your stuff and be your own advocate.



2. Keep a journal.

In a writing tablet, calendar, or some blank typing paper from the Law Library, create your own little medical file, keeping track of everything related to your health.

Thursday, 12-21-2017, Sick Call, Fever & Headache. Or

Tuesday, 12-26-2017, Lab results: 800 T-Cells, 213 Viral Load.

Entries don't have to be long and drawn out, but enough for you to keep track and provide accurate

information to your provider when making decisions about your treatment. And, if you ever need to file a grievance or lawsuit, you'll have accurate records, and know which documents to subpoena.

3. Be polite, respectful, and appreciative.

Just saying "Please" and "Thank You" goes a long way. Even if you're beefing with a doctor or nurse, avoid personal attacks and insults, as much as their attitudes or actions may lead you to feel disrespected.

Being incarcerated means you can't just go across town to another hospital, or see another doctor. When you need care and treatment, for better or worse, those same doctors and nurses are going to be in control of your care. Doctors and nurses are human, so they're not perfect. If they're going to shit on one guy, and maybe go a little extra on someone else, I would much rather be the guy they treat right. I'm not saying you have to be a kiss-ass, or just lay down and accept being mistreated. In fact, I'll stack my record of pointing out truly bad treatment next to any other incarcerated person's. But I've always been polite, respectful, and appreciative of time, effort, and energy my providers give me.

A perfect example is when

I was in the middle of my hep C treatment (I did the old ribavirin and interferon, a 14-month course). I was losing weight, my white and red blood cell counts were crashing, and I was in the clinic twice, maybe three times a week. I told my main provider (shout-out to Nurse Practitioner Jill Northrop, best doc ever!): “Hey, I’m sorry for being so high maintenance, taking up so much of your time ... but I really appreciate it.” I still remember her reply; she said: “I try to treat everyone



the same, but it is nice to be appreciated.” I don’t know if I got any special treatment for being respectful, but after so many complications and close calls during that hep C treatment, I absolutely credit Nurse Jill with saving my life.

If you are denied medication for a month, and you lose patience and call a nurse a “bitch,” the next hearing you go to, or any lawsuit you file, will start and end with them arguing you were disruptive, disrespectful, or the old classic, inciting others. When you file a grievance, or a lawsuit, your position will always be on stronger ground if you can say, “I have always treated the medical staff at this institution with courtesy and respect.”

4. Be organized when you go to Sick Call, and especially when going to doctor’s appointments.

I imagine all correctional facilities are similar, in that while you may go to Sick Call once or twice a month, you don’t see doctors or specialists more than two or three times a year, unless you’re in some

acute, serious crisis. So, when you go to medical appointments or Sick Call, have a list of your issues, prioritized. That way you won’t forget something and have to wait another three or four months until your next doctor’s appointment.

There’s no telling how much time you’ll have for your appointment, so make sure to discuss the most important issues first, like: “Doc, we haven’t done lab work in seven months; can you please order some blood work, check my CD4 count and viral load?” That should be way higher on your list than, say, asking for cough syrup, ya know? The doctor or nurse will recognize and appreciate that you are taking an interest in your own care and being respectful of whatever time they have to spend on you.



5. When it’s time to submit prescription renewals, always turn in the forms or requests five days in advance, before your meds run out.

That gives the Pharmacy plenty of time to fill your prescription, and if you don’t get your meds by the time your old ‘script runs out, you can ask a C/O to call. One of the first things the Pharmacy will say is, “Why did you wait ‘til the last minute to renew your meds?” And you can say, “Actually, I submitted my request five days ago, and it’s important I not miss any doses of this medication.” That way, you avoid an interruption in your meds and short-circuit attempts to blame you for their mistakes.

Doctors and nurses, like lawyers, may be good or bad, caring or indifferent. But they are all overworked, with scores—often hundreds—of people on their caseloads. Many of us in prison, if we had horrible experiences with lawyers, spend the first five or 10 years in prison going to the Law Library, doing research, learning about the law, and discover mistakes made



by inexperienced, incompetent, or just overworked and overwhelmed lawyers. We become experts in the law and appeals. We imagine a different verdict, or a lesser sentence, fight and pray for a new trial, all of us thinking: “If I knew then what I know now, those mistakes wouldn’t have happened, and I wouldn’t be sitting in this prison cell.”

Well, just like lawyers “practice” law, doctors “practice” medicine. But unlike a legal mistake that might result in losing years of your life in prison, avoidable mistakes in your medical care can cost you years off your life—or your life itself. You may not have time after that to educate yourself, sitting in the library doing research, discovering mistakes you and your doctor made.

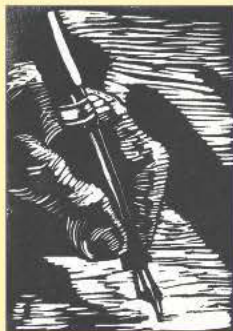
Educate and advocate for yourself. Follow these tips that have worked for me over the years, and the chances of you receiving the medication, care, and treatment you need will be greatly increased. ■

Brian Carmichael was incarcerated at Elmira Correctional Facility in Elmira, NY, when he wrote this article; he was released on parole in February 2019.

RESOURCE GUIDE

The groups on this list can provide health or legal info, send you newsletters & books, or connect you with college classes, pen pals, & people to help you fight for your rights.

When you write to any of these groups, you'll increase your chance of getting help if you: 1) State clearly & briefly, at the beginning of the letter, exactly what you're asking for; 2) Keep your letter short & to the point; 3) Ask if there is a specific person you should write or call; 4) Ask if the group has a branch closer to you; and—very important—5) Print your name, ID number, & address on both letter & envelope.



Unless otherwise noted, these groups don't accept collect calls. Most are national, but some only answer mail from certain states. We listed websites in case someone outside can contact them on the Internet for you. If a listing says something is "free," it means free to people in prison. If we say something is for "people," we mean people in prison.

For more listings, see pages 4, 7, 8, 21, & "Other Resource Lists," p. 33. If you have a friend outside who can print from the Internet, see "Only on the Internet," p. 33. We wish you the best as you search for information, health, & justice!

Thanks to Emily Abendroth & Noam Keim for their work on the original version of this resource list.

HEALTH RESOURCES

You have a right to participate in decisions about your health care, & getting info from these groups can help. It's important to keep your own records with dates & details from doctor visits & tests. You may need to file a grievance to get medical care. If you have a loved one on the outside, they can help by calling medical staff if you sign a release form allowing them to discuss your medical care.

GENERAL HEALTH

Critical Path Learning Center
Philadelphia FIGHT
Community Health Ctrs.
1233 Locust Street, 2nd Fl.
Philadelphia, PA 19107
critpath.org

You can ask about any health condition, not just HIV/AIDS; you can get fact sheets, lists of groups with info on your health condition, including info on HIV issues like treatments, nutrition & history. They also offer info on reentry & discharge planning in PA only. Free.

Prison Health News
c/o Lucy Gleysteen
P.O. Box 54458
1713 South Broad Street
Philadelphia, PA 19148
prisonhealthnews.wordpress.com
Free quarterly newsletter on HIV & hepatitis treatment, cancer screenings, nutrition, stress relief exercises to do in your cell, mental health, & getting better care for yourself & others. Publishes articles by people in prison.



Real Health Magazine
462 Seventh Ave., 19th Fl.
New York, NY 10018
212-242-2163
A "guide to Black wellness."
Incarcerated people living with HIV can write for a free year's subscription (subscriptions don't renew automatically; you have to request a new one each year.)

ARTHRITIS

Arthritis Foundation
1355 Peachtree St. NE,
#600
Atlanta, GA 30309
404-872-7100
arthritis.org
Free publications, including (English & Spanish) *Coping With Arthritis*; *Managing Your Pain*; *Exercise & Arthritis*; & (English only) *Back Pain*; *Drug Guide 2015*; & *Walking Guide*. Limit 4 items/request.

CANCER

Cancer Support Community
734 15th St. NW, #300
Washington, DC 20005
888-793-9355
cancersupportcommunity.org
Free fact sheets on most cancers (specify the type), treatments, side effects, & supporting someone with cancer.

CancerCare
275 Seventh Ave.
New York, NY 10001
800-813-HOPE (4673)
cancercares.org
You can write for free publications, by type of cancer or topic. Lung cancer, breast cancer, & multiple myeloma publications are available in Spanish.

Cancer Health Magazine
212 West 35th Street,
8th Fl.
New York, NY 10001-2508
cancerhealth.com
4 issues a year. Cancer prevention, treatment, quality of life for people with cancer & their loved ones. You can request a free single copy.

DIABETES

American Diabetes Association
Attn: Center for Information
2451 Crystal Drive, Suite 101
Arlington, VA 22202
diabetes.org
Free fact sheets on diabetes management, nutrition & meal planning, exercise, medications & complications, and legal rights to diabetes care in correctional facilities.



Prisoner Diabetes Handbook

c/o Prison Legal News
P.O. Box 1151
Lake Worth, FL 33460
prisonlegalnews.org
561-360-2523

37-page handbook by & for people in prison. Single copies free.

HIV/AIDS

Center for Health Justice

900 Avila St., #301
Los Angeles, CA 90012
213-229-0985
Prison Hotline: 213-229-0979
centerforhealthjustice.org
No legal help. Free HIV prevention & treatment hotline; takes collect calls from prison Mon.-Fri., 8 a.m.-3 p.m. (PT). People being released to LA County can get referrals for health care & insurance.

POZ Magazine

212 West 35th St., 8th Fl.
New York, NY 10001
212-242-2163
poz.com

Lifestyle, treatment, & advocacy for people living with/affected by HIV/AIDS. 8 issues/year, with annual guide to HIV drugs. Free to people living with HIV in prison, but you have to request a new sub each year.

Positively Aware

Attn: Distribution Manager
5537 N. Broadway St.
Chicago, IL 60640
773-989-9400
positivelyaware.com

An HIV treatment magazine published by a not-for-profit organization. 6 issues/year, \$30 suggested donation, free to those with HIV who can't afford it.



HEPATITIS C: See page 8

HIGH BLOOD PRESSURE/STROKE

American Heart Association

7272 Greenville Ave.
Dallas, TX 75231
800-242-8721
heart.org

They'll send free print materials to address a question; no individual answers.

MENTAL HEALTH

National Alliance on Mental Illness

3803 N. Fairfax Dr., #100
Arlington, VA 22203
800-950-6264
nami.org

Free info packets: *Bipolar Disorder; Depression; Schizophrenia; Borderline; PTSD; Coming Home: A Guide to Re-entry Planning for Prisoners Living with MI*, plus fact sheets & brochures on specific mental health conditions. Each mailing is limited to 2 brochures & 5 fact sheets per person.

WOMEN'S HEALTH

Reproductive Health, Living and Wellness Project

Justice Now
1322 Webster St., #210
Oakland, CA 94612
For women/transwomen in CA only: *Navigating the Medical System*, a free, 53-page manual on reproductive health, including abnormal Pap smears, pain management, & how to communicate with your doctor.

LEGAL RESOURCES

Some of these groups work to change prison conditions (like physical abuse or medical neglect), while others help with post-conviction relief (fighting your case after you're convicted). Some groups offer info so you can represent yourself or file your own paperwork & grievances. A few file class action lawsuits (one or more individuals sue on behalf of a larger group of people, called "the class"). Class action lawsuits require that the issues are faced by all members of the group forming the class, & that so many people are affected that it's difficult to bring them all before the court. If a class action suit wins, it's supposed to help everyone affected, whether directly involved in the suit or not.

Prison Legal News (PLN)

P.O. Box 1151
Lake Worth, FL 33460
561-360-2523
prisonlegalnews.org
Monthly 72-page magazine on prison rights, court rulings & criminal justice in state, federal & some international arenas.

Subs for people in prison are \$30/year; \$35/yr for those on the outside. PLN also distributes *Prisoners' Self-Help Litigation Manual*, a 960-page book that explains the legal system (civil rights, tort, habeas corpus, workers' compensation, etc.), suing the right defendants, choosing a remedy, class action suits & the ways prison officials often defend themselves against charges. It describes how to file a suit & get it through the court system. \$45.95. Address payment to *Prison Legal News*.

Criminal Legal News (CLN)

P.O. Box 1151
Lake Worth, FL 33460
561-360-2523
criminallegalnews.org
Companion to *Prison Legal News*, CLN offers extensive coverage of issues like prosecutorial misconduct, habeas corpus relief, ineffective assistance of counsel, sentencing errors, due process rights, police brutality, & more. \$48 for a year sub (12 issues). Address payment to *Criminal Legal News*.

Exoneration Project

311 North Aberdeen St., 3rd Fl., Ste. E
Chicago, IL 60607
312-789-4955
exonerationproject.org
Reviews cases of innocence for people who have gone to trial & were found guilty of crimes they did not commit. To apply, you must be innocent of the crime & the trial must be completed & have resulted in conviction. They consider post-conviction cases for people wrongfully convicted of different types of crimes & with different sentence lengths, including cases where a defendant has served the complete sentence or pled guilty. They don't consider cases of self-defense.

Prison Policy Initiative

P.O. Box 127
Northampton, MA 01061
Write for a print copy of their Legal Resource Database, an up-to-date list of law firms & organizations that provide free legal assistance to incarcerated people on civil (non-criminal) matters. On the Internet, the list is at prisonpolicy.org/resources/legal.

National Lawyers Guild Prison Law Project

132 Nassau St., #922
New York, NY 10038
212-679-5100
nlg.org

New York office does not provide legal assistance, but some local chapters & individual members do, especially on prison conditions & possible wrongful conviction. Write the NY office for those addresses. Jailhouse lawyers can join free & get the newsletter, *Guild Notes*, the chance to vote on resolutions at the annual convention, a free copy of *The Jailhouse Lawyer's Handbook*, & responses to your letters.

Jailhouse Lawyer's Handbook

c/o Center for Constitutional Rights
666 Broadway, 7th Fl.
New York, NY 10012
212-614-6464
ccrjustice.org
No legal help. You can write for a free copy of their *Jailhouse Lawyer's Handbook: How to Bring a Federal Lawsuit to Challenge Violations of Your Rights in Prison*. Free download of handbook also available at jailhouselaw.org.

Blackstone Career Institute

1011 Brookside Rd., #300
P.O. Box 3717
Allentown, PA 18106
800-826-9228;
610-871-0031
blackstone.edu
Low-cost paralegal/legal assistant course by mail. The oldest school of its kind in the U.S. Many students are incarcerated. Write for free catalog listing current courses, degree programs & fees.

Innocence Project

40 Worth St., #701
New York, NY 10013
212-364-5340
innocenceproject.org
No general legal advice or research. Accepts only post-conviction cases where DNA testing can conclusively prove innocence. To have a case considered, send a brief factual summary & list of the evidence used against the defendant. Include defendant's name & contact info; dates of the crime, arrest & conviction; what defendant was convicted of & where (city, county, state); sentence; & defendant's claim to innocence. Don't send documents. Info also available in Spanish. Note: Many states have local innocence projects; a few take non-DNA cases. These can be found on the Internet; case managers & people outside can find them.

Center on Wrongful Convictions

Northwestern Pritzker School of Law
375 East Chicago Ave.
Chicago, IL 60611
312-503-2391
law.northwestern.edu/legalclinic/wrongfulconvictions
Handles claims of innocence in DNA & non-DNA cases. If you write asking for legal representation, they review your request & decide if they can represent you. Responding takes a long time. They won't discuss your case with you over the phone. Wrongfully convicted youth (convicted or accused as adolescents or younger) & women, put "Attn: Center for Wrongfully Convicted Youth" or "Attn: Women's Project" on your letter.



Equal Justice Initiative

122 Commerce St.
Montgomery, AL 36104
334-269-1803 (accepts collect calls)
eji.org
Legal representation for indigent defendants & those denied fair treatment (such as trials marked by blatant racial bias or prosecutorial misconduct). They mostly help death row prisoners & children prosecuted as adults. You can write (address letter to "Intake Department") to ask about your case, but they don't usually answer unless they're interested in the case. Don't send legal materials.

Lambda Legal

120 Wall St., 19th Fl.
New York, NY 10005
866-542-8336 (accepts collect calls)
lambdalegal.org
They only take cases of discrimination based on sexual orientation, gender identity/expression, & HIV that could significantly advance the rights of LGBT people & those with HIV. Otherwise, they can discuss your legal issue with you & may offer follow-up discussions with attorneys or suggest a lawyer in your area. Free toolkits on trans rights, including *Transgender Prisoners in Crisis*. Info available in Spanish.

Transgender Law Center Detention Project

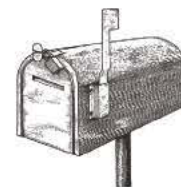
P.O. Box 70976
Oakland, CA 94612
510-380-8229 (collect calls from prison accepted)
transgenderlawcenter.org
Know-your-rights guides & other legal & policy info for transgender & gender-nonconforming people. They may connect you with medical experts or lawyers or engage in further direct advocacy. For privacy, you can address your letter to "Detention Project," not "Transgender Law Center."

The Promise of Justice Initiative

636 Baronne St.
New Orleans, LA 70113
504-529-5955
justicespromise.org
Louisiana only. They answer letters, but it may take time; they take very few new cases.

Washington Lawyers' Committee for Civil Rights & Urban Affairs

11 Dupont Circle NW, #400
Washington, DC 20036
202-319-1000
washlaw.org
Advocates for humane treatment & dignity of people charged under Washington, DC law—even if you're being held anywhere in the federal system. They focus on health & medical issues, abuse, religious rights, mental health, deaf issues & some parole matters. Letters should provide as much detail & chronology of the situation as possible. They sometimes accept collect calls, but mail is better.



Lewisburg Prison Project
 P.O. Box 128
 Lewisburg, PA 17837
 570-523-1104
lewisburgprisonproject.org
 PA only (state & some fed)
 Legal representation for very few cases & only for those serving time in federal prisons in PA (Allenwood, Lewisburg, McKean, Schuylkill), 11 PA state prisons & 34 PA middle district county jails. People in PA can write to ask if their case fits. People anywhere can send a self-addressed stamped envelope for a free list of low-cost bulletins: *Assaults, Legal Research, Medical Rights, Religious Rights, First Amendment, Access to Courts, Exhausting Administrative Remedies, Disciplinary Hearings, & Racial/Religious Discrimination.*



Uptown People's Law Center
 4413 N. Sheridan
 Chicago, IL 60640
 773-769-1411
uplcchicago.org
 IL only
 They can't answer mail from states other than IL. No criminal law cases or appeals, post-conviction or habeas corpus petitions. They help find pro bono (free) lawyers for people in IL challenging denial of medical care, excessive force, denial of religious rights, access to the courts, discrimination, & cruel & unusual punishment. They can't discuss your case with family members without your written permission.

National Prison Project of the ACLU (American Civil Liberties Union)
 915 15th St. NW, 7th Fl.
 Washington, DC 20005
 202-393-4930
aclu.org/prisoners-rights/
aclu-national-prison-project
 No individual legal representation or help with criminal or post-conviction cases. No publications. They file class action lawsuits to ensure that prison & jail conditions are constitutional & consistent with health, safety, & human dignity. Don't send original documents. You probably won't hear back unless they think your situation will make a major class action lawsuit.

Special Litigation Section U.S. Department of Justice
 Civil Rights Division
 Attn: Criminal Section
 950 Pennsylvania Ave. NW
 Washington, DC 20530
justice.gov/crt/special-litigation-section
 202-514-6255;
 877-218-5228
 They deal with civil rights of people in state or local jails, prisons & juvenile detention facilities, but only handle cases about widespread problems that affect groups of people, not individual problems. One exception: if you are being prevented from practicing your religion in prison, jail, or other facility operated by or for a state or local government. Send a detailed narrative of the complaint, including a chronology & description of the incident(s), especially if you are in danger of harm. They usually don't respond, but if they get involved, they can make big waves.

SOLITARY CONFINEMENT

The U.S. has nearly 100,000 people in isolation, more than any other country. Solitary confinement can cause mental health issues & other damage. Reaching out for support can help.

Survivors Manual: Surviving in Solitary
 c/o B. Kerness
 89 Market St., 6th Fl.
 Newark, NJ 07102
 No direct assistance.
 Free *Survivors Manual: Surviving in Solitary*, by & for people in isolation or control units. You can also get one of these: *From Her Mouth to Your Ears - By & For Women in Prison; Inalienable Rights - Applying International Human Rights Standards to the US Criminal Justice System; Survivors Speak: A UN Shadow Report; The Prison Inside the Prison; Torture in US Prisons; & Aging in Prison: A Human Rights Problem We Must Fix.*

Solitary Watch
 123 7th Ave., #166
 Brooklyn, NY 11215
solitarywatch.com
 Free newsletter (3 or 4/ year); ask to be added to the mailing list. They welcome submissions of writings & drawings by people who are or have been in solitary for possible publication in *Voices from Solitary* on the website. A pen-pal program, Lifelines to Solitary, connects people in long-term solitary with correspondents on the outside (for ongoing letter writing & friendship, not romance—don't ask for pen pals of specific genders, ages, etc.); if you'll be in solitary for 6 months or more, write for guidelines & to get on a waiting list for a pen pal.

California Prison Focus
 4400 Market St., Suite A
 Oakland, CA 94608
 Newspaper (4/year) on CA prison conditions, policies & legislation, with writings from inside (some from beyond CA). Free subs on request to those with CA SHU addresses; \$8/year for others in prison. Stamps welcome.

DEATH PENALTY RESOURCES

The U.S. is one of very few countries that still executes people. These organizations help those with death sentences and/or who want to end capital punishment.

Centurion Ministries
 Attn: Janet
 1000 Herrontown Rd,
 2nd Fl.
 Princeton, NJ 08540
centurion.org
 Primarily an investigative agency for people sentenced to life or to death for a rape or murder they had nothing to do with. They take cases in the U.S. & Canada. Send a 3-4 page letter with a brief description of the crime, trial, & a bit about yourself. They review thousands of cases, but take on very few.

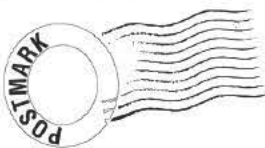
Southern Center for Human Rights
 83 Poplar St. NW
 Atlanta, GA 30303
 404-688-1202
schr.org
 GA & AL only. Legal representation for people on death row, at trial, on appeal, & in post-conviction review. They also do some class action lawsuits & cases on denial of parole & medical care. People in GA or AL can write to request a lawyer. They decide case-by-case.

SEXUAL ASSAULT

Rape & other forms of sexual assault can happen to anyone—it's not your fault. These groups may help you protect yourself & heal.

Just Detention International

3325 Wilshire Blvd., #340
Los Angeles, CA 90010
24-hour hotline:
213-384-1400
justdetention.org
Free packet of info & resources about sexual abuse while in custody, prisoners' rights, & how to get help. They don't provide counseling, legal representation, books, pen-pal services, or investigations of sexual abuse reports. To help end sexual assault they share survivors' stories (with survivors' permission) with the public & in training sessions for corrections officials & victim services providers. They connect some survivors with journalists & policymakers to share their experiences. Write them *via confidential, legal mail* at: Cynthia Totten, Attorney at Law, CA Attorney Reg. #199266 (see address, above)



Project on Addressing Prison Rape
4300 Nebraska Ave. NW,
Y110C
Washington, DC 20016
wcl.american.edu/endsilence

No direct legal services. Write for info on your rights & specific laws that protect them. They may refer you to legal & mental health services in your area. Letters can be marked "legal mail."

SEX OFFENSE CASES

People convicted of sex offenses can get help managing the extra requirements they face, as well as support with healing & transforming themselves, if needed.

CURE-SORT (Sex Offenders Restored Through Treatment)

P.O. Box 1022
Norman, OK 73070
405-639-7262
cure-sort.org
A chapter of Citizens United for the Rehabilitation of Errants (CURE). Info & therapy referrals for incarcerated people who have perpetrated abuse. Free info on registry & residency laws & a free self-help guide with activities for self-care & healing. *The Neighborhood Guide* (\$10 donation requested) tells how to conduct community meetings & address concerns of residents as part of a positive restoration & reentry process.

National Association for Rational Sex Offense Laws

P.O. Box 36123
Albuquerque, NM 87176
narsol.org
Newsletter *The Digest* (subscribe for \$9/year for incarcerated people; \$12/year for "outsiders"), sent every other month, covers advocacy for evidence-based laws, a law-enforcement-only registry, & rehabilitation & reintegration into society for law-abiding people after conviction for sex offenses. Includes a column answering readers' legal questions.

ART, WRITING, & EDUCATION PROGRAMS

These groups support your right to learn, grow, & be creative.

American Prison Writing Archive

198 College Hill Rd
Clinton, NY 13323
dhinitiative.org/projects/apwa
Internet-based, digital archive of testimony from anyone who lives, works, or volunteers in a U.S. prison. Send typed or clearly hand-written nonfiction essays based on first-hand experience. Entries should be limited to 5,000 words (15 double-spaced pages). Free; they read all writing submitted. Write for the permissions questionnaire that MUST accompany all submissions.

PEN Prison & Justice Writing Program

PEN America
588 Broadway, #303
New York, NY 10012
212-334-1660
pen.org/prison-writing
Sponsors an annual creative writing contest, publishes a free writing handbook for prisoners, & provides one-on-one mentoring to incarcerated writers. To be eligible for mentorship, writers must submit their work to the writing contest. They encourage you to submit your writings.

Ohio University Correctional Education

102 Haning Hall
1 Ohio University
Athens, OH 45701
ohio.edu/ecampus/print/correctional
College-level courses, certificate & degree programs approved in most prisons. Write for free info on admission, course offerings & costs; ask if their program is allowed in your state.



PrisonArte.com

c/o SG Sales & Marketing
P.O. Box 1773
Avondale, AZ 85323
970-703-4003
prisonarte.com
Website helps incarcerated artists sell their work. Apply to see if they will add you to their website: write for the 7pp prison artist application packet; you must include a self-addressed envelope bearing one Forever stamp.

Prisoner Express

127 Anabel Taylor Hall
Cornell University
Ithaca, NY 14853
607-255-6486
prisonerexpress.org
Free, 2x-yearly newsletter describes their writing & art programs. With drawings, poems, essays & fiction by participants.



Prison Arts Coalition

P.O. Box 8261
Silver Spring, MD 20907
Incarcerated artists can write for a form, fill it out & send it back to be paired with an artist on the outside to correspond & share art. To submit original art for the Prison Arts online gallery, ask for a consent form to submit along with your artwork.

Prison Education Guide
 c/o Prison Legal News
 P.O. Box 1151
 Lake Worth, FL 33460
 561-360-2523
prisonlegalnews.org
 Comprehensive guide to correspondence programs for incarcerated people, with detailed analysis of quality, cost, & course offerings of all college correspondence programs. Gives step-by-step instructions to find the right educational program, enroll in courses, & complete classes to meet your academic goals. Paperback, 280 pp, \$54.95 (includes shipping)
 Address payment to *Prison Legal News*.



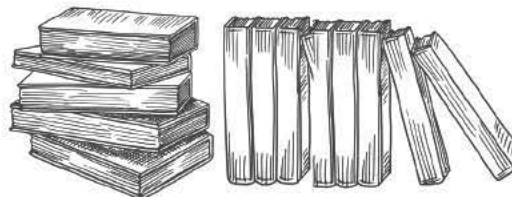
Prisons Foundation
 2512 Virginia Ave. NW,
 #58043
 Washington, DC 20037
 202-393-1511 (no calls from prisons)
prisonsfoundation.org
 Publishes books on the Internet, on any subject, by or about people in prison. Free. You retain full rights as author. Write for guidelines.

Safe Streets Arts Foundation
 2512 Virginia Ave. NW,
 #58043
 Washington, DC 20037
 202-393-1511 (no calls from prisons)
safestreetsarts.org
 They exhibit & sell work for incarcerated visual artists. Free; write for details on exactly what they provide.

Images: Can Stock Photo

FREE PRISON BOOK PROGRAMS

When requesting free books from these volunteer-run projects, it's important to:
 1) Pay close attention to which states each program serves; 2) Remember that most of these groups depend on donated books & may not have a particular book, so send a list of topics & types of books you want; 3) Include your name, number, & address in clear, legible print; 4) Be patient—due to money & resources, not lack of concern, it may take months to get a response.



Inside Books Project Resource Guide
 See "Other Resource Lists," p. 33. They have a longer list of prison book programs in the U.S., including those serving only 1 state.

Appalachian Prison Book Project
 P.O. Box 601
 Morgantown, WV 26507
apisonbookproject.wordpress.com
 Sends to KY, MD, OH, TN, VA & WV prisons.

Asheville Prison Books Program
 c/o Downtown Books & News
 67 N. Lexington Ave.
 Asheville, NC 28801
avlpb.org
 For NC & SC only. Indicate any restrictions on books at the facility you are in. They also welcome artwork to post on their website.

NYC Books Through Bars
 c/o Bluestockings Bookstore
 172 Allen St.
 New York, NY 10002
booksthroughbarsnyc.org
 To all states except AL, FL, LA, MA, MI, MS, NC, PA & OH, with a priority for NY.

Books Through Bars/Philadelphia
 4722 Baltimore Ave.
 Philadelphia, PA 19143
 215-727-8170
booksthroughbars.org
 For PA, NJ, DE, NY, MD, & VA. People in PA prisons only can get their social justice-focused correspondence course, *Address This!*

Providence Books Through Bars
 c/o Paper Nautilus Books
 19 South Angell St.
 Providence, RI 02906
 All states except AL, AR, FL, IL, KY, LA, MA, ME, MS, NY, NC, OH, PA, SC, WA, WI.
 Request books by subject.

Books to Prisoners
 c/o Left Bank Books
 92 Pike St, Box A
 Seattle, WA 98101
 206-527-3339
bookstoprisoners.net
 Provides free books to prisoners nationwide. Request by subject; very few religious or legal materials. They do not ship to prisons that require all books sent be new. No male CA requests.

Chicago Books to Women in Prison
 c/o RFUMC
 4511 N. Hermitage Ave.
 Chicago, IL 60640
chicagobwp.org
 For women (including transwomen) in federal prison or in state prisons in AL, AZ, CA, CT, FL, IL, IN, KY, MS, OH & TN.

Inside Books Project
 c/o 12th Street Books
 827 W. 12th St.
 Austin, TX 78701
insidebooksproject.org
 For TX prisons only. One request every 3 months. (See "Other Resource Lists" for their national guide.)

DC Books to Prisoners
 P.O. Box 34190
 Washington, DC 20043
dcbookstoprisoners.org
 Request books by subject; specify restrictions in your prison. They send books to DC residents in federal prisons, & to people in state prisons except AZ, CT, FL, IL, MA, ME, MI, NH, NJ, NY, OR, PA, RI, VT, WA, & WI.

LGBT Books to Prisoners
 c/o Social Justice Center Incubator
 1202 Williamson St., #1
 Madison, WI 53703
lgbtbookstoprisoners.org
 For LGBTQ-identified people in every state except TX.

Louisiana Books 2 Prisoners
 3157 Gentilly Blvd., #141
 New Orleans, LA 70122
lab2p.org
 For AR, AL, LA & MS. Priorities: women & anyone imprisoned in LA.

Midwest Books to Prisoners
 1321 N. Milwaukee Ave.,
 PMB #460
 Chicago, IL 60622
 312-842-7390
midwestbooks2prisoners@gmail.com
midwestb2p.com
 Provides books to people in IL, IN, IA, KS, MI, MN, MO, NE, OH, ND, SD & WI.

Midwest Pages to Prisoners Project
 P.O. Box 1324
 Bloomington, IN 47402
 812-727-0155
pagestoprisoners.org
 For AR, IA, IN, KS, MN, MO, NE, ND, OK, SD.

Prison Book Program
 c/o Lucy Parsons Bookstore
 1306 Hancock St., #100
 Quincy, MA 02169
 617-423-3298
prisonbookprogram.org
 For all states except CA, MI, MD, NV, IL & TX.
 You can also get *We the People Legal Primer*, a free, 40-page booklet on the Constitution, key legal terms, & post-conviction remedies. Wait can be 3-6 months. 2 book shipments per year.

Prisoners Literature Project
 c/o Bound Together Bookstore
 1369 Haight St.
 San Francisco, CA 94117
prisonlit.org
 Free books everywhere but TX. Ask for kinds of books, not specific titles.

Tranzmission Prison Project
 P.O. Box 1874
 Asheville, NC 28802
tranzmissionprisonproject.org
 Free books, including a LGBTQ-centric resource list, to LGBTQ-identified people & anyone in a women's prison. No pen pal services.

Women's Prison Book Project
 c/o Boneshaker Books
 2002 23rd Ave. S
 Minneapolis, MN 55404
wpbp.org
 For women & transgender people in federal prisons & all states except CA, CT, FL, IL, IN, MA, MI, MS, OH, OR, PA.

RESOURCES FOR INCARCERATED PARENTS

These groups can help you navigate prison regulations, family court, & long distances to maintain or rebuild relationships with your children.

Legal Services for Prisoners with Children
 4400 Market St.
 Oakland, CA 94608
 415-255-7036
prisonerswithchildren.org
 Answers letters, mostly about family law; sends self-help legal manuals (in Spanish & English) on your question, & helps you find info. Their expertise is mostly in CA; they're less able to answer questions from other states. Letters should be as specific as possible. If you send documents, they will make copies & return the originals. No direct representation.

Chicago Legal Advocacy for Incarcerated Mothers (CLAIM)
 c/o Cabrini Green Legal Aid
 6 South Clark St., Suite 200
 Chicago, IL 60603
 312-738-2452, ext. 451
 (collect calls: 312-675-0911)
cgla.net
 IL only
 Advice & some legal representation for incarcerated parents & family in IL on guardianship (short-term or court-ordered), visitation, & child custody, plus advice on foster care & divorce cases. Women: write to CLAIM. Men: write to Cabrini Green Legal Aid (same address). They can also send a free Illinois-focused resource guide, *Caring for Children when a Parent Is Arrested*.

The Peer Association INC
 5795 County Road O
 Rudolph, WI 54475
peerassociation22.org
 Send any questions; they try to provide info. They will write on letterhead to elected officials who might be able to help you, describing your problem connecting with family or children. No legal representation or lobbying. You can write asking what support, including for reentry, is available in your area.



ADVOCACY & ACTIVISM

These national groups help fight prison conditions or push for long-range social, cultural, & policy changes—or both. If you write them, ask if they have a chapter near you.

Families Against Mandatory Minimums (FAMM)—Nat'l Office
 1100 H St. NW, #1000
 Washington, DC 20005
 202-822-6700
famm.org
 Fights for fair sentencing laws. No legal services or fact sheets; they don't answer letters. People in federal prisons can add famm@famm.org to their Corrlinks account to get email updates about laws on federal sentencing, clemency, commutations, & compassionate release. They can't reply to individual questions. Loved ones outside can get info from famm.org/affected-families.

Citizens United for Rehabilitation of Errants (CURE)
 Nat'l Office: P.O. Box 2310
 Washington, DC 20013
 202-789-2126
cure@curenational.org
 Works in 40 states to reform the criminal justice system. No legal help; do not send documents. Free sub & 3 sample newsletters (which list state & local chapters).

The Sero Project
 P.O. Box 1233
 Milford, PA 18337
seroproject.com
 A network of people living with HIV (PLHIV) & allies fighting stigma & injustice, especially inappropriate criminal prosecutions for nondisclosure of HIV status or potential or perceived HIV exposure or transmission. Write to join their network of incarcerated PLHIV or for info & resources about HIV criminalization or advocacy.

Critical Resistance (CR)
 1904 Franklin St., #504
 Oakland, CA 94612
 510-444-0484 (accepts collect calls from most but not all prison providers)
criticalresistance.org
 Free subs to newspaper, *The Abolitionist*, 3 issues/year, in English & Spanish (& you can submit writing or art for possible publication). Free copies of *Abolition Now*, about CR's work; other political education & organizing resources including organizing guide, *Are Prisons Obsolete?* They can only send one book at a time & books may be out of stock. Free copy of Prison Activist Resource Center's national resource list.



Campaign for Prison Phone Justice
 Attn: Michelle Dillon
 P.O. Box 1151
 Lake Worth, FL 33460
 206-257-1355
prisonphonejustice.org
 In 2013, they won a reduction in interstate prison phone rates. They now fight to lower per-minute call rates within states & for access to video visitation. They want stories about how prison phone costs make it hard to stay in touch with loved ones.

Human Rights Defense Center
 P.O. Box 1151
 Lake Worth, FL 33460
 561-360-2523
humanrightsdefensecenter.org
 They publish *Prison Legal News*, *Criminal Legal News*, & other newsletters. Write them for a list of what's available. If you've had books, educational resources, or political materials denied by prison administration, HRDC may be able to advocate or litigate for you or for the publication.

The Fortune Society
 29-76 Northern Blvd.
 Long Island City, NY 11101
 212-691-7554
fortunesociety.org
 Reentry services in NY only, but anyone can get a free sub to *Fortune News*, 2 issues/year.

Real Cost of Prisons Project (RCPP)
 5 Warfield Place
 Northampton, MA 01060
 Their website, realcostofprisons.org, includes comix & essays by incarcerated people on mass incarceration, conditions of confinement, & the prison system. You can send political & analytical items to be posted online as *Comix From Inside* & *Writing From Prison*. (They can't pay for items they post.)

RESOURCES FOR WOMEN

Along with these, Chapter 41 ("Special Issues of Women Prisoners") of *A Jailhouse Lawyer's Manual*, by *Columbia Human Rights Law Review*, offers info on reproductive rights, parenting from prison, rules on searches by male guards, & more. The chapter is on the Internet, in case an outside friend or family member can print it for you: jlm.law.columbia.edu/files/2017/05/53.-Ch.-41.pdf

Center on Wrongful Convictions - Women's Project
 See "Legal Resources," p. 26.

YOGA

Prison Yoga Project
 P.O. Box 415
 Bolinas, CA 94924
prisonyoga.org
 You can request their free manual designed for people in prison: *Yoga: A Path for Healing and Recovery*—physical, breathing, & meditation practices for wellbeing.

California Coalition for Women Prisoners (CCWP)
 4400 Market St.
 Oakland, CA 94608
 415-255-7036 x4;
 Los Angeles Chapter
 P.O. Box 291585
 Los Angeles, CA 90029
womenprisoners.org
 No direct legal representation. Women anywhere can get free newsletter, *The Fire Inside*, 2 issues/yr (part in Spanish). Women, transgender, & gender nonconforming people in CA can get help with legal, medical, solitary, parole, & reentry issues.

National Council for Incarcerated & Formerly Incarcerated Women & Girls
 100R Warren St.
 Roxbury, MA 02119
 They work in coalitions & campaigns on issues from conditions of confinement to community-led initiatives, with the goal of ending incarceration of women & girls. Contact them if you are working on an issue you want help with, or to learn more about current coalitions & how you can be involved.

Justice Now
 1322 Webster St., #210
 Oakland, CA 94612
 510-832-4357
 (collect calls from CA women's prisons Tues.-Fri., 10:00 a.m.-4:00 p.m.) No individual lawsuits, appeals, or writs. People in CA women's prisons can request info & help with emergency/life-threatening medical crisis, legal questions, compassionate release, & post-release employment/training. See also "Women's Health," p. 25.

National Clearinghouse for the Defense of Battered Women
 990 Spring Garden St., Suite 703
 Philadelphia, PA 19123
 215-351-0010 (collect calls) or 800-903-0111 x3
ncdbw.org
 Assists defense teams on cases involving domestic violence survivors charged with crimes related to their abuse. No legal representation, advice, or services. Call rather than write; answering letters is slow. Spanish speakers on staff (personas que hablan español en el personal).

Tenacious
 V. Law
 P.O. Box 20388
 New York, NY 10009
resistancebehindbars.org/node/19
 Writings & art by formerly & currently incarcerated women, 2-3 issues/year. Free to incarcerated women & transwomen; incarcerated men send 4 stamps (or \$2 check or money order made to V. LAW).

VISITING

Prisoner Visitation & Support
 1501 Cherry St.
 Philadelphia, PA 19102
 215-241-7117 (accepts collect calls)
 P.O. Box 58068
 Philadelphia, PA 19102
prisonervisitation.org
 Authorized by the Federal Bureau of Prisons & the Department of Defense to visit anyone in federal & military prisons. Top priorities: people serving long sentences far from home, frequently transferred, in solitary confinement, or on death row. They respond to letters even if they can't visit.

ADVOCACY/SUPPORT FOR LGBTQI PEOPLE

For lesbian, gay, bisexual, transgender, queer & intersex people.

Black & Pink

614 Columbia Rd.
Dorchester, MA 02125
617-519-4387
blackandpink.org
A family of LGBTQ people in prison & "free world" allies. Free monthly newspaper includes how to sign up for their pen pal program & other services. They can sometimes help in a crisis by writing to prison officials & getting public attention.

Transgender, Gender Variant, & Intersex Justice Project

370 Turk St., #370
San Francisco, CA 94102
tgijp.org
Transgender people in & out of prison united in struggle for survival & freedom. Free *Stiletto Prison Newsletter* & *Still We Rise: Prison Resource Guide*.

GLBTQ Legal Advocates & Defenders (GLAD)

18 Tremont St.,
Suite 950
Boston, MA 02108
617-426-1350;
800-455-4523
(accepts collect calls Mon.-Fri., 1:30-4:30 p.m. EST)
glad.org
Know Your Rights info related to sexual orientation, gender identity & HIV status. People in New England can request a regional resource guide & pen pal list.

Hearts on a Wire
William Way Center
1315 Spruce St.
Philadelphia, PA 19107
heartsonawire.org
PA-based group of trans & gender variant people. Free newsletter to incarcerated transgender people & allies. To get on their mailing list, send a letter briefly describing your connection to the trans community.

National Center for Lesbian Rights
870 Market St., #370
San Francisco, CA 94102
415-392-6257
nclrights.org/legal-help-resources
No legal representation. Free info on laws that affect LGBT people & ways to protect against discrimination & other civil rights abuses.

Sylvia Rivera Law Project Prisoner Justice Project
147 W. 24th St., 5th Fl.
New York, NY 10011
212-337-8550
(ext. 308 for legal)
srjp.org
NY only. Direct legal services for transgender, gender nonconforming, & intersex people incarcerated by NYS in NYS; they can't help anyone else. Help with name changes, getting trans-affirming health care, safety, gender-affirming placement, some reentry issues.

Tranzmission Prison Project
See "Free Prison Book Programs," p. 30.

PEN PALS

This list includes free services that try to match you with an outside pen pal & services that post your profile or request online for a fee. The free groups (run by volunteers) often have long waiting lists; the paid services can't guarantee a reply to your ad. So finding a pen pal requires a lot of patience.



FREE TO PEOPLE IN PRISON

Christian Pen Pals
P.O. Box 11296
Hickory, NC 28603
cppministry.com
Christian pen pals for faith-based dialogue, ministry by mail. Include your name, ID#, address, date of birth, sentence length, release date, religion, hobbies, interests, statement about yourself & what you want in a pen pal. It may take more than 18 months for volunteers to respond due to backlog & few volunteers. You must request Christian support; don't ask for a male or female specifically. Other requests won't be answered.

Jewish Prisoner Services Int'l
P.O. Box 85840
Seattle, WA 98145-1840
206-617-2367 (emergency line accepts collect calls)
jpsi.org
Faith-focused national service for Jewish people. Write for application (they need written confirmation that Jewish religious law considers you Jewish). Some reentry & family assistance.

Midwest Trans Prisoner Pen Pal Project
c/o Boneshaker Books
2002 23rd Ave. S
Minneapolis, MN 55404
mwtppp.wordpress.com
Midwest only (OH, IN, IL, MI, WI, MN, ND, SD, IA, MO); primarily serves transgender & gender nonconforming folks but also those across the LGBTQI spectrum. Not a dating service. In your letter, include name & chosen name (if different), ID#, address; describe yourself & what you want in a pen pal. They often have a long waiting list.

PAYING CUSTOMERS ONLY

Friends Beyond the Wall, Inc.
ATTN: New Ad Orders
55 Mansion St., #1030
Poughkeepsie, NY 12602
friendsbeyondthewall.com
Send profile for online pen pal ad: 6 Months, \$29.95; 1 Year, \$39.95; 2 Yrs, \$59.95. Write for free info (self addressed stamped envelope appreciated). People with Corrlinks can email: info@FriendsBeyondTheWall.com

Meet-An-Inmate
Arlen Bischke
P.O. Box 1342
Pendleton, OR 97801
meet-an-inmate.com
Online site will list your address, photo & info starting at \$35 for 12 months.

Write a Prisoner
P.O. Box 10
Edgewater, FL 32132
386-427-5857
writeaprisoner.com
Online profiles. Starting price, \$50/year. Also available: free reentry profiles for housing, legal assistance, counseling, employment, & education after release.



OTHER RESOURCE LISTS

These groups can send you resource lists, some on many subjects, others just one.

Inside Books Project Resource Guide
12th Street Books
827 W. 12th St.
Austin, TX 78701
insidebooksproject.org/resource-guide
Free 28-page list of national resources, with focus on Texas. 2-stamp donation appreciated.

Black & Pink Prison Resource List
6223 Maple St., #4600
Omaha, NE 68104
blackandpink.org
Free resources on queer & trans issues, prison activism, & surviving in prison. Stamp donations welcome.



National Prisoner Resource List – Prison Book Program
c/o Lucy Parsons Center & Bookstore
1306 Hancock St., #100
Quincy, MA 02169
prisonbookprogram.org
All states except CA, MI, MD, NV, IL & TX. Also offer *We the People Legal Primer*. See "Free Prison Book Programs," p. 30.

Book 'Em (Attn: PADA)
P.O. Box 71357
Pittsburgh, PA 15213
bookempa.org
People in PA only can request books (including *The Jailhouse Lawyer's Handbook*) & choose from resource lists: Legal Pro-Bono, Advocacy from Within; Women & Parents; PA prison, Jail & Court House Addresses/Phone #'s; Education on the



Inside! Connection to the Outside; Local & National Prisoner Advocacy Organizations; 2009 PA Prison Directory Action.

Partnership for Safety & Justice
825 NE 20th Ave., #250
Portland, OR 97232
safetyandjustice.org/supportdirectory
Free directory of health & legal organizations, book programs, & LGBT resources, with national & OR listings. Plus 20+ page list of resources for people being released in OR.

ONLY ON THE INTERNET

If you have a loved one on the outside who can send you info downloaded from the Internet...



The Prison Studies Project
prisonstudiesproject.org/directory
Internet directory of college programs in U.S. prisons. State lists of mostly on-site, degree-granting, post-secondary ed programs.



Campaign to End Life Imprisonment
endlifeimprisonment.org
Info & resources to help bring an end to life without parole & virtual life sentences. Campaign led by the Sentencing Project (sentencingproject.org).

HIVandHepatitis.com
Archive about living with both viruses. Not updated.

TheBody.com
HIV news, opinion pieces, fact sheets, personal stories, clinical updates, & more.

TheWellProject.org
Info & support for a global community of women, including women of trans experience, living with HIV. Fact sheets & blogs.

National Reentry Resource Center
csgjusticecenter.org/reentry/reentry-services-directory
A list of reentry services by state; no individual help.

SmartAndStrong.com
Hosts websites with blogs, medical info, & stories on: HIV - POZ.com
Cancer - CancerHealth.com
Hepatitis - HepMag.com
African-American health - RealHealthMag.com

Mayo Clinic Health Information
mayoclinic.org
Reliable info (English & Spanish) under "Find Diseases & Conditions" & "Symptom Checker." Not a substitute for a doctor.

Center for Prisoner Health & Human Rights, Miriam Hospital
prisonerhealth.org
Info for family members supporting health of a loved one inside; no direct help.

Prison Policy Initiative
prisonpolicy.org
Research on prison issues. Legal resources by state: prisonpolicy.org/resources/legal

AIDSInfoNet.org
Free to download & print: fact sheets in English & 10 other languages on HIV prevention & treatment (including alternative/complementary). Whoever downloads fact sheets for you should begin with Fact Sheet 1000, a list of all fact sheets, so you can request the one you need. Check that the fact sheet has been updated; some are out of date.

National Resource Center on Children & Families of the Incarcerated
nrccfi.camden.rutgers.edu
List of programs (specify your state) for children & families of incarcerated people.

Works for Me...

Self-Care Tips from Inside

1



"I drink plenty of water."
—Robert, Texas

4



"I doubled up on greens and vegetables whenever possible. Important for the roughage, especially if you eat meat."
—Eric, formerly incarcerated

7

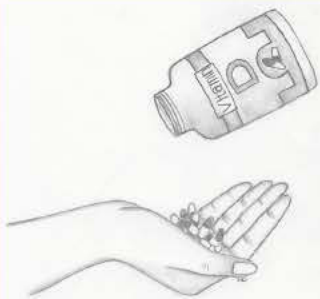


"I love coffee, but I don't drink it after lunchtime, because caffeine can keep me up at night."
—Amanda, Delaware

Illustrations by: Mariela Duran (1-4) and Walter McDavid (5-7)

Duran (visual artist, curator, mom) and McDavid (drawing artist, DJ at heart) are formerly incarcerated graduates of Free Write Arts & Literacy, a Chicago-area program that engages incarcerated and court-involved young people in creative arts.

2



"I get multivitamins from medical, but they are sold on commissary."
—Nahbeel, Pennsylvania

5



"I put a towel over my eyes and drown everything out with sensory deprivation. It helps me keep from being a victim of stress."
—John, Texas

3



"We're locked down a lot, so it helps to have reading materials on hand."
—Dean, Washington

6



"If I'm worrying, I make a list of the worries to stop them from spinning around in my head. Then I make a work plan for the ones that matter."
—David, New York

A Word on Words

In the articles featured in *Turn It Up!* you will not read about *in-mates*, *offenders*, *convicts*, or even *prisoners*. Incarcerated people are human beings: parents, siblings, writers, artists, workers—*people*. In New York State in about 2007, the late Eddie Ellis, a widely loved and respected former Black Panther who had served time, wrote an open letter urging everyone to stop using words that dehumanize and misname people based on our experiences of imprisonment. The movement of formerly incarcerated people has adopted and promotes this shift to "people-first" language. Now let's work to get journalists, the public, and prison workers to accept our humanity in words *and* deeds.