除非你是自力更生的人，否则你会落入裂缝中。

"Unless you’re a self-advocate, you fall through the cracks."

p. 14, Feature story
Dear Reader,

TURN IT UP! is for people in prison, and many of the people who created TURN IT UP! have served time behind the walls, fighting to stay healthy despite the many obstacles prison presents. We have experienced discrimination (from eye-rolling, to being denied housing, jobs, and other basic human rights) because of our prison sentences. Below we highlight incarcerated people about things they do to stay strong inside, and addresses to write to for many kinds of information and help. We know conditions and rules vary wildly from one prison to another, and we tried to provide the most universal information we could. But some things may not apply in the system or facility you are in—especially in immigration detention or jails—and we realize that can make things hard.

We hope you feel, through the words on these pages, our support, respect and friendship. Those things helped some of us feel powerful and dignified during our years in prison, even though prison seemed designed to rob us of those feelings. The incarcerated and formerly incarcerated people, as well as some of our strongest allies, whose voices fill these pages inspire all of us—on the outside as well as behind bars—to TURN IT UP! together for our health and the health of our families and communities.

—Laura Whitehorn and Suzzy Subways, Editors-in-Chief

INCARCERATED PEOPLE’S HEALTH BILL OF RIGHTS

Created by men behind the walls at Sing Sing and Green Haven prisons in New York. 1. Ensure the use of gloves by care providers, including when dispensing medication. 2. Prompt responses for medical emergencies. 3. Staff to maintain confidentiality, limiting access to medical files and requiring officers to stand away from exam rooms. 4. Clinicians to keep instruments sterile and inside packaging until in front of patients. 5. Clinicians to notify patients of the medications being prescribed. 6. Presence of emergency alarms in porter cells for quick responses to medical emergencies. 7. AED devices accessible in program areas and dormitory areas. 8. 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.

Published by Sero Project, Inc.
Tami Haupt Kenneth Pirkle Cindy Stine Sean Strub Robert Suttle
in association with Prison Health News
Fight.org/programs-and-services/prison-health-news

Thanks to these wonderful bakers: Broadway Cares/Equity Fights AIDS H. van Amringen Foundation
Ellen John Albert Foundation

And

Breit Adams Juan Lois Brown Diane Block Mark Criscuolo Lincoln Cushing Teri Fortune Society Jim Fournier Camilla Doherty Irish Quenns N.C. Naseem Jaffee Rob Lake Jani Marinoff Special thanks to writers and supporters behind bars, including:

For single or bulk copies of the one-time publication, TURN IT UP! The Sero Project P.O. Box 1233; Milford, PA 18337 info@sroProject.com

I’ve been living with HIV since before the virus was discovered. Back then, people were afraid to touch us, funeral homes wouldn’t accept the bodies of our dead, families wouldn’t let their children in the door, or served us food on disposable plates. The word “stigma” barely conveys how that felt. Fighting for our lives, we demanded dignity. We organized for our right to participate in our own medical care and in the decisions and policies that would profoundly affect our lives. In June 1983, a group of people with AIDS wrote the Denver Principles:

“We condemn attempts to label us as ‘victims,’ a term which implies defeat,” they wrote. “And we are only occasionally ‘patients,’ a term which implies passivity, helplessness, and dependence upon the care of others.” We are ‘People With AIDS’—and, since the discovery of the virus, People Living with HIV (PLHIV).

We have had some tremendous successes, most notably the development of effective treatments that make it possible to live a normal lifespan with HIV—assuming access to healthcare. But stigma persists, especially for incarcerated PLHIV and millions of other people behind bars.

The Sero Project works to counter one extreme example of that prejudice: criminal laws designed only for PLHIV. We connect with people incarcerated under these misguided and dangerous laws, people like the man on the cover, Kerry Thomas. Their strength and example inspired us to publish TURN IT UP! to support incarcerated people who face the challenge of staying strong inside, whether they’re living with HIV or any other health condition. Access to care is one way to stay strong; connection with others and self-empowerment are two more.

Below you will find the incarcerated People’s Health Bill of Rights, which takes the Denver Principles’ legacy one step further. TURN IT UP! is our response to this urgent call for dignity.

—Sean Strub, Executive Director, Sero Project; founder, POZ magazine

Kerry Thomas was a member of the original Denver Principles Steering Committee who created that document in 1983. He was incarcerated for 24 years at Sing Sing and Green Haven prisons in New York. In 2007, Kerry was released under the New York Parole Board’s compassionate release policy.

FOR A COMPLETE LIST OF TITLES, SEE PAGE 30.

* Incorporating material from earlier versions of the Prison Health Bill of Rights.

TURN IT UP! STAYING STRONG INSIDE

Laura Whitehorn and Suzzy Subways, Editors-in-Chief
Cindy Stine, Project Manager Andrea Piccola, Art Director Susan Jane Day, Copy Editor Cover art by Corina Dras

Advisory Board:
Tré Alexander, Philadelphia FIGHT Matthew Ebbet Akil Salter, Osborne Association Rend Vreeland, Housing Works Jennifer Martin, POZ Naseem Bazargan & Elisabeth Long, Prison Health News

Published by Sero Project, Inc.
Tami Haupt Kenneth Pirkle Cindy Stine Sean Strub Robert Suttle
in association with Prison Health News
Fight.org/programs-and-services/prison-health-news

Thanks to these wonderful bakers: Broadway Cares/Equity Fights AIDS H. van Amringen Foundation
Ellen John Albert Foundation

And

Breit Adams Juan Lois Brown Diane Block Mark Criscuolo Lincoln Cushing Teri Fortune Society Jim Fournier Camilla Doherty Irish Quenns N.C. Naseem Jaffee Rob Lake Jani Marinoff Special thanks to writers and supporters behind bars, including:

For single or bulk copies of the one-time publication, TURN IT UP! The Sero Project P.O. Box 1233; Milford, PA 18337 info@sroProject.com

FROM THE PUBLISHER

FROM THE EDITORS
Starting a Support Group

When I first came to the California Institution for Women (CIW), I saw elderly women with terminal illness shipped off to die in the skilled nursing facility in a prison 300 miles away. Most of these women had been incarcerated for many years, and the familiar surroundings at CIW were now their home. To ship them off to die was so cruel.

But creating a Compassionate Companions program here seemed to be a logical, altruistic illusion. The proposal fell on deaf ears.

To ship them off to die was so cruel.

Chow Time

Given the limitations of prison diets—and how addictive junk food is—it’s tough (sometimes impossible) to eat healthfully. Still, these guidelines may help:

- Vegetables (especially green leafy) and fresh fruits are rich in vitamins, minerals and fiber. Fresh fruit beats juice—it contains fiber without added sugar.
- Sweet potatoes are highly nutritious. White potatoes, they don’t spike blood sugar.
- Healthy fat sources: butter, olive oil, nuts, seeds
- Sardines and fish (southern) are rich in omega-3 fatty acids (see “Vitamins and Supplements,” p. 7).
- Eggs provide a perfect protein.
- Whole wheat, brown rice, and oatmeal include nutrients, unlike white flour (often listed as “enriched” or “wheat flour”). People who are overweight or have diabetes need to minimize carbs (including fruit), which can balloon blood sugar levels. (Exercise can reduce these levels.)
- Peanut butter is a good protein source; sugar-free brands are hard to find but better than those that contain sugar.
- Garlic (best crushed) and onions are anti-bacterial and anti-fungal.
- Curry powder contains turmeric, which may help fight inflammation (but should be avoided if you have gallbladder disease).
- Ginger (can be chopped and brewed as tea) eases digestion; may ease joint pain.
- Tea (unsweetened) has anti-inflammatory properties and releases caffeine more gradually than coffee (less “jolt”).

Plain water is good for your liver, especially with lemon added.

Some foods to limit or—if possible—avoid:

- Sugar adds calories and steals nutrients. It hides in many products as “corn syrup,” “maltodextrin” or ingredients ending in “-ose” (like “corn syrup,” “maltodextrin” or “fructose”). Worst is sugar-sweetened soda (high intake has been linked to earlier death), but artificial sweeteners should be limited as well.
- Soy products can produce constipation or diarrhea.

- You may want to skip seconds on deep-fried chicken or fish, French fries, margarine, and potato or corn chips—they contain harmful “trans” (or “hydrogenated”) fat. And processed meats (hot dogs, ham, bacon, sausages, deli meats) contain unhealthy chemicals.

- Special mention: many Black and Asian people are lactose-intolerant, so most avoid all dairy products except yogurt.
- Too much salt can worsen liver disease or high blood pressure. (If you add other herbs and spices to your food, you may miss salt less.)

Finally, food’s better digested if you eat slowly, chew well and avoid stressful conversation.

--Bob Lederer, formerly incarcerated
A Disease, Not a Crime

I decided how to handle being HIV positive when I was in county jail. I hung out with a few guys, and we never asked each other anything about our charges. One day when I was hauled off to court, my supposed common-law wife.

One day when I was hauled off to court, my supposed common-law wife.

When I returned, they didn’t say anything. But that night was movie night, so we were all in the TV room, where there is no guard. When my head was turned, they commenced to beating the brakes off me, using socks filled with 20-ounce bottles full of water turned upside down so that the hard, rough edges would hit me and do damage.

I made up my mind then and there never to hide my status.

When I got shipped to this prison, I immediately let everyone know that I am living with HIV. It makes some people uncomfortable, but it’s the start of education. People act mean to those of us who are positive because they are not educated about the virus, and they’re scared. I’m not saying this is the way to go for everyone. But when guys say things behind my back or under their breath, I tell them, “If you have questions about me or my case, ask me anything. Maybe I can quiet some of your fears.” That usually does the trick.

I choose to be an open book, so that no one—me or anyone—gets hurt. And this helps me educate people that HIV is a disease, not a crime. I wish you all well and hope you find a road that works for you. My advice is to be your own guide and not let the words or deeds of others set you off your course. You have the power. It is in you.

—L. Shayne Tabor, IA

SOLITARY STRATEGY

After a year in prison, I was sent to a supermax (solitary and total lockdown). I struggled with loneliness and depression.

Determined to take action, I chose to exercise my spirit, mind and body. I studied various spiritual, psychology and self-help books and a book on chess that helped me improve my game and my strategic thinking.

I made up my mind then and there never to hide my status.

I taught meditation, stress management and self-control skills. Twenty minutes a day is ideal, but even 5 minutes can help.

Meditation. Not necessarily religious—just a special time of calm, focusing on your breath and letting go of regular thoughts. It can help improve attention, stress management and self-control skills. Twenty minutes a day is ideal, but even 5 minutes can help.

Yoga. This ancient Indian practice doesn’t require pretzel-like poses, and it can be learned from a book, though more easily from an instructor. Kath Meadows, who teaches yoga in a Maryland prison, writes, “This practice can have bad effects on our mental and physical health and immune system. Just a few minutes of yoga a day can help reduce suffering in the mind and the body.”

—Bob Lederer, formerly incarcerated

Breathe, Stretch, Stay Strong

Even in the dismal reality of prison—even in solitary, as some have learned the hard way—you can do things to feel better. Some are pretty easy; others take more study or teaching. Here are some choices (and some places to write for instruction):

Deep breathing. A great stress-reducer and energizer you can do any time, for as long as you want. For each breath, let the lower belly get large as you inhale deeply through your nose, then exhale slowly through your mouth.

Meditation. Not necessarily religious—just a special time of calm, focusing on your breath and letting go of regular thoughts. It can help improve attention, stress management and self-control skills. Twenty minutes a day is ideal, but even 5 minutes can help.

FOR INFO ON SOME OF THESE METHODS

**Meditation:** Path of Freedom (ask for a free book on meditation), Prison Mindfulness Institute, 115 S. Angel St. #303, Providence, RI 02906

**Yoga:** James Fox, Yoga: A Path for Healing and Recovery (a free 100-page yoga and meditation manual especially for people in prison); Prison Yoga Project, P.O. Box 415, Bolinas CA 94924; 301-792-5352

**Kath Meadows, A Woman’s Practice: Healing from the Heart (for women with a history of trauma or addiction); free to incarcerated people: The Give Back Yoga Foundation, 900 Baseline Road, Cottage 13B, Boulder, CO 80302**

**Acupressure:** Introduction to Acupressure (booklet; also covers qi gung); $5. Acupressure Institute, 1533 Shattuck Ave, Berkeley, CA 94709; 510-845-1059; acupressure.com

**Acupressure Points:** Instructions for Use (also covers breathing, exercise, stretching), free; School of Chi Energy, P.O. Box 2115, Apex, NC 27502; 919-771-7800; chieneryheals.com

**FOR WORKS FOR ME!**

“I whip out my HIV-101 and share my info, and women here learn what’s the truth.” —Lisa Breisford, CT

“I document all medical visits on my calendar to keep tabs on my health.” —John Hernandez, TX

“In the hole, making a schedule and sticking to it allowed me some control over my days and moods.” —Laura Whitehorn, formerly incarcerated

**Acupressure (self-massage).** This Chinese practice is based on study of body points where energy gets blocked, producing symptoms. Firmly pressing your middle finger on specific points for two minutes may relieve some aches and pains and build energy. (See the chart on the back cover of Turn It Up!)

**Exercise.** Walking, running—anything that gets a rhythm going—can help improve physical and mental health.

Laughter. Science confirms: a good laugh stimulates the immune system—and of course feels great, especially in dreary conditions. TV comedies, joke books—whatever makes you laugh—will be good medicine.

—Vinicio Jesus Garcia, TX

“Laughter is the best medicine, so I opened my mouth, smiled big and pretended to laugh. Air flowed into my lungs, my stress went down as I went ‘Ha, ha, ha!’ again and again. Every time, my mind calmed.” —Michael Petrelis, formerly incarcerated
had been locked up for about six years when I tested positive for HIV in 2005. My T-cell count (a measure of the strength of the immune system) was around 800. At that time, the recommended threshold for starting HIV drugs was 300 for one of the top choices instead. I did need to educate myself, though. I had my family send me medical for supplementary vitamins and lower levels of vitamin D, I also follow an exercise and nutrition regimen. Many state and federal prisons have kosher diets available, and I had been working out with family and close friends, and we can buy multivitamins, Tylenol, ibuprofen, Halls and Tums in our monthly canteen.”

—Terrance White, CA

It worked: My blood pressure momentum and now we can receive vitamins in our yearly packages from home, and we can buy multivitamins, Tylenol, ibuprofen, Halls and Tums in our monthly canteen.”

—Terrance White, CA

I am open with my HIV status and lose some weight. I had been working out with family and close friends, and with other HIV-positive people in here. Beyond that, I always have to think, “What will this disclosure bring me? Benefit? Or harm?” This is not about shame or fear, but about being practical.

—Michael, KY

I had a big scare when the prison doctor said my blood pressure was really high. I didn’t want to take medication, so the doc told me to cut back on caffeine and spices and lower blood sugar levels. If you have a health condition or take any meds, make sure your doctor knows you are taking any of these—they could interact.

—Bob Lederer, formerly incarcerated

BRINGING DOWN THE PRESSURE

I had a big scare when the prison doctor said my blood pressure was really high. I didn’t want to take medication, so the doc told me to cut back on caffeine and spices and lower blood sugar levels. If you have a health condition or take any meds, make sure your doctor knows you are taking any of these—they could interact.

—Bob Lederer, formerly incarcerated

It’s close to time for a refill, I reminded the medical department. If they don’t fill my meds on time, I immediately file a medical grievance. The prison will never admit they were wrong, but in short time they will provide the meds, which is all that really matters. Same goes for all the monitoring and blood tests I need. Every time there has been a delay or other problem, I’ve been able to resolve it with a grievance—I’ve never had to file a state or federal claim.

Because many HIV needs can raise lipids (cholesterol and triglycerides) and lower levels of vitamin D, I also follow an exercise and nutrition regimen. Many state and federal prisons have kosher diets available, and if you can get on a plan, it’s worth it for the more nutritious food you’ll get. You can also ask medical for supplementary vitamins and other nutritional support they might have in your joint.

I am open with my HIV status with family and close friends, and with other HIV-positive people in here. Beyond that, I always have to think, “What will this disclosure bring me? Benefit? Or harm?” This is not about shame or fear, but about being practical.

—Michael, KY

I had a big scare when the prison doctor said my blood pressure was really high. I didn’t want to take medication, so the doc told me to cut back on caffeine and spices and lower blood sugar levels. If you have a health condition or take any meds, make sure your doctor knows you are taking any of these—they could interact.

—Bob Lederer, formerly incarcerated

It’s close to time for a refill, I reminded the medical department. If they don’t fill my meds on time, I immediately file a medical grievance. The prison will never admit they were wrong, but in short time they will provide the meds, which is all that really matters. Same goes for all the monitoring and blood tests I need. Every time there has been a delay or other problem, I’ve been able to resolve it with a grievance—I’ve never had to file a state or federal claim.

Because many HIV needs can raise lipids (cholesterol and triglycerides) and lower levels of vitamin D, I also follow an exercise and nutrition regimen. Many state and federal prisons have kosher diets available, and if you can get on a plan, it’s worth it for the more nutritious food you’ll get. You can also ask medical for supplementary vitamins and other nutritional support they might have in your joint.

I am open with my HIV status with family and close friends, and with other HIV-positive people in here. Beyond that, I always have to think, “What will this disclosure bring me? Benefit? Or harm?” This is not about shame or fear, but about being practical.

—Michael, KY

I had a big scare when the prison doctor said my blood pressure was really high. I didn’t want to take medication, so the doc told me to cut back on caffeine and spices and lower blood sugar levels. If you have a health condition or take any meds, make sure your doctor knows you are taking any of these—they could interact.

—Bob Lederer, formerly incarcerated

It’s close to time for a refill, I reminded the medical department. If they don’t fill my meds on time, I immediately file a medical grievance. The prison will never admit they were wrong, but in short time they will provide the meds, which is all that really matters. Same goes for all the monitoring and blood tests I need. Every time there has been a delay or other problem, I’ve been able to resolve it with a grievance—I’ve never had to file a state or federal claim.

Because many HIV needs can raise lipids (cholesterol and triglycerides) and lower levels of vitamin D, I also follow an exercise and nutrition regimen. Many state and federal prisons have kosher diets available, and if you can get on a plan, it’s worth it for the more nutritious food you’ll get. You can also ask medical for supplementary vitamins and other nutritional support they might have in your joint.

I am open with my HIV status with family and close friends, and with other HIV-positive people in here. Beyond that, I always have to think, “What will this disclosure bring me? Benefit? Or harm?” This is not about shame or fear, but about being practical.

—Michael, KY

I had a big scare when the prison doctor said my blood pressure was really high. I didn’t want to take medication, so the doc told me to cut back on caffeine and spices and lower blood sugar levels. If you have a health condition or take any meds, make sure your doctor knows you are taking any of these—they could interact.

—Bob Lederer, formerly incarcerated

It’s close to time for a refill, I reminded the medical department. If they don’t fill my meds on time, I immediately file a medical grievance. The prison will never admit they were wrong, but in short time they will provide the meds, which is all that really matters. Same goes for all the monitoring and blood tests I need. Every time there has been a delay or other problem, I’ve been able to resolve it with a grievance—I’ve never had to file a state or federal claim.

Because many HIV needs can raise lipids (cholesterol and triglycerides) and lower levels of vitamin D, I also follow an exercise and nutrition regimen. Many state and federal prisons have kosher diets available, and if you can get on a plan, it’s worth it for the more nutritious food you’ll get. You can also ask medical for supplementary vitamins and other nutritional support they might have in your joint.

I am open with my HIV status with family and close friends, and with other HIV-positive people in here. Beyond that, I always have to think, “What will this disclosure bring me? Benefit? Or harm?” This is not about shame or fear, but about being practical.

—Michael, KY

I had a big scare when the prison doctor said my blood pressure was really high. I didn’t want to take medication, so the doc told me to cut back on caffeine and spices and lower blood sugar levels. If you have a health condition or take any meds, make sure your doctor knows you are taking any of these—they could interact.

—Bob Lederer, formerly incarcerated

It’s close to time for a refill, I reminded the medical department. If they don’t fill my meds on time, I immediately file a medical grievance. The prison will never admit they were wrong, but in short time they will provide the meds, which is all that really matters. Same goes for all the monitoring and blood tests I need. Every time there has been a delay or other problem, I’ve been able to resolve it with a grievance—I’ve never had to file a state or federal claim.

Because many HIV needs can raise lipids (cholesterol and triglycerides) and lower levels of vitamin D, I also follow an exercise and nutrition regimen. Many state and federal prisons have kosher diets available, and if you can get on a plan, it’s worth it for the more nutritious food you’ll get. You can also ask medical for supplementary vitamins and other nutritional support they might have in your joint.

I am open with my HIV status with family and close friends, and with other HIV-positive people in here. Beyond that, I always have to think, “What will this disclosure bring me? Benefit? Or harm?” This is not about shame or fear, but about being practical.
Hepatitis C Behind Bars
HOW TO AVOID OR MANAGE HEP C

Hepatitis C can be cured

There’s no vaccine for HCV, but new treatments now make it possible to cure most cases. Older treatments cure about 50% to 75% of people, using up to a full year of interferon-based treatment, with the severe side effects interferon injections can cause. The new oral treatments work better and are a lot easier to take. Around 90% to 95% of people who can get the new treatments can be cured, most in just 2 to 6 months.

The new HCV treatments can work whether or not you have been treated before, and even if you are already developing cirrhosis. Older treatments didn’t work well for some African Americans, but the new ones work the same regardless of race. With the new drugs, almost everyone with HCV genotypes 1 or 2 can now be cured without interferon, and researchers are working on better treatments for genotype 3.

More information, see Resources, hepC/HIV, page 22.

TREATMENTS FOR HEPATITIS C

OLD SCHOOL:
Interferon shots plus oral ribavirin, often for a full year.

NEW SCHOOL:
Harvoni, a combination of sofosbuvir and ledipasvir: This is the first FDA-approved, interferon-free treatment for genotype 1, the most common strain of HCV (and formerly the hardest to cure). Harvoni is just one pill a day for only 12 to 24 weeks, and 95% to 100% of patients in research studies were cured.

Sovaldi (sofosbuvir) plus Olysio (simeprevir): With or without ribavirin for 12 to 24 weeks, they have higher cure rates (and fewer side effects) for HCV genotype 1 than older treatments. People with easier-to-treat genotype 2 can take Sovaldi and ribavirin alone for 12 weeks.

Viekira Pak (ombitasvir/paritaprevir/ritonavir; dasabuvir) with ribavirin for 12 to 24 weeks: This med is for people with HCV genotype 1. It doesn’t require interferon, and the side effects are usually mild.

GETTING HEP C MEDS WHEN YOU NEED THEM

I ncarcerated people with chronic HCV should be treated, the latest American Association for the Study of Liver Diseases guidelines advise. People in prison have a human right to effective medical care. Some studies show that using the new drugs is cost-effective for prisons, because they cure hep C and prevent more serious liver disease. But partly because the new drugs are so costly, many prison systems only use the new treatments for people who can’t tolerate interferon and also have advanced liver damage. In most prison systems, you must have at least a year left on your sentence to get treatment. So you may need to advocate for yourself to get the care you need (see “Filing a Medical Grievance,” above right). Incarcerated people in several states have already filed class action lawsuits to get needed hepatitis C treatment. (Prison Legal News carries updates; see Resources, page 23.)

The Federal Bureau of Prisons and most state systems have HCV treatment guidelines that govern all decisions about care. The same is true for HIV and other conditions. Ask the medical staff or your counselor for your prison’s rules and the formulary (list of available drugs) for treating hep C. An outside friend or family member can get them from your state department of corrections (for federal prisons, the Bureau of Prisons).

On the street, many insurance programs only cover people with significant liver scarring (stage 3 or stage 4 fibrosis). If you’re nearing release, ask a case manager 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.

Filing a Medical Grievance

I f you have HCV and haven’t been able to get the new treatments, you have a good basis for a grievance. Because medical experts (the American Association for the Study of Liver Diseases and the Infectious Diseases Society of America) recommend that everyone with active hep C can benefit from treatment with the new drugs, you can clearly claim that denying the treatments is medical neglect. For a strong case, you have to prove that the decision to deny the meds wasn’t medical—for instance, that it was based on the high cost of the treatment, a financial decision. 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. 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.

WORKS FOR ME!

“I find it is essential to learn the specific federal and state legal rights for each correctional facility so I can show when they are being violated.”

~Jesse Washington, CA

Image: Can Stock Photo

Thanks to Prison Health News, Liz Highleyman and Rich Feller/healtheducation.org

TERMS OF USE | PRIVACY POLICY | CONTACT US | 8 | TURN IT UP! FALL 2015/WINTER 2016 FALL 2015/WINTER 2016 TURN IT UP! | 9

TURN IT UP!

Hepatitis C Behind Bars
HOW TO AVOID OR MANAGE HEP C

HCV 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 HCV.

• 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 HCV too.

HCV IS NOT SPREAD through casual contact (sharing food, dishes, eating utensils, cups or glasses, hugging, sharing a cell).

Test, Treat, Manage Hep C

It’s important to be tested for hep C. The American Association for the Study of Liver Diseases recommends testing incarcerated people, so you’re backed up by science when you ask for the hep C test.

If you have hep C, the next step is more tests—to see whether you need treatment. A “chem screen” blood test and sometimes a liver biopsy monitor liver function.

Learning as much as possible about monitoring and treating hep C empowers you to discuss your care with the doc. For info sources, see Resources, page 22.

Ways to protect your health:

Exercise: Exercising, drinking more water and eating less fat can help your liver health. So can avoiding alcohol, cigarettes and drugs, including other people’s meds.

If you also have HIV, be sure to take your HIV meds to stay healthy and help you manage coinfections like hep C.

Getting hep C treatment? Ask the medical staff to help managing any side effects. Discuss possible drug interactions, especially if you can get the newest HCV meds.

Image: Can Stock Photo

The majority of people with hepatitis C virus (HCV) are baby boomers (born between 1945 and 1965). About a third of all incarcerated people have HCV. In prison and out, the most common source of infection is shooting drugs—even only once a long time ago.

Testing positive for HCV doesn’t automatically mean you will get sick. Some people clear the virus with no treatment. For others, hep C becomes chronic, slowly causing progressive liver damage, including fibrosis and cirrhosis (mild and more serious scarring of the liver) and liver cancer. It can take years before the virus produces symptoms of liver damage—symptoms like abdominal pain, fatigue, nausea, and jaundice, in which the skin and whites of the eyes turn yellowish.
HIV Basics

WHAT IT MEANS
HIV (human immunodeficiency virus) is the virus that causes the disease AIDS, or acquired immunodeficiency syndrome. Both terms share the word immunodeficiency, a mouthful that means the immune system is too weak to work. This explains why having HIV infection threatens your own natural defense against sickness.

You CAN get HIV by having sexual or vaginal intercourse without a condom with a partner who is either HIV positive or doesn’t know their status. Oral sex is lower risk, but HIV CAN sometimes be spread this way.

You CAN get HIV by sharing needles, syringes or other injection equipment with someone who is positive or doesn’t know their status.

Babies born to HIV-positive women CAN be infected before or during birth, or through breastfeeding after birth.

You CAN get HIV by sharing food, utensils, cups or glasses with a positive person, or from a toilet seat (even if it’s dirty).

You CANNOT get HIV from kissing, hand jobs, hugs or tears.

You CANNOT get HIV by sharing food, utensils, cups or glasses with a positive person, or from a toilet seat (even if it’s dirty).

You CANNOT get HIV from spitting, sweat or skin contact.

WHY IT’S IMPORTANT TO GET TESTED
The longer HIV attacks the immune system, the more you risk developing serious infections and cancers. So it’s important to get tested for HIV—and start treatment with HIV meds if you test positive—as soon as possible.

HIV or AIDS?
HIV and AIDS ARE NOT the same. With today’s improved drugs, HIV DOES NOT always lead to sickness and AIDS. For people who are HIV positive, the best way to avoid getting AIDS is to treat HIV.

HIV Basics

Adapted from Real Health magazine

Diabetes Basics

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, this can damage vessels that carry blood to vital organs, raising the risk of stroke, heart and kidney disease, eye problems and nerve disorders.

In TYPE 1 DIABETES, the body doesn’t produce any insulin. In TYPE 2 DIABETES—the most common—the body produces insulin but not enough to function properly. GESTATIONAL DIABETES affects women during pregnancy, usually around the 24th week.

HIV CRIMES?
KNOW THE FACTS
• “HIV criminalization” is the wrongful use of HIV status in a criminal prosecution. For example, 32 states have special laws to prosecute people with HIV who have sex—even safe sex, even with a condom—if they can’t prove they told their sex partner in advance that they were living with HIV. In some states, exposing someone to “bodily fluids” like saliva or urine—which do not transmit HIV—can result in prosecution. Whether a state has special HIV laws or not, people can be charged with more serious crimes just because they have HIV. A misdemeanor assault charge, for example, might become felony assault or assault with intent to kill.

HIV does not have to be transmitted for charges to be filed; in most cases, no transmission occurs. Scientific facts—like how HIV is (and is not) transmitted, that condoms and effective treatment prevent transmission or that saliva and tears do not transmit HIV—don’t affect the outcome of the cases.

PREJUDICE AND BAD HEALTH POLICY
People charged with HIV “crimes”—most often people of color, people who live in poverty, sex workers, and people who inject drugs—get smeared in the media, often receive long prison sentences and can be required to register as sex offenders—even when there was little or no possibility of transmitting HIV. That brands them as evil and makes it hard to find housing or a job.

HIV criminalization:
• discourages people from getting tested for HIV, for fear of prosecution;
• fuels the idea that people with HIV are inherently dangerous, a group that needs to be identified, monitored, controlled and incarcerated;
• undercuts the most basic public health messages on preventing HIV and sexually transmitted infections: that each person is responsible for their sexual health decisions.

For more info and resources: Sero Project, P.O. Box 1233, Milford, PA 18337; info@seroproject.com

RISK FACTORS FOR TYPE 2
• 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, which can lead to diabetes.

SYMPTOMS
• 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

DIABETES
• 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.

TREATMENTS
Treatments include maintaining a healthy weight, exercising regularly, monitoring your blood sugar, drinking plenty of water and eating in a healthful way (see “Chow Time,” page 3). Doctors might prescribe insulin shots and oral medications.

HIV Basics

Adapted from POZ magazine

PEP and PrEP

NEW HIV PREVENTION TOOLS ON THE STREET
Post-exposure prophylaxis/PEP is a 28-day prescription that can prevent HIV transmission if treatment begins within two or three days after exposure to the virus. Healthcare workers often take PEP when they get a needle stick; it also works if someone is sexually exposed.

Pre-exposure prophylaxis/PrEP is a prescription treatment, taken daily, that protects people from getting HIV before they are exposed to it.

Diabetes Basics

Adapted from Real Health magazine

RISK FACTORS FOR TYPE 2
• 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, which can lead to diabetes.

SYMPTOMS
• 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

DIABETES
• 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.

TREATMENTS
Treatments include maintaining a healthy weight, exercising regularly, monitoring your blood sugar, drinking plenty of water and eating in a healthful way (see “Chow Time,” page 3). Doctors might prescribe insulin shots and oral medications.
Amid slamming doors and jangling keys, there is no room for peaceful reflection. But then a voice from the guards’ control booth presents an avenue to relief: Upper tier, Yard’s open! Methodically, two-by-two, we leave our cells and descend the stairs, corruded into the ground floor sally port and eventually thrust out into brilliant sunlight. Blinking, we emerge surrounded by concrete structures designed to incarcerate. The track they enclose is less than ideal; jagged stone protruding from asphalt, broken every few feet by cracks and crevices. By midsummer in the desert Southwest, sweltering temperatures routinely exceed the century mark. Today is no exception. I ignore the substandard surface and the blazing heat. I will run.

For me, brisk runs exceeding thirty minutes stimulate cognitive skills, concentration and sleep quality. They prevent bone loss and early aging. I have 45 laps in, with just one to go to complete a half-marathon. I unleash a parting burst of energy, a final kick. The spurt propels me across the invisible finish line, a triumphal smile playing on my lips, clenched fists flung skyward.

Blinking, we emerge surrounded by concrete structures in the port and eventually thrust out into brilliant sunlight. I descend the stairs, corralled into the ground floor sally port and eventually thrust out into brilliant sunlight. Blinking, we emerge surrounded by concrete structures designed to incarcerate. The track they enclose is less than ideal; jagged stone protruding from asphalt, broken every few feet by cracks and crevices. By midsummer in the desert Southwest, sweltering temperatures routinely exceed the century mark. Today is no exception. I ignore the substandard surface and the blazing heat. I will run.

For me, brisk runs exceeding thirty minutes stimulate cognitive skills, concentration and sleep quality. They prevent bone loss and early aging. I have 45 laps in, with just one to go to complete a half-marathon. I unleash a parting burst of energy, a final kick. The spurt propels me across the invisible finish line, a triumphal smile playing on my lips, clenched fists flung skyward.

Panting, I conclude my half-marathon in time to hear the squawking announcement from the guard tower: Yard recall! Yard recall! Take it home. If health and peace are my home, that is where I have arrived.

—Mark A. Javosik, CA

THE INSIDE TRACK

TURN IT UP!

EVERYONE HAS THE RIGHT TO LIVE AS THE GENDER THEY FEEL THEY ARE

COORDINATING CARE FOR TRANS HEALTH

ATTRIBUTION

Care for 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 prison.

Several courts have ruled that incarcerated trans people have a right to hormones (surgeries are still being contested). Yet many prisons don’t comply. This is dangerous, especially because it’s important to continue hormones once you’ve started. You may need to attend sick call, file a grievance and sue to get needed care. Asking to see a transgender specialist may help. If you didn’t have an active, legal prescription for hormones before prison, you may have to undergo psychological testing.

Regular checkups: The doctor should make sure your hormone dose is right and watch for side effects. For example, estrogen may increase risk of blood clots and heart disease. If you have surgery, you may need other hormones to prevent bone loss and early aging.

Anyone, including trans men who’ve had breast-removal surgery, can get breast cancer and should discuss breast pain, lumps, or family history of breast cancer with a doctor. Trans women 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 and examinations are important. Medical staff must provide sensitive, respectful care that recognizes gender identity. It may help to tell the doctor what will make you feel comfortable.

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

The Power of Our Unity

CREATED A DIFFERENT KIND OF FORCE

The Chow Hall Boycott was one of the best periods I’ve spent in prison, because the men started to see the power of our unity. It showed what could happen if we used our heads and our unity as a weapon, rather than force.

Our unity sent shock waves through the Department of Corrections—they did not believe it was possible. They were ready for force, not for our thinking outside the box. But we paid dearly, because many men were arbitrarily transferred in retaliation. Prison activists don’t grow on trees, and we’re still trying to recover from the loss of leadership. Nevertheless, we did gain tremendous support from activist organizations, and our voices were heard outside.

We’re still fighting for justice on many fronts.

—David Lee, PA

TO SAVE A LIFE

I’ve been incarcerated since age 16, serving life without parole. I work as a peer health educator here at Central California Women’s Facility. There is a high rate of suicide attempts here. At times, the women don’t trust the staff to confide in, and they ask their peers for help. But when I suggested to staff that we should be trained in what to do if someone is talking about suicide or if we see warning signs, the administration said that only mental health staff can respond and that there were only a few actual suicides—the rest were “only” attempts.

To me, an attempt will one day be successful. There are not enough mental health staff to respond right away, so we should be able to go into action to possibly save a life. I wrote to organizations that do suicide prevention for more information, and California Coalition for Women Prisoners worked with me to get a pamphlet made and distributed in prisons to help incarcerated people know the signs of suicide, how to get help and what to say and do in the moment.

Everyone deserves healing. And a hero is in everyone, including you. True heroes are not just on TV—they are people like you and me who will go to any lengths to use what they know and save a life.

—Natalie DeMola, CA

For a free copy of the suicide prevention pamphlet, write to California Coalition for Women Prisoners, 1540 Market Street, Suite 490, San Francisco, CA 94102 (write “Attn: S.P. pamphlet” on the envelope)

S.P. pamphlet” on the envelope)

The Chow Hall Boycott was one of the best periods I’ve spent in prison, because the men started to see the power of our unity. It showed what could happen if we used our heads and our unity as a weapon, rather than force.

Our unity sent shock waves through the Department of Corrections—they did not believe it was possible. They were ready for force, not for our thinking outside the box. But we paid dearly, because many men were arbitrarily transferred in retaliation. Prison activists don’t grow on trees, and we’re still trying to recover from the loss of leadership. Nevertheless, we did gain tremendous support from activist organizations, and our voices were heard outside.

We’re still fighting for justice on many fronts.

—David Lee, PA

The Chow Hall Boycott was one of the best periods I’ve spent in prison, because the men started to see the power of our unity. It showed what could happen if we used our heads and our unity as a weapon, rather than force.

Our unity sent shock waves through the Department of Corrections—they did not believe it was possible. They were ready for force, not for our thinking outside the box. But we paid dearly, because many men were arbitrarily transferred in retaliation. Prison activists don’t grow on trees, and we’re still trying to recover from the loss of leadership. Nevertheless, we did gain tremendous support from activist organizations, and our voices were heard outside.

We’re still fighting for justice on many fronts.

—David Lee, PA

The Chow Hall Boycott was one of the best periods I’ve spent in prison, because the men started to see the power of our unity. It showed what could happen if we used our heads and our unity as a weapon, rather than force.

Our unity sent shock waves through the Department of Corrections—they did not believe it was possible. They were ready for force, not for our thinking outside the box. But we paid dearly, because many men were arbitrarily transferred in retaliation. Prison activists don’t grow on trees, and we’re still trying to recover from the loss of leadership. Nevertheless, we did gain tremendous support from activist organizations, and our voices were heard outside.

We’re still fighting for justice on many fronts.

—David Lee, PA

The Chow Hall Boycott was one of the best periods I’ve spent in prison, because the men started to see the power of our unity. It showed what could happen if we used our heads and our unity as a weapon, rather than force.

Our unity sent shock waves through the Department of Corrections—they did not believe it was possible. They were ready for force, not for our thinking outside the box. But we paid dearly, because many men were arbitrarily transferred in retaliation. Prison activists don’t grow on trees, and we’re still trying to recover from the loss of leadership. Nevertheless, we did gain tremendous support from activist organizations, and our voices were heard outside.

We’re still fighting for justice on many fronts.

—David Lee, PA
Taking on this task pushed Thomas further—and moved others as well. He connected first with POZ magazine, then with the Sero Project, to fight HIV criminalization. After he joined Sero’s board of directors, the prison administration saw the benefit of such involvement, and they were moved to give approval for Thomas to participate in Sero phone conferences.

Thomas faces an uphill battle, though. The prison offers no peer support services, no group counseling to people living with HIV/AIDS, no classes on transmission of sexually transmitted diseases (STDs) including HIV. At intake, men are given a flyer and, in a group setting, asked if they have questions. “If I’m 21 years old, even if I know my status, I’m not going to feel comfortable raising my hand,” Thomas says. The prison states that more information is available “upon request,” but many people don’t know what information to ask for. Thomas is working with the administration to offer education and support, not only to people with HIV, but also to the general population. Such a program can make a huge difference, as Rusti Miller-Hill learned.

“I needed to live, and that was my way of fighting”

In 1991, while at Rikers Island, New York City’s jail complex, Rusti Miller-Hill began attending a support group for women living with HIV. During one meeting, Iris de la Cruz visited and spoke with the women. “She was a heroin user, she had cervical cancer and an AIDS diagnosis,” Miller-Hill recalls. After Cruz shared her story, Miller-Hill asked her, “Why would you put yourself out there like that?” Remembering the conversation, Miller-Hill explains, “She was a heroin user and everyone knew that. She was a prostitute and everybody knew that. My fear was that everyone was going to talk about me. So why would I do that?” But nearly 25 years later, she still remembers Cruz’s answer: “You gotta talk about it, you gotta educate people, you have to fight for your rights.”

“She lit the fire for me,” Miller-Hill says. She began seeking information about HIV, no easy feat in a jail without a library. The support group facilitator was crucial. “She would bring us information, newspaper articles, stuff like that. We would read and talk about them,” she says. Sentenced and sent to Alhion Correctional Facility, she continued to educate herself. She was also forced to disclose her status to the women around her. “I got sick,” she says. “I had to figure out how to tell the other women I had HIV.” When she did, the women became her caretakers, cooking for her and nursing her back to health. This was necessary. “Correctional officers weren’t willing to help,” Miller-Hill says. “I saw them carry women to the medical unit in wheelbarrows just so they didn’t have to touch them.”

She began writing letters. “I was trying to draw attention to what was happening in Alhion because the majority of the women were Black and Brown like myself,” she says. “I wrote to everybody. Prisoners’ rights groups, TV stations, the commissioner. I went to the law library and looked up people’s names and addresses and sent letters trying to get somebody to listen.”

Eventually, the Prisoners’ Rights Project of the Legal Aid Society responded, visiting the prison and interviewing the women and other prisoners. It filed a class-action suit against the entire prison medical system for failing to provide adequate care for people with HIV and AIDS. The suit was settled favorably in 2007, years after Miller-Hill was released. But reaching out for help—and getting a response—galvanized her to do more. “That was the beginning for me. I had never done anything like that before. I was not just fighting for my own rights. I was fighting for other women as well.”
She enrolled in training to become a peer educator through Reach, an HIV/AIDS educational program offered to women at Albion through the Pathstone Corporation, an outside non-profit. Unlike people entering the Idaho prison, women entering Albion were required to attend Pathstone's five-day course about HIV, hepatitis C and STDs. There was also a support group, where women could ask questions and form a community. The program sponsored an annual World AIDS Day celebration, an AIDS walk and other activities to raise awareness in the prison. “Because of the education program, [the women] were open to hearing the information and rise to the occasion,” Miller-Hill says.

“I was scared to be a mother”

When Maria Caraballo gave birth in 2010, she did so while handcuffed to the hospital bed, despite New York State’s 2009 law that prohibits restraining women during labor, delivery and postpartum recovery. As officers prepared to transport her from the prison to the hospital, Caraballo reminded them it was against the law to shackles her. “You have no choice,” the officers told her. “If you refuse we’re going to write you up.” The write-up would have removed her from the prison’s nursery program—a program that would allow her and her baby to spend twelve months together. To avoid jeopardizing that opportunity, she allowed officers to cuff her wrists and ankles.

Handcuffed to the bed during and after giving birth, she held her daughter with her free arm for less than two minutes before medical staff whisked the newborn away to the hospital nursery. Caraballo remained handcuffed for the next eight hours. She was not allowed to see her baby until the following day.

Three days later, she and her daughter returned to Bedford Hills Correctional Facility, which houses New York’s only prison nursery program—a program fought for and staffed by Bedford’s incarcerated women.

“Giving birth is nothing new to me,” says Caraballo, who had had six children before prison. “What was new, however, was parenting. I was scared to be a mother.” But the nursery provided a supportive atmosphere that helped quell her fears as well as her postpartum depression.

“My daughter was colicky,” she says. “I was very tired and my daughter did not stop crying. One day, I put her in the crib. I lay on the bed, put the pillow over me and was like, ‘I can’t take it any more.’ Next thing I know, I don’t hear my daughter because one of the nursery mothers had taken her out of the room so I could get some rest—the first rest she’d had since giving birth. Later, other mothers shared tips on soothing her infant, like bringing her into the laundry room so the noise from the drier would calm her down.

“It actually worked!” Caraballo says.

Being among other new mothers helped her come to terms with motherhood—and the opportunities she’d missed with her older children. “Sometimes I would just sit in my room and cry,” she recalls. “Here I am with my baby and I wasn’t able to do this with my other kids.”

But the other women, many of whom had had children removed from their custody, understood and supported her through those times, with hugs and a listening ear from mothers with a similar experience.

Being inside a prison, the nursery program also had its limitations, including rules against practices considered normal on the outside, such as sleeping with the baby on the bed. When her baby was ten months old, Maria fell asleep with her daughter beside her. She was promptly expelled from the nursery. Although her daughter remained there while Caraballo made arrangements for and staffed by Bedford’s incarcerated women.

“My daughter was colicky,” she says. “I was very tired and my daughter did not stop crying. One day, I put her in the crib. I lay on the bed, put the pillow over me and was like, ‘I can’t take it anymore.’ Next thing I know, I don’t hear my daughter because one of the nursery mothers had taken her out of the room so I could get some rest—the first rest she’d had since giving birth. Later, other mothers shared tips on soothing her infant, like bringing her into the laundry room so the noise from the drier would calm her down.

“It actually worked!” Caraballo says.

Being among other new mothers helped her come to terms with motherhood—and the opportunities she’d missed with her older children. “Sometimes I would just sit in my room and cry,” she recalls. “Here I am with my baby and I wasn’t able to do this with my other kids.”

But the other women, many of whom had had children removed from their custody, understood and supported her through those times, with hugs and a listening ear from mothers with a similar experience.

Being inside a prison, the nursery program also had its limitations, including rules against practices considered normal on the outside, such as sleeping with the baby on the bed. When her baby was ten months old, Maria fell asleep with her daughter beside her. She was promptly expelled from the nursery. Although her daughter remained there while Caraballo made arrangements for and staffed by Bedford’s incarcerated women.

“My daughter was colicky,” she says. “I was very tired and my daughter did not stop crying. One day, I put her in the crib. I lay on the bed, put the pillow over me and was like, ‘I can’t take it anymore.’ Next thing I know, I don’t hear my daughter because one of the nursery mothers had taken her out of the room so I could get some rest—the first rest she’d had since giving birth. Later, other mothers shared tips on soothing her infant, like bringing her into the laundry room so the noise from the drier would calm her down.

“It actually worked!” Caraballo says.

Being among other new mothers helped her come to terms with motherhood—and the opportunities she’d missed with her older children. “Sometimes I would just sit in my room and cry,” she recalls. “Here I am with my baby and I wasn’t able to do this with my other kids.”

But the other women, many of whom had had children removed from their custody, understood and supported her through those times, with hugs and a listening ear from mothers with a similar experience.

Being inside a prison, the nursery program also had its limitations, including rules against practices considered normal on the outside, such as sleeping with the baby on the bed. When her baby was ten months old, Maria fell asleep with her daughter beside her. She was promptly expelled from the nursery. Although her daughter remained there while Caraballo made arrangements for and staffed by Bedford’s incarcerated women.

“My daughter was colicky,” she says. “I was very tired and my daughter did not stop crying. One day, I put her in the crib. I lay on the bed, put the pillow over me and was like, ‘I can’t take it anymore.’ Next thing I know, I don’t hear my daughter because one of the nursery mothers had taken her out of the room so I could get some rest—the first rest she’d had since giving birth. Later, other mothers shared tips on soothing her infant, like bringing her into the laundry room so the noise from the drier would calm her down.

“It actually worked!” Caraballo says.

Being among other new mothers helped her come to terms with motherhood—and the opportunities she’d missed with her older children. “Sometimes I would just sit in my room and cry,” she recalls. “Here I am with my baby and I wasn’t able to do this with my other kids.”

But the other women, many of whom had had children removed from their custody, understood and supported her through those times, with hugs and a listening ear from mothers with a similar experience.

Being inside a prison, the nursery program also had its limitations, including rules against practices considered normal on the outside, such as sleeping with the baby on the bed. When her baby was ten months old, Maria fell asleep with her daughter beside her. She was promptly expelled from the nursery. Although her daughter remained there while Caraballo made arrangements for and staffed by Bedford’s incarcerated women.

“My daughter was colicky,” she says. “I was very tired and my daughter did not stop crying. One day, I put her in the crib. I lay on the bed, put the pillow over me and was like, ‘I can’t take it anymore.’ Next thing I know, I don’t hear my daughter because one of the nursery mothers had taken her out of the room so I could get some rest—the first rest she’d had since giving birth. Later, other mothers shared tips on soothing her infant, like bringing her into the laundry room so the noise from the drier would calm her down.

“It actually worked!” Caraballo says.

Being among other new mothers helped her come to terms with motherhood—and the opportunities she’d missed with her older children. “Sometimes I would just sit in my room and cry,” she recalls. “Here I am with my baby and I wasn’t able to do this with my other kids.”

But the other women, many of whom had had children removed from their custody, understood and supported her through those times, with hugs and a listening ear from mothers with a similar experience.

Being inside a prison, the nursery program also had its limitations, including rules against practices considered normal on the outside, such as sleeping with the baby on the bed. When her baby was ten months old, Maria fell asleep with her daughter beside her. She was promptly expelled from the nursery. Although her daughter remained there while Caraballo made arrangements for and staffed by Bedford’s incarcerated women.

“My daughter was colicky,” she says. “I was very tired and my daughter did not stop crying. One day, I put her in the crib. I lay on the bed, put the pillow over me and was like, ‘I can’t take it anymore.’ Next thing I know, I don’t hear my daughter because one of the nursery mothers had taken her out of the room so I could get some rest—the first rest she’d had since giving birth. Later, other mothers shared tips on soothing her infant, like bringing her into the laundry room so the noise from the drier would calm her down.

“It actually worked!” Caraballo says.

Being among other new mothers helped her come to terms with motherhood—and the opportunities she’d missed with her older children. “Sometimes I would just sit in my room and cry,” she recalls. “Here I am with my baby and I wasn’t able to do this with my other kids.”

But the other women, many of whom had had children removed from their custody, understood and supported her through those times, with hugs and a listening ear from mothers with a similar experience.

Being inside a prison, the nursery program also had its limitations, including rules against practices considered normal on the outside, such as sleeping with the baby on the bed. When her baby was ten months old, Maria fell asleep with her daughter beside her. She was promptly expelled from the nursery. Although her daughter remained there while Caraballo made arrangements for and staffed by Bedford’s incarcerated women.
"We Don’t Have to Wait for Other People to Treat Us Better"

Taking the Sting Out of Stigma in Prison

By Julie "JD" Davids

Living with HIV in prison, Lisa Brelsford feels isolated. "It can go to the extreme of they don’t want to be your roommate, sit next to you, be close to you, talk to you," she says. "They don’t want accidental spit to get on them or in the air."

But Brelsford is not really alone: she’s targeted by stigma. Stigma is prejudice—people make assumptions or judge you. Imprisonment can bring stigma. So can being a person of color; poor or low-income; lesbian, gay, bisexual or transgender (LGBT); a drug user; or a sex worker; or living with mental illness. And due to prejudice, people from these groups are more likely to be sentenced to prison.

So when Lisa Brelsford’s counselor told her, incorrectly, that her spit could give someone HIV, it wasn’t the first time she heard this myth. She was already serving time in Connecticut for an assault count she says was up-charged due to the irrational fear of her saliva. Lack of knowledge is one thing, but spreading misinformation when the facts are available is prejudice. Hearing that again—from her counselor—gave her a whole-body reaction: "I thought the top of my head was going to explode," she says. "My heart was racing. I thought I was in the Twilight Zone."

Brelsford offered the counselor a copy of an HIV magazine. "I knew better, and I was going to prove it," she says. Many people with HIV behind bars say how helpful it’s been to distribute information and bring in HIV educators—especially people living with HIV (PLHIV) who speak from firsthand experience—and expert groups like the Red Cross to teach the facts. Laurel Sprague, a woman with HIV who coordinates the expert groups like the Red Cross to teach the facts. Lau

Similarly, when people see a steady news stream of Black men being arrested they also start to think of Black men as a threat to society. But racial profiling, like HIV profiling, targets whole communities for arrest. Black Americans are much more likely to be arrested for drug possession or sales than whites, even though, for example, the percentage of whites who have used cocaine is twice as high as that of people who identify as Black/African American, according to a 2013 government survey. And white youth are more likely than Black youth to sell drugs, according to several studies reported in the Washington Post.

Building power in numbers

Connecting with others who face prejudice is vital, whether through a support group, advocacy or just making friends one-on-one. "Every day of life in prison I have been stigmatized...for the fact that I am deeply rooted. Powerful social, legal and cultural structures are built around prejudice.

For example, people are sent to prison for allegedly not disclosing their HIV status to sex partners, or for spitting or biting—even if there was no risk of transmission and no one contracted HIV. When the public hears about these cases, they’re encouraged to think of people living with HIV as an inherent threat to society. PLHIV become defined by their virus, leading others to abuse or discriminate against them. More than 30 states have passed special laws that apply only to PLHIV. Other sexually transmitted infections can be fatal if untreated, but the laws are only for HIV.

An incarcerated person and a prison staffer started the LGBT-friendly group. Straight people can participate, as long as they’re respectful. Strawn connects with the LGBT community in nearby San Francisco for information, support, and visiting speakers for the group. There’s also a regular routine. "We start by doing a check-in to see how everyone is. Sometimes the groups are very emotional," she says, adding that a lot of the members have no support from family on the outside. "It’s like having a family of sisters and brothers inside prison." The LGBT-friendly group has been so successful that a second one started up.

The groups Strawn participates in give her a way to reach others, too. She was named secretary of the largest group of all the prison’s groups, Alcoholics Anonymous, where she’s the only transgender member. When she spoke in front of the 75 members about not judging others because you don’t know what they’re going through, she says, "The reaction was great."

Making things better

But we can’t end prejudice without changing the systems that keep it going. The Stigma Index coordinator, Laurel Sprague, has lived with HIV for more than 20 years. She’s part of the Global Network of People Living with HIV, which trains members to advocate for social change. "We don’t have to wait for other people to treat us better," she says. "We can mobilize to make things better for our own selves."

Brian Carmichael teaches HIV and hepatitis C classes to all new arrivals at the upstate New York prison where he is serving time. Back when he was imprisoned in California in the early 1990s, PLHIV there faced terrible conditions—to this day, he is the only person who could organize and tell outside groups about the situation. AIDS activists from the area protested outside the prison, and the incarcerated men won their demand: the first-ever AIDS hospice inside a prison.

The protest also made a powerful anti-stigma statement, leading others inside to view PLHIV with more respect. "I remember during the protests one time—when more than 100 demonstrators came to the front gates of the prison—going around and playfully talking shit to my friends around the prison, the bikers or gangbangers who for so long had made fun of our protests," Carmichael says. "I challenged them: ‘What was the last time all your homeboys protested outside the prison?’"

Formerly incarcerated people at the Center for NuLeadership on Urban Solutions challenge prejudice by changing how people use language. "Calling me inmate, convict, prisoner, felon, or offender indicates a lack of understanding of who I am, but more importantly what I can be," they wrote in 2007. "We are
the face of prejudice, and you can
do the same for them. While Maria “Cookie” Cruz Green was in prison in Pennsyl-
vania the first time, she was afraid
to tell anyone she had HIV. The nurses “treated me like I was going to kill them.”
But she found her voice when she
served a second sentence. “I used to be around girls who would cry because the nurses
used to make them feel bad,” she says. “I used to let them know, ‘You don’t have to feel
like that. Always walk with your head up, because, guess
what: You are living with HIV, but you are the one con-
trolling it—that thing is not controlling you’.

Breaking the ice
Experiencing prejudice can be an educa-
tion in compassion. When Hinkhouse felt what it was like to be targeted by HIV stigma, he examined his own prejudices. He used to “judge someone by the color of their skin based on what other people were telling me,” he says, now, “I’ve changed my perception a lot.” He once was prejudiced against gay people, but now he stands up for them against homophobia.

“Living in a world so full of prejudice, it can be hard to feel compassion for ourselves and for each other, coming
together across our differences to fight for justice. But people do find ways. “Anyone who has suffered discrimination or stigma, whether from race, medical condition, sexual orientation, or being in-
carcerated, should be empathetic and stand in solidarity with everyone else suffering the same,” Carmichael says. He takes a candid ap-
proach: “Usually, if I hear something racist, or based on
something is free, it means free for people in prison.
When it says a resource can help “people,” it means people in prison.
For more listings than we had room for, see
“Other Resource Lists” (page 29). If you have a friend outside who can print from the Internet, see “Internet Only” (page 26).
We wish you all the best in your search for information, health and justice!

—Resources compiled by Emily Abendroth and Noam Keim

HEALTH RESOURCES
AIDS Library
Philadelphia FIGHT
1233 Locust St., 2nd Fl.
Philadelphia, PA 19107
215-568-1951
aidslibrary.org
Write (better than calling) with questions on any health condition, not just HIV/AIDS. You can also ask for fact sheets, lists of
groups with info on your health condition or info on HIV issues like treatments, nutrition & history. Also, some info on re-entry & discharge planning in PA only. Free.

Protecting Your Health & Safety: A Litigation Guide for Inmates
$16; 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

Drug Guide 2015

Cancer Support Community
1050 17th St. NW, #500
Washington, DC 20036
888-793-9355
cancersupportcommunity.org
Free fact sheets about most cancers (specify the type), treatments, side effects & supporting someone with cancer.

CancerCare
275 Seventh Ave.
New York, NY 10001
800-813-HDPE (4673)
cancer.org
Free fact sheets by type of cancer. Lung and liver cancer fact sheets also available in Mandarin.
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 offer information so you can represent yourself or file your own paperwork and 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, and that so many people are affected that it’s difficult to bring them all before the court. If a class of suits is formed, it’s supposed to help everyone affected, whether directly involved in the suit or not.

**LEGAL RESOURCES/PUBLICATIONS**

**American Heart Association**
1722 Greenville Ave.
Dallas, TX 75231
214-456-6800
heart.org

**New Mexico AIDS InfoNet**
P.O. Box 810
Arroyo Seco, NM 87514
aidsonenet.org

**High Blood Pressure/Strokes**

**American Diabetes Association**
Attn: Center for Information
1701 North Beauregard St.
Alexandria, VA 22311
800-232-3438
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

**Hepatitis C and HIV/AIDS**

**Center for Health Justice**
300 Avila St., #301
Los Angeles, CA 90012
213-229-0985
Prison Hotline: 213-229-0972 (collect)
centerforhealthjustice.org

**No legal help. Free HIV prevention & treatment hotline; takes collect calls from prison Mon.-Fri. 8 a.m.–p.m. (PT). People being released to Los Angeles County can get referrals for health care & insurance.**

**Hepatitis Education Project**
811 Western Ave., #302
Seattle, WA 98104
206-732-0311;
800-218-6932
hepeducation.org
Free newsletter & info on hepatitis, HCV treatments & how to get treated.

**LEGAL RESOURCES**

**Wings Beyond Walls**
P.O. Box 2018
Richmond, VA 23221
wingsbeyondwalls.wordpress.com
Free program to connect incarcerated people who have mental health concerns to people outside, so they can correspond & have a space to discuss mental health concerns without judgment. A volunteer will read your first letter in order to find a good pen pal match. All volunteers self-identify as having mental health issues and/or experience with institutionalization (“self-identify” means it’s what they say about themselves, not what a doctor or someone else said about them). They work hard to match each person seeking support, but it may take months.

**Wings Beyond Walls**
P.O. Box 1151
Lake Worth, FL 33460

**High Blood Pressure/Strokes**

**American Heart Association**
1722 Greenville Ave.
Dallas, TX 75231
214-456-6800
heart.org

**Free, easy-to-read fact sheets in English & 10 other languages on HIV prevention & treatment (including alternative/complementary). Ask for Fact Sheet 1000, which lists all 802 fact sheets, so you can request the one you need. Free summaries of HIV & hepatitis C treatment guidelines, which tell doctors what care to provide in different medical situations.**

**PDZ Magazine**
462 Seventh Ave., 19th Fl.
New York, NY 10018
212-242-2163
pdz.com

A lifestyle, treatment & advocacy magazine 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.

**Positively Aware**
Attn: Distribution Manager
5050 N. Broadway St., #300
Chicago, IL 60657
312-503-2391
prisonlegalnews.org

No legal assistance. Jailhouse lawyers can join free: you get the newsletter, Guild Notes, the chance to vote on resolutions at the annual convention & responses to your letters.

**Center on Wrongful Convictions**
Northwestern U.
School of Law
375 East Chicago Ave.
Chicago, IL 60611
312-407-0031
law.northwestern.edu

**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 against the defendant. Include defendant’s name & contact info; dates of the crime, arrest & conviction; what defendant was convicted of & where (city, county, state); the sentence; and the defendant’s claim to innocence. Don’t send documents. Info also available in Spanish.

**Equal Justice Initiative**
122 Commerce St.
Montgomery, AL 36104
334-269-1803 (accepts collect calls)
cwlc.org
Legal representation for indigent defendants & those denied fair treatment in the courts as trials marked by blatant racial bias or prosecutorial misconduct. Helps the very poor help death-row prisoners & children prosecuted as adults. They usually don’t answer unless they’re interested in the case.

**Prison Legal News**
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. 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 law enforcement officials can 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.

**National Women’s Health Network**
1413 K St. NW, 4th Fl.
Washington, DC 20005
202-682-2646
nwhn.org

**PDZ Magazine**

Free fact sheets on fibroids, osteoporosis, mammograms, hysterectomy & other topics. Ask health questions by mail or phone Mon.-Thur. 9 a.m.–5 p.m. EST.

**Living and Wellness Project**
c/o Prison Justice Now
1332 West 2nd St., #101
Oakland, CA 94612
innow.org

Free 53-page manual, Reproductive Health, including how to communicate with your doctor, abnormal pap smears & pain management; Free Navigating the Medical System manual for women in CA prisons.

**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. Free to all people convicted of non-DNA cases. If you write asking for legal representation, they review your request, decide if they can represent you & respond in a few months. They also have projects for wrongly convicted youths (convicted or accused as adolescents or younger) & women; for those, put “Att’l: Center for Wrongfully Convicted Youth” or “Att’l: Women’s Project” on your letter.

**National Lawyers Guild**
Prison Law Project
132 Nassau St., #222
New York, NY 10038
212-679-5100
nlpg.org

No legal assistance. Jailhouse lawyers can join free: you get the newsletter, Guild Notes, the chance to vote on resolutions at the annual convention & responses to your letters.

**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 against the defendant. Include defendant’s name & contact info; dates of the crime, arrest & conviction; what defendant was convicted of & where (city, county, state); the sentence; and the defendant’s claim to innocence. Don’t send documents. Info also available in Spanish.

**Equal Justice Initiative**
122 Commerce St.
Montgomery, AL 36104
334-269-1803 (accepts collect calls)
cwlc.org
Legal representation for indigent defendants & those denied fair treatment in the courts as trials marked by blatant racial bias or prosecutorial misconduct. Helps the very poor help death-row prisoners & children prosecuted as adults. They usually don’t answer unless they’re interested in the case.

**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 against the defendant. Include defendant’s name & contact info; dates of the crime, arrest & conviction; what defendant was convicted of & where (city, county, state); the sentence; and the defendant’s claim to innocence. Don’t send documents. Info also available in Spanish.

**Equal Justice Initiative**
122 Commerce St.
Montgomery, AL 36104
334-269-1803 (accepts collect calls)
cwlc.org
Legal representation for indigent defendants & those denied fair treatment in the courts as trials marked by blatant racial bias or prosecutorial misconduct. Helps the very poor help death-row prisoners & children prosecuted as adults. They usually don’t answer unless they’re interested in the case.
RESOURCES

Lambda Legal
120 Wall St., 19th Fl.
New York, NY 10005
866-543-8336 (collect calls)
lambdalegal.org
They only take cases involving discrimination based on sexual orientation, gender identity/expression, and HIV that could significantly advance the rights of LGBT people and those with HIV. If they can discuss your legal issue with you and may offer follow-up discussions with attorney or suggest a lawyer in your area. Free toolkits on trans rights, including Transgender Prisoners in Crisis. Info available in Spanish.

Transgender Law Center
Legal Information Helpline
1629 Telegraph Ave., #400
Oakland, CA 94612
415-865-0176
transgenderlawcenter.org
Basic info on laws that affect transgender people, including health care, civil rights, family law & ID changes. The helpline doesn’t offer legal advice but may review your case & refer it to the Center.

The Promise of Justice Initiative
636 Baronne St.
New Orleans, LA 70113
504-529-5955
justicepromise.org
Litigates for humane, fair & equal treatment in the LA criminal justice system. They answer letters from people in LA, but it may take time. They only take cases that can improve conditions for lots of people. They sue to change conditions, not for monetary damages.

DC Prisoners’ Project
Washington Lawyers’ Committee for Civil Rights & Urban Affairs
11 Dupont Circle NW, #400
Washington, DC 20036
202-353-1000
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, death 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.

NAACP Legal Defense & Educational Fund
40 Rectory St, 5th Fl.
New York, NY 10006
212-965-2200
naacpdlf.org
Nonprofit law firm that deals only with cases of obvious race discrimination affecting broad classes of people. They can handle a small number of death penalty & life-without-parole cases. They won’t answer letters unless they are interested in the case.

ACLU (American Civil Liberties Union)
National Prison Project
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.

American-Arab Anti-Discrimination League
1990 M St. NW, #610
Washington, DC 20036
202-244-2990
aad.org
They can assist incarcerated members of the Arab community in finding institutional grievances as well as complaints to the Dept of Justice or Federal Bureau of Prisons in national origin or religious discrimination cases. They can also help file testimony with the federal Privacy & Civil Liberties Oversight Board on issues affecting people in private-contracted facilities.

Uptown People’s Law Center
4413 N. Sheridan Rd.
Chicago, IL 60640
773-769-7017
uplchicago.org
No criminal law cases or appeals, post-conviction or habeas corpus petitions. Works to protect the civil rights of people in state, federal & county facilities in IL. They help find pro bono (free) lawyers for people challenging denial of medical care, excessive force, denial of religious rights, access to the courts, discrimination, and cruel & unusual punishment. Unless they get your permission in writing, they can’t discuss your case with family members.

Special Litigation Section of U.S. Department of Justice
Washington, DC 20518
washingtondc.us
Free quarterly newsletter. They welcome writings by people currently or formerly in solitary for possible publication on their Internet Voices from Solitary. Ask to be on a waiting list for Lifelines to Solitary, their nationwide, solitary-focused letter-writing program.

California Prison Focus
1904 Franklin St., #507
Oakland, CA 94612
Quarterly newspaper on CA prison conditions, politics & legislation, with writings from inside (some from beyond CA). Free subs on request to those with CA SHU addresses; $6/ year for others in prison. Stamps welcome.

DEATH PENALTY RESOURCES

Solitary Confinement
The U.S. is one of very few countries that still execute people. These organizations offer help for people who have death sentences and/or want to end capital punishment.

Campaign to End the Death Penalty
P.O. Box 25730
Chicago, IL 60625
773-955-4841
deathpenalty.org

Centronium Ministries
1000 Herrontown Rd.
Princeton, NJ 08540
609-921-0334
centroniumministries.org
Non-legal, free investigative agency for people sentenced to death or in prison, mostly those whose innocence of murder or rape is shown by facts. Send a letter with the facts (3-4 pages max, no transcripts or original documents). They review thousands of cases but take very few.

Southern Center for Human Rights
83 Poplar St. NW
Atlanta, GA 30303
404-688-1202
schro.org
GA & AL only. Legal representation for people on death row, at trial, on appeal and in post-conviction review. People in GA or AL can write to explain their situation & request a lawyer.

Addressing Prison Rape
P.O. Box 128
Washington, DC 20008
solitarywatch.com
Free quarterly newsletter. They welcome writings by people currently or formerly in solitary for possible publication on their Internet Voices from Solitary. Ask to be on a waiting list for Lifelines to Solitary, their nationwide, solitary-focused letter-writing program.

California Prison Focus
1904 Franklin St., #507
Oakland, CA 94612
Quarterly newspaper on CA prison conditions, politics & legislation, with writings from inside (some from beyond CA). Free subs on request to those with CA SHU addresses; $6/ year for others in prison. Stamps welcome.

Sex Offender Resources

People categorized as sex offenders can get help managing the extra requirements they face & support with healing & transforming themselves, if needed.

CURE-SORT (Sex Offenders Restored Through Treatment)
P.O. Box 550
Norman, OK 73070
405-639-7262
cure-sort.org
A chapter of Citizens United for the Rehabilitation of Entants (CURE). Info & therapy referrals for incarcerated people who have perpetrated abuse. Free info on registry & residency laws and a free self-help guide with activities for self-care & healing. The Neighborhood Guide ($5 for people on the sex offender registry) tells how to conduct community meetings & address concerns of neighbors as part of a positive re-entry & re-entry process.

Reform Sex Offender Laws
P.O. Box 400838
Cambridge, MA 02140
National Coalition (NSO) Monthly newsletter ($9/year), The Digest, covers advocacy for expunging old sex laws, a law-enforcement-only registry, and rehabilitation & reintegration of law-abiding former sex offenders into society. Includes a column answering readers legal questions.
**ART, WRITING & EDUCATION PROGRAMS**

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

**PEN Writing Program for Prisoners**
PEN American Center 588 Broadway, 5th Floor New York, NY 10012 212-334-1660 pen.org/prison-writing Provides skilled writing mentors & audiences for your work. A free Handbook for Writers in Prison has tips on writing, addresses for free books & education programs, and guidelines for the annual PEN prison writing contest.

Ohio University Correctional Education 102 Haring Hall 1 Ohio University Athens, OH 45701 800-444-2420 ohio.edu/ecampus/print/correctional Provides college-level courses & certificates & degree programs acceptable in most prisons. Free info packet on admission, course offerings & costs. Ask if their program is authorized in your state.

**Prisoner Express** 127 Anabel Taylor Hall Cornell University Ithaca, NY 14853 607-255-6486 prisonerexpress.org Free, yearly newsletter with descriptions of their writing & art programs. Questions with drawings, poems, essays & fiction by participants.

**Prisoners' Guerilla Handbook to Correspondence Programs in the U.S. & Canada** c/o Prison Legal News P.O. Box 1151 Lake Worth, FL 33460 561-360-2523 prisonlegalnews.org Lists more than 160 programs for high school diplomas, associate, baccalaureate and graduate degrees; also vocational and paralegal certificates. Contact info for each school, tuition rates, textbook costs, courses offered, transfer credits, time limits for completing courses, whether the school is accredited and how to avoid bad programs. 221 pages. $55.55. Address payment to Prison Legal News.

**Prisons Foundation** 2512 Virginia Ave. NW, #58043 Washington, DC 20037 202-393-1511 prisonersfoundation.org Publishes writing on the Internet, on any subject, by or about people in prison. Free. You retain full rights & control. No calls from prisons.

**Safe Streets Arts Foundation** 2512 Virginia Ave. NW, #58043 Washington, DC 20037 202-393-1511 safestreetsarts.org Free resource that exhibits & sells work for incarcerated visual artists. Ask for details on exactly what they can & can't provide. No calls from prisons.

**HCVAdvocate.org**

All about living with both hepatitis C & HIV.

**POZ.com**

Articles, fact sheets—everything HIV, hep C & more.

**National Re-entry Resource Center**

cojusticecenter.org/reentry/ reentry-services-directory Re-entry services across the country, by state; no direct individual services.

**Prison Policy Initiative** prisonerpolicy.org Research on all kinds of prison issues. List of legal resources by state: prisonerpolicy.org/resources/legal

**The Fortune Society**

29-76 Northern Blvd.

Long Island City, NY 11101 212-691-7500 fortuneasociety.org Services for NY, but people incarcerated anywhere can get a free sub to Fortune News, 2 issues a year.

**Creating Resistance (CR)**

1904 Franklin St., #504 Oakland, CA 94612 510-646-0484 criticalresistance.org Free subs to their anti-prison newspaper, The Abolitionist, 3 issues/year, in English & Spanish. If you are or have ever been in solitary, they’d like to hear your ideas on peaceful campaigns for change (put “Attne: Solitary Project” on your letter).

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

**Coalition for Prisoners’ Rights Newsletter** P.O. Box 1931 Santa Fe, NM 87504 realcostofprisons.org/coalition.html Get a monthly newsletter on the movement for prison reform by sending a stamped self-addressed envelope with CPR as the return address. Two free meditation booklets are also available: Psychological Soldier: A Guide to a Healthy Life in Solitary and Doing Your Time with Peace of Mind.

**4Struggle Magazine** P.O. Box 97048 RPO Roncesvalles Ave. Toronto, Ontario, M6R 3B3 Canada 4strugglemag.org 3 issues/year. Articles by & about prisoners & news on work to improve prison conditions & against injustice. Free subs, but stamp donations appreciated.

**Chicago Legal Advocacy for Incarcerated Mothers (CLAIM)** c/o Cabrini Green Legal Aid Services 1923 W. Milwaukee Ave. Chicago, IL 60642 Phone: 312-738-2452 ext. 451 (For collect calls: 312-675-0911) cgla.net Advice & legal representation for incarcerated parents & their families, in IL on guardianship (short-term or court-ordered), visitation and child custody, plus advice for foster care & divorce cases. Women: write to CLAIM. Men: write to Cabrini Green Legal Aid (at the same address). CLAIM can also send a free Illinois-focused resource guide, Caring for Children when a Parent is Arrested: Guide to Legal Options and Resources.
ADVOCACY/SUPPORT FOR LGBTIQ PEOPLE IN PRISON
A short summary list for incarcerated lesbian, gay, bisexual, transgender, queer and intersex people. For an extended list, write Black & Pink (below).

Black & Pink
614 Columbia Rd.
Dorchester, MA 02125
617-392-9257
blackandpink.org
A family of LGBTIQ people in prison and “free world” allies. Free monthly newspaper includes instructions on signing up for their pen pal program & other services. They can sometimes help in a crisis (like sexual abuse or being in solitary) by writing to prison officials & getting public attention.

Transgender, Gender Variant, and Intersex Justice Project
1230 Market St.
PMB 705
San Francisco, CA 94102
tgjp.org

National Center for Lesbian Rights
870 Market St., #370
San Francisco, CA 94102
415-392-9257
ncrlights.org/legal-help-resources
No legal representation. Free info on laws that affect LGBT people and ways to protect against discrimination & civil rights abuses.

RESOURCES FOR WOMEN

California Coalition for Women Prisoners
1540 Market St., #480
San Francisco, CA 94102
415-255-7036; ext. 4
tgprj.org
No direct legal representation. Women in any state can get free newsletter, The Fire Inside, 2 issues/year, written in Spanish. Women, transgender & gender nonconforming out of prison in CA can ask for help with legal, medical, solitary, parole & re-entry problems.

Justice Now
1322 Webster St., #210
Oakland, CA 94612
510-832-4357
justice_now@ncflbw.org
No direct legal representation or advice, no social services. Assists defense teams on cases involving discrimination & violence. Lawyers on searches by male guards & other conditions & some re-entry issues. Free pen pal program.

TIP (Trans in Prison) Journal
Gender Identity Center of Colorado
1151 S. Huron St.
Denver, CO 80223
303-202-4646
gec-colorado.org
Free quarterly newsletter for trans & gender variant people in prison.

Women in Prison Project
Correctional Association of NY
2000 Adam Clayton Powell Jr. Blvd., #220
New York, NY 10027
212-254-5700
conpro.org
Serves women in NY but has info & brochures (many by incarcerated women) for those in any state. Write for My Sister’s Keeper & a list of other pamphlets.

Tenacious
V. Law
P.O. Box 20388
New York, NY 10009
tenacious-legal-advocacy.com/
No direct legal representation. Connects incarcerated women only (with at least a year left to serve) to a woman pen pal outside. For CA, NM & TX prisons. They’ve matched more than 500 pen pals, but there’s often a long waiting list. Write for an application.

California Penal Pals
P.O. Box 1290
Hickory, NC 28603
coppministry.com
National service providing Christian pen pals to engage in ministry by mail. Request a pen pal if you’re seeking a faith-focused dialogue. Include your name, ID#, address, date of birth, length of sentence, date release, religion, hobbies/interests and a statement about yourself & what you want in a pen pal. Backlog may be 1-2 years, depending on region.

Jewish Prisoner Services Int’l
P.O. Box 85840
Seattle, WA 98145
206-885-0577
emergency/collect calls: 206-528-0363
jpsi.org
Free, faith-focused national service for Jewish people. Write for an application that requires written confirmation that Jewish religious law considers you Jewish. They usually match people with a same-gender pen pal within weeks. They also provide family assistance & some re-entry services.

OTHER RESOURCES LIST (ALL FREE)
National Prisoner Resource List
Prison Book Program
c/o Guns and Noses Book Club & Bookstore
1303 Cherry St. #10
Houston, TX 77007
nprl.org
7 lists of PA & national resources: LGBTIQ; Women & Parents; Legal, Pro Bono & Advocacy on the Inside; Prison Justice & Advocacy Groups; PA Prison, Jails & Court Info; Education on the Inside; Tips for Survivors of Abuse. No social security number needed. Information organized by subject. Each list 10 pages; can be downloaded from our website.

Inside Books Project
Resource Guide
12th Street Books
827 W. 12th St.
Austin, TX 78707
insidebooksproject.org/
insidebooksproject.org/resource-guide
12 pages, national & state, legal aid—mainly for women, mainly for women

Prison Activist Resource Center
P.O. Box 70447
Oakland, CA 94645
212-893-4648
prisonactivist.org/resources
24 pages, national & state

Meet-An-Inmate
Arlen Bischke
P.O. Box 1342
Pittsfield, MA 01201
meet-an-inmate.com
Online pen pal site will list your address, photo & info starting at $25 for 6 months.

Penn Pals
This list includes both free services that try to match you with an incarcerated correspondent and services that charge a fee to post your profile or request online. The free organizations (run by volunteers) often have long waiting lists, and 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:
Pen Pal Project of the Action Committee for Women in Prison
P.O. Box 8987
Marina del Rey, CA 90295
acwip.org/positive-programs
Connects incarcerated women only (with at least a year left to serve) to a woman pen pal outside. For CA, NM & TX prisons. They’ve matched more than 500 pen pals, but there’s often a long waiting list. Write for an application.

Paying Customers Only:
Friends Beyond the Wall
Attn: New Ad Orders
2600 South Road,
#44-244
Poughkeepsie, NY 12601
Finding pen pals since 1999.
Price: $29.85 (for 6 months), $59.95 (for 2 years) for a pen pal ad profile. Write for an application. Got Corrlinks? Email: Info@FriendsBeyondTheWall.com

Paying Customers Only:
National Prisoner Resource List
12th Street Books
827 W. 12th St.
Austin, TX 78707
insidebooksproject.org/
resource-guide
24 pages, national & state, legal aid—mainly for women

SMS texting platform
Prison Book Program
Prison Book Program
c/o California Prison Interchange
1306 Hancock St. #10
San Mateo County, CA 94401
nationalpenpal.org
24 pages, national & state

PA Prison Directory Action Council
P.O. Box 71357
Pittsburgh, PA 15213
ppdirendirectoryaction..wordpress.com
7 lists of PA & national resources: LGBTIQ; Women & Parents; Legal, Pro Bono & Advocacy on the Inside; Prison Justice & Advocacy Groups; PA Prison, Jails & Court Info; Education on the Inside; Tips for Survivors of Abuse. No social security number needed. Information organized by subject. Each list 10 pages; can be downloaded from our website.
Marshall “Eddie” Conway: “We Do Effect Change”

Marshall “Eddie” Conway, a Vietnam veteran and former member of the Black Panther Party, had spent 33 years in Maryland prisons as a political prisoner when he reached a turning point. “Every Friday, 10 or 12 people would be released back to the community, and they were going back with revenge in their heart, an intention to go back into drug activity or do something else destructive,” Conway says. “Part of the violence in the community is just the anger and frustration that come out of those prisons up there in those rural areas.” The cycle had to be stopped.

So he joined with other imprisoned men, many of them also veterans, to mentor the younger generation. “We tried to figure out how we could meet their needs, what they needed to know in order to go home, stay home and be whole.” Transferred to another prison in order to go home, stay home and be whole. “I came out of those prisons up to the community, and they were going back with revenge in their heart, an intention to go back into drug activity or do something else destructive.”

As graduates of the six-month training were transferred to other prisons, Friend of a Friend spread to five Maryland prisons and one federal prison. In each prison, Conway noted, violence has decreased dramatically.

On March 4, 2014, after serving nearly 44 years, Conway was released from prison and witnessed the program’s last impact. “I went out to Morgan State University [in Baltimore] to speak. A guy ran up to me as I got in the elevator and said, ‘I’m gonna graduate this year!’ When I first met him inside, he was talking about going out there and killing Shorty. [Instead] he got out, went to college, and now he’s one of the leading fraternity brothers on the campus.”

The encounter made Conway realize, “Wow, We do effect change.”

—Victoria Law


Misty Rojo: “I Like That I Get Up and Fight”

At age 14, Misty Rojo was on the street, facing drug addiction. Nine years later, she was behind bars facing a life sentence.

“It wasn’t that she hadn’t tried to make her life work. In her teens, Rojo took jobs, enrolled in classes, got married and gave birth to four sons. But her husband, from whom she contracted HIV, battered her. When she entered the Central California Women’s Facility at 23, the world inside prison confirmed her sense that the world outside thought she was nothing.

Then she met Justice Now, a California organization that works in partnership with women and transgender people behind bars. Visiting men talked about social justice and a world without prisons—ideas that most of the men in the group were Black—studied and taught African-American history and culture. As graduates of the six-month training were transferred to other prisons, Friends of a Friend spread to five Maryland prisons and one federal prison. In each prison, Conway noted, violence has decreased dramatically.

On March 4, 2014, after serving nearly 44 years, Conway was released from prison and witnessed the program’s last impact. “I went out to Morgan State University in Baltimore to speak. A guy ran up to me as I got in the elevator and said, ‘I’m gonna graduate this year!’ When I first met him inside, he was talking about going out there and killing Shorty. [Instead] he got out, went to college, and now he’s one of the leading fraternity brothers on the campus.”

The encounter made Conway realize, “Wow, We do effect change.”

—Victoria Law


Misty Rojo

Misty Rojo

PHOTO COURTESY MISTY ROJO

PHOTO: LAURA WHITEHORN

PHOTO: MARSHALL "EDDIE" CONWAY

PHOTO: SUSAN STEELE

PREP TIME:
What I did (or wish I’d done) to prepare for my release...

“I realized while inside that I shouldn’t write my release plans in stone. I made plans for work and housing, but I kept things flexible, to allow myself to roll with what options might emerge.”

—Mujahid Farid, 33 years behind bars, NY

“I realized while inside that I shouldn’t write my release plans in stone. I made plans for work and housing, but I kept things flexible, to allow myself to roll with what options might emerge.”

—Mujahid Farid, 33 years behind bars, NY

“While I was inside, I joined other women in support groups where I could openly share my hurt to begin my healing process—healing from the trauma that landed me in prison in the first place.”

—Teresa Sullivan, 5 years behind bars, PA

“Because of the conditions I encountered behind the walls, I became radicalized. The experience of imprisonment served as a platform for the life-changing social justice work I continue to engage in 20 years later.”

—Robin McGinty, 2 years behind bars, NY

“A pre-release class provided a list of the resources I could set up when I arrived home. But I wish I could have gotten my housing, medication and doctor’s appointments in place in advance.”

—Ronald Stephens (Simone), 5 years behind bars, TX

You can write for a free copy of Justice Now’s 53-page guide, Reproductive Health: 1322 Webster St., #210, Oakland, CA 94612

“It wasn’t that she hadn’t tried to make her life work. In her teens, Rojo took jobs, enrolled in classes, got married and gave birth to four sons. But her husband, from whom she contracted HIV, battered her. When she entered the Central California Women’s Facility at 23, the world inside prison confirmed her sense that the world outside thought she was nothing.

Then she met Justice Now, a California organization that works in partnership with women and transgender people behind bars. Visiting men talked about social justice and a world without prisons—ideas that most of the men in the group were Black—studied and taught African-American history and culture. As graduates of the six-month training were transferred to other prisons, Friends of a Friend spread to five Maryland prisons and one federal prison. In each prison, Conway noted, violence has decreased dramatically.

On March 4, 2014, after serving nearly 44 years, Conway was released from prison and witnessed the program’s last impact. “I went out to Morgan State University [in Baltimore] to speak. A guy ran up to me as I got in the elevator and said, ‘I’m gonna graduate this year!’ When I first met him inside, he was talking about going out there and killing Shorty. [Instead] he got out, went to college, and now he’s one of the leading fraternity brothers on the campus.”

The encounter made Conway realize, “Wow, We do effect change.”

—Victoria Law


Misty Rojo

PHOTO COURTESY MISTY ROJO

PHOTO: LAURA WHITEHORN

PHOTO: MARSHALL "EDDIE" CONWAY

PHOTO: SUSAN STEELE

PREP TIME:
What I did (or wish I’d done) to prepare for my release...

“I realized while inside that I shouldn’t write my release plans in stone. I made plans for work and housing, but I kept things flexible, to allow myself to roll with what options might emerge.”

—Mujahid Farid, 33 years behind bars, NY

“I realized while inside that I shouldn’t write my release plans in stone. I made plans for work and housing, but I kept things flexible, to allow myself to roll with what options might emerge.”

—Mujahid Farid, 33 years behind bars, NY

“While I was inside, I joined other women in support groups where I could openly share my hurt to begin my healing process—healing from the trauma that landed me in prison in the first place.”

—Teresa Sullivan, 5 years behind bars, PA

“Because of the conditions I encountered behind the walls, I became radicalized. The experience of imprisonment served as a platform for the life-changing social justice work I continue to engage in 20 years later.”

—Robin McGinty, 2 years behind bars, NY

“A pre-release class provided a list of the resources I could set up when I arrived home. But I wish I could have gotten my housing, medication and doctor’s appointments in place in advance.”

—Ronald Stephens (Simone), 5 years behind bars, TX

You can write for a free copy of Justice Now’s 53-page guide, Reproductive Health: 1322 Webster St., #210, Oakland, CA 94612
If you learn the names of prison medical personnel, you can address requests and complaints about missed meds to the appropriate person. Treat medical staff politely so they’ll be more likely to want to help you (and to avoid any charges of unruly behavior).

You need your medications now—not in six months—but grievance systems can be slow. It can be faster to ask your unit staff to call the medical department to retrieve your meds. If the prison doesn’t follow the doctor’s orders, you can complain in writing to your treating doctor. Write to the prison warden and medical officers too.

It’s good to store a copy of your prescriptions in your cell or on your person. If you learn the medication schedule and stick to it, you can’t be blamed for missed doses. It’s important to keep copies of every complaint you write and the replies you get. In any future grievance or litigation, these will prove a pattern of “deliberate indifference” to your serious medical needs.

A phone call to the prison from someone outside—a family member or friend—asking why you are not getting your meds may produce results. You and your family can also write to legislators, state medical commissions and city, county and state health departments to bring attention to systemic problems in medication delivery.

For more, see “Filing a Medical Grievance,” p.9. You can also get “Protecting Your Health & Safety” ($10 plus $6 for shipping) from Pris on Legal News, P.O. Box 1151, Lake Worth, FL 33460; 561-360-2523 from 9:00 a.m. to 5:00 p.m. (EST), weekdays; prisonlegalnews.org.

Paul Wright served 17 years in Washington State. He is the co-founder and editor of Prison Legal News (see Resources, p.12). A version of this article appeared in POZ magazine in summer, 2009.
### ACUPRESSURE POINTS

*From centuries-old Chinese medicine, acupressure helps you ease symptoms with your fingertips.*

For each point, press firmly with your middle finger or thumb and hold steadily for about two minutes while taking slow, deep breaths.

Adapted from a chart by Michael Reed Gach, Ph.D. (Acupressure.com); with thanks to Richard Reilly, MS, LaC and Paulette Pettorino, MS, LaC

<table>
<thead>
<tr>
<th>Location</th>
<th>Possible benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>“Joining the Valleys”</strong></td>
<td>Top of the hand, on the web where the thumb and the index finger meet. Helps relieve stress, headache, constipation, insomnia, neck pain and stiffness, toothache and sinus pain.</td>
</tr>
<tr>
<td><strong>“Sea of Vitality”</strong></td>
<td>Lower back, two spots, each a few inches out from the spine at the level of the navel. Helps deal with stress, lower back problems and irregular menstruation; refreshes internal organs.</td>
</tr>
<tr>
<td><strong>“Three Mile Point”</strong></td>
<td>Four finger-widths below the kneecap, one finger-width outside the shinbone. Supports proper digestion; eases abdominal disorders (like constipation); tones the muscles, building endurance.</td>
</tr>
<tr>
<td><strong>“Outer Gate”</strong></td>
<td>Middle of outer forearm, three finger-widths up from the wrist crease. Strengthens resistance to colds and flu, eases wheezing, coughing and asthma symptoms; relieves wrist pain and frequent urination.</td>
</tr>
<tr>
<td><strong>“Inner Gate”</strong></td>
<td>Center of inside forearm, three finger-widths (about 2 inches) up from wrist crease. Relieves nausea and indigestion.</td>
</tr>
<tr>
<td><strong>“Third Eye”</strong></td>
<td>Between the eyebrows, where the bridge of your nose meets the lower ridge of your forehead. Relieves sinus congestion, nosebleeds, hay fever, headaches and eyestrain. Eases insomnia and anxiety.</td>
</tr>
</tbody>
</table>

(More on acupressure: “Breathe, Stretch, Stay Strong,” p. 5.)

This copy of **TURN IT UP!** would not be in your hands without the generous support of our major funders: The H. van Ameringen Foundation, Elton John AIDS Foundation, Broadway Cares / Equity Fights AIDS, Special thanks to **POZ** magazine.