"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 records, race, HIV status, sexuality or gender. None of these things affect our humanity, but they do at times affect how we are treated by people who might themselves lack some humanity. (At right is a photo of some of us meeting to plan the magazine last September. The list of articles we came up with at that meeting would fill an encyclopedia, so we had to whittle it down to what you see in the magazine you are holding.)

TURN IT UP! is meant to help you protect your own health and welfare—whether that’s an idea about how to eat or exercise, or a way to improve your medical treatment. You will find basic information on HIV, hepatitis C and other health conditions, suggestions from other 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 widely from one prison to another, and we tried to provide the most universal information we could find. 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.

—Susie Day, Copy Editor

from the EDITORS

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

from the Publisher

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 serve 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 PLHIV and millions of other people behind bars.

Below you will find the Incarcerated People’s Health Bill of Rights, which takes the Denver Principles’ legacy one step further.

—Susie Day, Copy Editor

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 patient.
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. Hepatitis C Basics
9. Hep C Treatments
10. HIV Basics; PEP and PrEP
11. Diabetes Basics
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—Laura Whitehorn and Suzzy Subways, Editors-in-Chief
Starting a Support Group

Handling health problems or other challenges behind bars can feel lonely and confusing. And seeing other people’s needs go unmet can make you feel powerless. Support groups allow you to figure out together how to deal with shared concerns. Here are some things I learned during my years in prison about how to start a support group.

1) Find at least one or two other people you trust, and talk about your goals—what you’d like to do and what you can realistically accomplish, given prison rules and limits.

2) Find a good sponsor, if needed. The joints I was in didn’t permit groups of three.

3) Be clear on what it means to keep something confidential. If someone tells you something and says, “Keep this within this group” or “Don’t tell anyone else,” follow that to the letter. It’s not easy, but it is necessary if you want people to trust you—and your group to offer real support.

—Laura Whitehorn, formerly incarcerated

COMPASSIONATE COMPANIONS

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 like a helpful, altruistic illusion. The proposal fell on deaf ears.

Finally, a new warden indicated sympathy. So, with a lot of lobbying by incarcerated women, our program was approved to provide support for those experiencing catastrophic emotional events.

A woman who had just received a terminal diagnosis asked for help in expediting her petition for compassionate release, which her oncologist had written, but not in the correct format. She asked if one of us might be allowed to accompany her during a medical visit with the chief medical officer, who would be making the final decision. We were very willing to help, and I am happy to say, the compassionate release was approved.

Compassionate Companions can bring about culture change in a system that is generally insensitive, steeped in dominance and unaware of individual needs. I think this is perhaps the most important aspect of our program—the ability to surround all of us with greater understanding and empathy for each other. After all, this world belongs to all of us, and the future is not a place we are going to, it is a place we are creating.

—Jane Durotik, CA

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:

NUTRITIOUS CHOICES, if available (mess hall, commissary, or food packages):

- 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. Unlike white potatoes, they don’t spike blood sugar.
- Healthy fat sources: butter, olive oil, nuts, seeds
- Sardines and flax seed tuna are rich in omega-3 fatty acids (see “Vitamins and Supplements,” p. 7).
- Eggs provide a perfect protein.
- Whole wheat, brown rice, and oats 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 “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.
- Special mention: many Black and Asian people are lactose-intolerant, so must 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

WORKS FOR ME!

“Try to get put on a special diet such as gluten free, low cholesterol, diabetic, kosher/halal or lactose-intolerant, because the food is better cooked, a little more edible and has more nutrients.”

—Terrence White, CA

WORKS FOR ME!

“Even when the vegetables in the chow hall don’t look appealing, I eat them. Otherwise I feel less healthy.”

—David, NY

TO TURN IT UP! | FALL/WINTER 2015
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 buddies went through my things and saw my paper work: I had been indicted for transmitting HIV to my 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 uneducated 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

Breathe, Stretch, Stay Strong

E ven 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.

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.

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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

A fter 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 weight-lifted, using a pillowcase filled with 50 pounds of my legal papers. (I tried to use bottles of water, but the guards took those away from me; they couldn’t take my legal papers.) I’m back in general population now, and I’ve added more cardio and other exercise routines. But what’s stayed the same is my commitment to be not just active but proactive, to maintain my health—body, mind and spirit.

—Blake McGrath, NC

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

FOR INFO ON SOME OF THESE METHODS

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), $8. 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; chienergyheals.com

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.

—Bob Lederer, formerly incarcerated

WORKS FOR ME!

“I used to run, but the joint I’m in only has cement exercise areas, and at my age (in my 80s), the impact hurts. So I took up yoga, and I highly recommend it. The breathing is the most important part, but don’t underestimate the strain on your body from the stretching and holding poses. You have to go slow at the beginning, until your body gets used to it.” —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 Petres, formerly incarcerated
HIV Education
HE LEARNED ABOUT HIV—AND TAUGHT HIS DOCTOR

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 T cells, so I didn’t need to start meds.

I did need to educate myself, though. I had my family send me the HIV treatment guidelines from the Department of Health and Human Services (HHS) and a treatment handbook from Johns Hopkins Medical School. I read and re-read them both, then went to the prison library and checked the PDR (Physician’s Desk Reference) for side effects of all the HIV medications.

Because many HIV meds can raise lipids (cholesterol and triglycerides) and lower levels of vitamin D, I also followed 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 other nutritional support they can get from commissary, an outside vendor or medical (if you have a health condition), here are some worth taking:

- Multivitamin – contains the necessary vitamins and minerals. The American Medical Association advises all adults: “Take at least one multivitamin pill each day.” Some brands don’t provide high enough doses, so consider taking two daily (no OD risk at that level). Excess iron can worsen liver problems, so take it with a multivitamin if you’re iron deficient.

- Vitamin B complex – contains all the B vitamins, which work to fight stress and build energy and brain function. One should be on the doctor’s desk reference.

- Vitamin D3 – Protects bone, muscle, and general health. Dairy products don’t contain enough D, but D3 capsules can help. Exposing skin to sunlight (without sunscreen) produces D, so try to get in the sun for an hour and a half to two hours a week if you can.

- Fish oil (contains omega-3 fatty acids) – good for heart health. If you have a fish allergy or bleeding disorder, check with a doctor. If you can get capsules, try for those marked “EPA” or “DHA,” 1,000 mg daily.

- Milk thistle (an herb) – doesn’t cure or treat hepatitis C, but may ease symptoms. But be aware of side effects, which can include allergic reactions (for people allergic to ragweed) and lowering 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 lose some weight.

I had been working out with weights but I was carrying too much myself—202 pounds on a 5’3” frame. I ditched the spices (except for garlic and oregano, so my food wouldn’t be too bland), I took a break from power lifting and went to light weight lifting, yoga, and the treadmill and elliptical machine.

It worked: My blood pressure and weight are down. It can be a struggle in this environment, but my job is to stay healthy and walk out of here when my time expires.

—Steve Passaman, PA

Vitamins and Supplements
WORTH IT—IF YOU CAN GET THEM

No one needs a reminder that prison diets aren’t the most nutritious. If the prison you’re in allows you to get supplements and vitamins from commissary, an outside vendor or medical (if you have a health condition), here are some worth taking:

- Multivitamin – contains the necessary vitamins and minerals. The American Medical Association advises all adults: “Take at least one multivitamin pill each day.” Some brands don’t provide high enough doses, so consider taking two daily (no OD risk at that level). Excess iron can worsen liver problems, so take it with a multivitamin if you’re iron deficient.

- Vitamin B complex – contains all the B vitamins, which work to fight stress and build energy and brain function. The Public Health Service recommends folinic acid for women of child-bearing age—before and during pregnancy—to reduce risk of birth defects.

- Vitamin C – helps fight viruses. Best is ascorbic acid.

- Vitamin D3 – Protects bone, muscle, and general health. Dairy products don’t contain enough D, but D3 capsules can help. Exposing skin to sunlight (without sunscreen) produces D, so try to get in the sun for an hour and a half to two hours a week if you can.

- Fish oil (contains omega-3 fatty acids) – good for heart health. If you have a fish allergy or bleeding disorder, check with a doctor. If you can get capsules, try for those marked “EPA” or “DHA,” 1,000 mg daily.

- Milk thistle (an herb) – doesn’t cure or treat hepatitis C, but may ease symptoms. But be aware of side effects, which can include allergic reactions (for people allergic to ragweed) and lowering 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.

—Michael, KY
Hepatitis C Behind Bars
HOW TO AVOID OR MANAGE HEP C

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, grey-colored stools, dark urine, and jaundice, in which the skin and whites of the eyes turn yellowish.

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.

Getting treated—when and with what—depends on a few things. For more information, see Resources, hepC/HIV, page 22.

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 testing hep C empowers you to discuss your care with the doctor. For info sources, see Resources, page 22.

Ways to protect your health:

Exercise, drinking more water and eating less fat can help your liver health. So can avoiding hooch, 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 for help managing any side effects. Discuss possible drug interactions, especially if you can get the newest HCV meds.

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 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.

Sovadvil (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 other treatments. People with easier-to-treat genotype 2 can take Sovaldi and ribavirin alone for 12 weeks.

Viekira Pak (ombitasvir/paritaprevir/ritonavir; daclatasvir) 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.

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

Getting Hep C Meds When You Need Them

Incarcerated 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

If 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.

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

HEPATITIS C IS SPREAD through blood-to-blood contact, including:

• Sharing razors, toothbrushes, nail or hair clippers or—riskiest of all—needles and rigs. Even rinse water and filters can spread 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.

Thanks to Prison Health News, Liz Highleyman and Rich Feffer/hepeducation.org

Image: Liz Highleyman

Correctional Health Partnership

For more information, see Resources, hepC/HIV, page 22.
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 health—it can weaken your body’s own natural defense against sickness.

How you can—and cannot—contract HIV

HIV is found in semen, vaginal fluids, blood and breast milk. It can enter the body through open cuts, sores or broken skin; through mucous membranes, like those inside the anus or vagina; or through direct injection.

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

Syringes or other injection equipment can be charged with more serious crimes just because they have HIV. Crimes like these 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.

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

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.

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;

• feels the idea that people with HIV are inherently dangerous, a group that needs to be identified, monitored, controlled and incarcerated;

• undermines 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
I have sarcoidosis, a rare hereditary disease that damages my lungs. I should be called down to medical at least four times a year for a checkup, but that doesn’t happen. Since being at Pennsylvania’s SCI Coal Township, I’ve kept my dealings with the infirmary to a minimum because I’ve heard so many horrifying stories, including charging chronic care patients for routine visits, and the coldness of attitude. The staff have a tendency to forget they’re dealing with human beings.

We as prisoners do not make enough money to afford the co-pay. If you make $30 or $40 a month and you go to sick call, you might end up paying $10 or more for treatment. So you learn to ignore medical issues that are not emergencies. Thus, the co-pay system is a dangerous deterrent.

In the summer of 2014, over half the men in the prison participated in a chow hall boycott in an attempt to get justice on many fronts. There were 22 requests. One was elimination of charging chronic care patients for routine visits to medical. The substitution of the word “request” for “demand” was strategic and had everything to do with us wishing to peacefully protest for our rights. Many men went without food for days because they were fed up with being treated like incorrigible animals.

—David Lee, PA

The Power of Our Unity
STICKING TOGETHER
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).
Health Care Advocacy and Empowerment Behind Bars
By Victoria Law

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 flier 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 to and sent to Albion 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,” she 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 Albion 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 women. 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 cuffed 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 no 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 her care, she was only allowed to see her infant, like bringing her into the laundry room so the noise from the drier would calm her down.

Now out of prison, Caraballo calls the nursery “crucial to her development as a parent.” “I’m now able to give my child all the love I have, because of the nursery,” she says. “It has shown me how to be the person I am today.”

“(Becoming) one of the most powerful things I’ve ever been a part of.”

Rusti Miller-Hill

“Taking control of my own life”

Kerry Thomas has never been in a prison with a formal HIV/AIDS program. Recognizing that many prisons lack HIV/AIDS education or support programs, he advises people to read everything and learn as much as possible. “Know who your medical provider is,” he says. “Know the policies, what treatment you have access to, who your doctor is, who your nurse is, what medication the prison approves, what the contract says. They’re not always willing to give you that information, so it’s going to take a lot of initiative. But what I learned is, taking that initiative, that’s what keeps me healthy—taking control of my own life in an environment where we have very little control.” He also stays in touch with the outside community, including family, friends and advocates like people in the Sero Project, which has been a lifeline to information and feeling connected.

“From there, he says, take the risk and reach out to other people who may be positive. “I had to learn to take the risk to say, ‘Hello, my name is Kerry. Do you want to talk?’ That was not always an easy thing. You don’t know what the response is going to be.”

“Becoming an advocate empowered me to take my life back, to assume control in a role that I might not otherwise have taken,” says Rusti Miller-Hill, who returned home in 1994 and has worked as an advocate and peer educator ever since.

“For those currently imprisoned, Miller-Hill has several pieces of advice. ‘First, learn who you are. For many of us, that’s a secret. We don’t know what our likes or dislikes are. So find out who you are and what your needs are, and begin to address those needs.’”

“For me, that’s an advocacy role. I feel as though I’ve been given this platform to share my story.”

“Do you want to talk?”

Kerry Thomas

“I had to learn to take the risk to say, ‘Do you want to talk?’”

For those currently imprisoned, Miller-Hill has several pieces of advice. “First, learn who you are. For many of us, that’s a secret. We don’t know what our likes or dislikes are. So find out who you are and what your needs are, and begin to address those needs.” She recognizes that advocacy is often born from the need for self-preservation. From there, she says, it’s not a large jump to move from the individual to the community. “It’s not just about me, it’s about us,” she says. Then she adds, “You begin to take on the bigger issues of us. How do I help us? I was able to address me, but how do I help us?”

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“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’d 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 U.S. People Living with HIV Stigma Index, has found that educating health care providers about how stigma affects PLHIV changed the providers’ behavior.

But one person’s efforts are often not enough to educate those in power. Education takes repetition over time and is more effective when it comes from several sources. When Brelsford challenged her counselor’s inaccurate, stigmatizing statement, the counselor simply walked away. “Other women came up to me, some hugged me and others talked to me,” she remembers. Kindness and solidarity can help people find the strength to fight for the truth another day.

Stigma comes from systems

Part of the reason it’s hard to fight stigma by yourself, without others at your side, is that it’s so 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.

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,” says Lisa Strawn, who is imprisoned in California. She’s an active member of transgender and LGBT-friendly support groups that discuss medical, personal, and staff issues and share pride in who they are.

I knew better, and I was going to prove it.

—Lisa Brelsford

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 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—so he organized and told 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: ‘When 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
ask the courage to look at it,” Sprague says. “That’s what takes its power away. If we can’t be present or sit with what it feels like to be afraid that we’re inferior, we can’t build bonds with other people who are discriminated against. And if we don’t do that, then we can’t work together to make things different.”

For many people with HIV, connecting with other PLHIV to discover that they are not alone helped start them on a journey inward. Tim Hinkhouse, who is imprisoned in Oregon, says he’s unaware of how to ignore negative messages comes from years of therapy during his sentence. He can help you discover your inner strength in

Maria “Cookie” Cruz Green

the face of prejudice, and you can do the same for them. While Maria “Cookie” Cruz Green was in prison in Pennsylvania, 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 controlling it—that thing is not controlling you.”

**Breaking the ice**

Experiencing prejudice can be an education 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 incarcerated, should be empathetic and stand in solidarity with everyone else suffering the same,” Carmichael says.

He takes a candid approach: “Usually, if I hear something racist, or based on HIV, I feel it’s from some youngster. My typical retort is to say ‘Shut up, punk, I’ve got viruses older than you!’” It breaks the ice and lets them educate them. **I challenged them: ‘When was the last time all your homeboys protested outside the prison?’”**—Brian Carmichael

**RESOURCES**

Tese groups can provide health or legal info or connect you with college classes, pen pals and people to help you fight for your rights.

When you write to a group, you can increase your chance of getting a helpful response by:

1. Stating clearly and briefly, in the first paragraph of your letter, exactly what you’re asking for;
2. Keeping your letter short and to the point, offering to send more info if needed;
3. Asking if there is a specific person you should write or call; and
4.Printing your name, ID number and address in the letter as well as on the envelope.

Unless otherwise noted, none of these groups accept collect calls. Most are national, but some only answer mail from certain states. We included websites in case someone outside can contact them by computer on your behalf. If a listing says 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**

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


AIDS Library Philadelphia FIGHT

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 & health. Also, you can also offer 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

**Prison Health News**


AIDS Library Philadelphia FIGHT

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 & health. Also, you can also offer info on re-entry & discharge planning in PA only. Free.

**ARTHRITIS**

Arthritis Foundation Attn: CIC 1330 W. Peachtree St. NW, #100 Atlanta, GA 30309 404-872-7100 arthrits.org


**CANCER**

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-HOPE (4673) cancercare.org

Free fact sheets by type of cancer. Lung and liver cancer fact sheets also available in Mandarin.
**RESOURCES**

**DIABETES**

American Diabetes Association
Attr: Center for Information
1701 North Beauregard St.
Alexandria, VA 22331
800-234-5383
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
800 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.–3 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 treatment.

**NEW MEXICO**

AIDS InfoNet
P.O. Box 810
Alvaro Seco, NM 87514
aidsinfonet.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**

Attr: Distribution Manager
5050 N. Broadway St., #300
Chicago, IL 60640
773-889-9400
positivelyaware.com

HIV treatment & research magazine. Annual guide to HIV drugs. 7 issues/year; free to people living with HIV in prison.

**HIGH BLOOD PRESSURE/STROKE**

American Heart Association
7272 Greenville Ave.
Dallas, TX 75231
800-224-8391
heart.org

Will answer questions by mail & send free materials on high blood pressure, stroke & other heart problems.

**WOMEN’S HEALTH**

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

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 Legal News
1322 West St., #120
Oakland, CA 94612
innocencc.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.

**LEGAL RESOURCES/PUBLICATIONS**

Some of these groups work to change prison conditions (like physical abuse or medical neglect), while others help with post-conviction relief (fighting your case after you’re convicted). Some groups offer info so you can represent yourself or file your own paperwork 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 is certified, it’s supposed to help everyone affected, whether directly involved in the suit or not.

National Lawyers Guild
Prison Legal News
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.

**VISITING PRISONER VISITATION AND SUPPORT**

1501 Chestnut St.
Philadelphia, PA 19102
334-269-1803 (accepts collect calls)
innocence.org

Legal representation for indigent defendants & those denied fair treatment in the legal system as trials marked by blatant racial bias or prosecutorial misconduct. They mostly 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 issues faced 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)
ecj.org

Legal representation for indigent defendants & those denied fair treatment in the legal system as trials marked by blatant racial bias or prosecutorial misconduct. They mostly help death-row prisoners & children prosecuted as adults. They usually don’t answer unless they’re interested in the case.

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Equal Justice Initiative
122 Commerce St.
Montgomery, AL 36104
334-269-1803 (accepts collect calls)
ecj.org

Legal representation for indigent defendants & those denied fair treatment in the legal system as trials marked by blatant racial bias or prosecutorial misconduct. They mostly 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 issues faced 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.

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122 Commerce St.
Montgomery, AL 36104
334-269-1803 (accepts collect calls)
ecj.org

Legal representation for indigent defendants & those denied fair treatment in the legal system as trials marked by blatant racial bias or prosecutorial misconduct. They mostly help death-row prisoners & children prosecuted as adults. They usually don’t answer unless they’re interested in the case.
DC Prisoners’ Project Washington Lawyers’ Committee for Civil Rights & Urban Affairs 11 Dupont Circle NW, #400 Washington, DC 20036 202-332-1000 waslaw.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.

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

Special Litigation Section U.S. Department of Justice Civil Rights Division Attn: Criminal Section 950 Pennsylvania Ave. NW Washington, DC 20530 202-514-6255; 877-216-5228 centurionministries.org Non-profit law firm that deals with cases that affect transgender people, those with HIV. They can discuss your legal situation with you and may review your case and even take cases. They may accept mail, but may review your case with family members. 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 Chicago, IL 60640 773-769-1419 upchicago.org No criminal law cases or appeals, post-conviction or habeas corpus petitions. They do not represent 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.

Death Penalty Resources

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 Free newsletter, The New Abolitionist, with writings by incarcerated people & their families.

Centurion Ministries 1000 Herrordtown Rd. Princeton, NJ 08540 609-921-0334 centurionministries.org Non-profit, free investigative agency for people sentenced to death or life 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 404-686-1202 schr.org GA & AL only. Legal representation for people on death row, at trial, on appeal and in post-conviction review. People in GA can write to explain their situation & request a lawyer.

California Prison Focus 1990 Franklin St., #507 Oakland, CA 94612 Quarterly newspaper on CA prison conditions, policies & legislation, with writings from inside (some from beyond CA). Free subs on request to those with CA SHU addresses; $16/year for others in prison. Stamps welcome.

Sexual Assault

Rape and other sexual assault can happen to anyone, but can’t happen to your fault. These groups may help you prevent yourself and heal.

Just Detention International 3325 Wilshire Blvd., #340 Los Angeles, CA 90010 213-384-1400 (accepts collect calls) justdetention.org Free packet of info & resources about sexual abuse while in custody, prisoners’ rights & how to get help. They don’t provide counseling, legal representation, books, pen-pal services or investigations of sexual abuse reports. To help end sexual assault they share survivors’ stories (with survivors’ permission) with the public & in training sessions for corrections officials & victim services providers. They connect some survivors with journalists & policymakers to share their experiences. You can write to JDIF confidentially, legal mail at: Cynthia Trott, CA Attorney Reg. #19926 (see address above).

Project on Addressing Prison Rape c/o Jaime M. Yarussi Washington College of Law 4801 Massachusetts Ave. NW Washington, DC 20016 202-274-4385, Attorney, wcl.edu/endsilence No direct legal services. Write for info on your rights & specific laws that protect them. They may refer you to legal mental health services in your area. Letters can be marked “legal mail.”

Sex 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 1122 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 & challenges as part of a positive re-entry & re-entry process.

Reform Sex Offender Laws P.O. Box 400838 Cambridge, MA 02140 nereform.org Periodical newsletter ($9/year), The Digest, covers advocacy for evidence-based laws, a law-enforcement-only registry, and rehabilitation & reintegration of law-abiding former sex offenders into society. Includes a column answering readers legal questions.
**RESOURCES FOR INCARCERATED PARENTS**

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

**Legal Services for Prisoners with Children**
1540 Market St., #490
San Francisco, CA 94102
1540 Market St., #490
San Francisco, CA 94102

**The Sero Project**
P.O. Box 1253
Mifflintown, PA 17843

**Advocacy & Activism**

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

**Families Against Mandatory Minimums (FAMM)—Nat’l Office**
202-822-6700

**Prisons Foundation**
2521 Virginia Ave. NW,
#58043
Washington, DC 20037

**Prisons Foundation**
2521 Virginia Ave. NW,
#58043
Washington, DC 20037

**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 193
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 Time with Peace of Mind.*

**4Struggle Magazine**
P.O. Box 97048
RPO Roncesvalles Ave.
Toronto, Ontario, M6R 383 Canada
4strugglemag.org

3 issues/year. Articles by U.S. political prisoners & news on work to improve prison conditions & against injustice. Free subs, but stamp donations appreciated.

**RESOURCES FOR INCARCERATED MOTHERS (CLAIM)**
c/o Cabrini Green Legal Aid
1717 North Milwaukee Ave.
Chicago, IL 60642
Phone: 312-738-2452 ext. 451
(formerly known as CLAIM)
cgi.net
Advice & some legal representation for incarcerated parents & their family members 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 LGBTQI PEOPLE IN PRISON**

A short list for incarcerated lesbian, gay, bisexual, transgender, queer and intersex people. For an extended list, visit Black & Pink (below).

- **Black & Pink**
  - 614 Columbia Rd.
  - Dorchester, MA 02125
  - 617-438-4357
  - blackandpink.org
  - A family of LGBTQ 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.

**RESOURCES FOR WOMEN**


- **California Coalition for Women Prisoners**
  - 1540 Market St., #480
  - San Francisco, CA 94102
  - 415-255-7036, ext. 4
  - womenprisoners.org

Women in Prison Project

Correctional Association of NY

200 Adam Clayton Powell Jr. Blvd., #220

New York, NY 10027

212-547-7000

www.ncpr.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 2038
  - New York, NY 10009
  - resistancebehindbars.org/node/10

A zine (2 issues/year) of writings & art by formerly & currently incarcerated women. Free to women (including trans women) in prison. Men in prison are asked to send 2 stamps (or a $1 check or money order made out to V. LAW).

- **National Clearinghouse for the Defense of Battered Women**
  - 125 S. 9th Street, Ste. 302
  - Philadelphia, PA 19107
  - 215-351-0010

No direct legal representation. Women in any state can get free newsletter, The Fire Inside, 2 issues/year, with section in Spanish. Women, transgender & gender nonconforming people in CA can ask for help with legal, medical, solitary, parole & re-entry problems.

- **Justice Now**
  - 1322 Webster St., #10
  - Oakland, CA 94612
  - 510-832-4357

No direct legal representation or advice, no social services. Assists defense teams on cases involving domestic violence survivors charged with crimes related to their abuse. A very small nonprofit organization, they do what they can to answer requests for assistance promptly, but it may take a long time. Phone or write.

**PEN 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.

- **Pen Pal Project of the Action Committee for Women in Prison**
  - P.O. Box 9867
  - Marina del Rey, CA 90295
  - actioncommittee.org/positive-programs

Connects incarcerated women only (with at least a year left to serve) to a pen pal outside. Only 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.

- **Christian Pen Pals**
  - P.O. Box 1290
  - Hickory, NC 28603

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 released, religion, hobbies/interests and a statement about yourself & what you want in a pen pal. Backlog is 1-2 years, depending on region.

- **Jewish Prisoner Services Int’l**
  - P.O. Box 85840
  - Seattle, WA 98145
  - 206-850-0577

(emergency collect line: 206-528-0363)

JPSI

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.

- **Meet-An-Inmate**
  - Arlen Bischke
  - P.O. Box 1342
  - New York, NY 10011

Meeting-An-Inmate.org

For a copy, write Friends Beyond the Wall.

- **Corrections by and For LGBTQI People In Prison**
  - P.O. Box 20388
  - El Monte, CA 91731
  - corri.org/prisonbookprogram.

Includes info related to sexual orientation, gender identity & HIV status. People in New England can request a regional resource guide & pen pal list.

- **Sylvia Rivera Law Project**
  - 147 W. 24th St., 5th Fl.
  - New York, NY 10011
  - 212-337-8550

(accepts collect calls) &

212-254-5700

(corpministry.org)

Pennsylvania Prisoner Services (ISS) for Women & Trans Prisoners is a nonprofit organization, offering info & resources: LGBTQI; Women & Parents; Legal, Pro Bono & Advocacy on the Inside; Prison Justice & Advocacy Groups; PA Prison, Jail, Court & Court Info; Education on the Inside; Tips for Survivors of Abuse. For PA prison/jail addresses stamped envelope preferred.

- **Pennsylvania Prisoner Services**
  - PA Prison Directory Action Committee
  - P.O. Box 71357
  - Pittsburgh, PA 15231

PennsylvaniaPrisonDirectoryActionCommittee.org

- **Other Resource Lists (all free)**

National Prisoner Resource List

Prison Book Program c/o Lucas Parsons Center & Bookstore

1306 Race St., #10

Quincy, MA 02169

prisonbookprogram.org/resources/national-prisoner-resource-list-6_pages; large-print version available.

- **Inside Books Project**
  - Resource Guide
  - 12th Street Books
  - 827 W. 12th St.
  - Austin, TX 78701

Insidebooksp.org/project/resource-guide

28 pages, national, emphasis on TX. Send 2 stamps if you can.

- **Prison Activist Resource Center**
  - P.O. Box 70447
  - Oakland, CA 94648

1-800-313-4684 (toll-free)

prisonactivist.org/resources

24 pages, national & state.

- **Sylvia Rivera Law Project**
  - 147 W. 24th St., 5th Fl.
  - New York, NY 10011

SylviaRiveraLawProject.org

312 pages, national, law and more. For a copy, write a $5 donation.

Resources for black and pink people.

- **Meet-An-Inmate**
  - Arlen Bischke
  - P.O. Box 1342
  - New York, NY 10011

Meeting-An-Inmate.org

From prison pen pal to pen pal for your pen pal. Write for an application. Write for a copy, write Friends Beyond the Wall.

- **Friends Beyond the Wall**
  - New Ad Orders
  - 2600 South Road, #44-244
  - Westbury, NY 11590

Price: $29.95 (for 6 months), $59.95 (for 2 years) for a 2-year subscription. Write for an application. For corrections, email Info@FriendsBeyondTheWall.com.

- **Write a Prisoner**
  - P.O. Box 10
  - Edgewater, MD 21032

http://writeaprisontexas.com/®

Write & receive profiles for housing, legal assistance, employment & education after release.

- **Guantanamo Bay National Prisoner Support Network**
  - P.O. Box 1342
  - New York, NY 10011

GuantanamoBayPrisonersSupport.org

Meet-An-Inmate.org

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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, Conway brought the idea along.

He began talking with people one-on-one about their options and needs, what they needed to know in order to figure out how we could meet their lasting 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.”

To contact Friend of a Friend: Dominique Stevenson, American Friends Service Committee, Suite 212, 3600 Clipper Mill Rd., Baltimore, MD, 21211 (443-777-0110)

Marshall “Eddie” Conway

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 prisoners 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 notes, violence has decreased dramatically.

On March 4, 2014, after serving nearly 44 years, Conway was released from prison and witnessed the program’s lasting 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.”

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How to Get Your Meds

HEALTH CARE ON TIME

Gettings your prescription drugs can make the difference between sickness and health. If you have HIV it can be even more crucial—missing doses can make you resistant to the treatment.

These tips can help:

• 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 isn’t following 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.

Free Prison Book Programs

W hen requesting free books from these volunteer-run projects, it’s important to:
1) Pay close attention to which states each program serves; 2) Remember that most of these groups depend on donated books and may not have a particular book, so send a list of topics and types of books you want; 3) Include your name, number, and address in clear, legible print; 4) Be patient—due to money and resources, not lack of concern, it may take months to get a response. These programs always welcome donations of money or loose stamps. The Inside Books Project Resource Guide (See “Other Resource Lists,” p. 29) offers a longer list of prison book programs in the U.S., including those serving only one state.

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

Asheville Prison Books Program
67 N. Lexington Ave.
Asheville, NC 28801
For NC, SC, GA & TN.

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

Books Through Bars/Philadelphia
4722 Baltimore Ave.
Philadelphia, PA 19143
215-722-8170
booksthroughbars.org
For PA, NJ, DE, NY, MD, VA & WV. People in PA prisons can only get their social justice-focused correspondence course, “Address This!”

Books Through Bars/ Providence
c/o Paper Nautilus Books 5 Angel St.
Providence, RI 02906
provincebookb.org
Nationwide. Write with a list of subjects you’re interested in.

Chicago Books to Women in Prison
c/o RFUMC
4511 N. Hermitage Ave.
Chicago, IL 60625
chicagoerb.org
For people in any women’s federal prison or women’s state prisons in AL, AZ, CA, CT, FL, IL, IN, KY, MS, OH & TN.

Inside Books Project
c/o 12th Street Books
927 W. 12th St.
Austin, TX 78701
512-655-3121
insidebooksproject.org
For TX prisons only. Request every 3 months.

Inside Books Project
P.O. Box 601
Morgantown, WV 26507
prisonlegalnews.org
Prison Legal News, 23000 Tech Park Dr., Suite A-300, Roseville, MI 48066
(586) 973-8495
prisonlegalnews.org
Provides legal information and education to incarcerated people, with special emphasis on gender, race, and class disparities in the criminal justice system.

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Asheville, NC 28801
For NC, SC, GA & TN.

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

Books Through Bars/Philadelphia
4722 Baltimore Ave.
Philadelphia, PA 19143
215-722-8170
booksthroughbars.org
For PA, NJ, DE, NY, MD, VA & WV. People in PA prisons can only get their social justice-focused correspondence course, “Address This!”

Books Through Bars/ Providence
c/o Paper Nautilus Books 5 Angel St.
Providence, RI 02906
provincebookb.org
Nationwide. Write with a list of subjects you’re interested in.

Chicago Books to Women in Prison
c/o RFUMC
4511 N. Hermitage Ave.
Chicago, IL 60625
chicagoerb.org
For people in any women’s federal prison or women’s state prisons in AL, AZ, CA, CT, FL, IL, IN, KY, MS, OH & TN.

Inside Books Project
c/o 12th Street Books
927 W. 12th St.
Austin, TX 78701
512-655-3121
insidebooksproject.org
For TX prisons only. Request every 3 months.

Inside Books Project
P.O. Box 601
Morgantown, WV 26507
prisonlegalnews.org
Prison Legal News, 23000 Tech Park Dr., Suite A-300, Roseville, MI 48066
(586) 973-8495
prisonlegalnews.org
Provides legal information and education to incarcerated people, with special emphasis on gender, race, and class disparities in the criminal justice system.

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Asheville Prison Books Program
67 N. Lexington Ave.
Asheville, NC 28801
For NC, SC, GA & TN.

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

Books Through Bars/Philadelphia
4722 Baltimore Ave.
Philadelphia, PA 19143
215-722-8170
booksthroughbars.org
For PA, NJ, DE, NY, MD, VA & WV. People in PA prisons can only get their social justice-focused correspondence course, “Address This!”

Books Through Bars/ Providence
c/o Paper Nautilus Books 5 Angel St.
Providence, RI 02906
provincebookb.org
Nationwide. Write with a list of subjects you’re interested in.

Chicago Books to Women in Prison
c/o RFUMC
4511 N. Hermitage Ave.
Chicago, IL 60625
chicagoerb.org
For people in any women’s federal prison or women’s state prisons in AL, AZ, CA, CT, FL, IL, IN, KY, MS, OH & TN.

Inside Books Project
c/o 12th Street Books
927 W. 12th St.
Austin, TX 78701
512-655-3121
insidebooksproject.org
For TX prisons only. Request every 3 months.

Inside Books Project
P.O. Box 601
Morgantown, WV 26507
prisonlegalnews.org
Prison Legal News, 23000 Tech Park Dr., Suite A-300, Roseville, MI 48066
(586) 973-8495
prisonlegalnews.org
Provides legal information and education to incarcerated people, with special emphasis on gender, race, and class disparities in the criminal justice system.
**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>Point</th>
<th>Location</th>
<th>Possible benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Joining the Valleys”</td>
<td>Top of the hand, on the web where the thumb and the index finger meet.</td>
<td>Relieve stress, headache, constipation, insomnia, neck pain and stiffness, toothache and sinus pain.</td>
</tr>
<tr>
<td>“Sea of Vitality”</td>
<td>Lower back, two spots, each a few inches out from the spine at the level of the navel.</td>
<td>Helps deal with stress, lower back problems and irregular menstruation; refreshes internal organs.</td>
</tr>
<tr>
<td>“Three Mile Point”</td>
<td>Four finger-widths below the kneecap, one finger-width outside the shinbone.</td>
<td>Supports proper digestion; eases abdominal disorders (like constipation); tones the muscles, building endurance.</td>
</tr>
<tr>
<td>“Outer Gate”</td>
<td>Middle of outer forearm, three finger-widths up from the wrist crease.</td>
<td>Strengthens resistance to colds and flu, eases wheezing, coughing and asthma symptoms; relieves wrist pain and frequent urination.</td>
</tr>
<tr>
<td>“Inner Gate”</td>
<td>Center of inside forearm, three finger-widths (about 2 inches) up from wrist crease.</td>
<td>Eases nausea and indigestion.</td>
</tr>
<tr>
<td>“Third Eye”</td>
<td>Between the eyebrows, where the bridge of your nose meets the lower ridge of your forehead.</td>
<td>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.)*

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