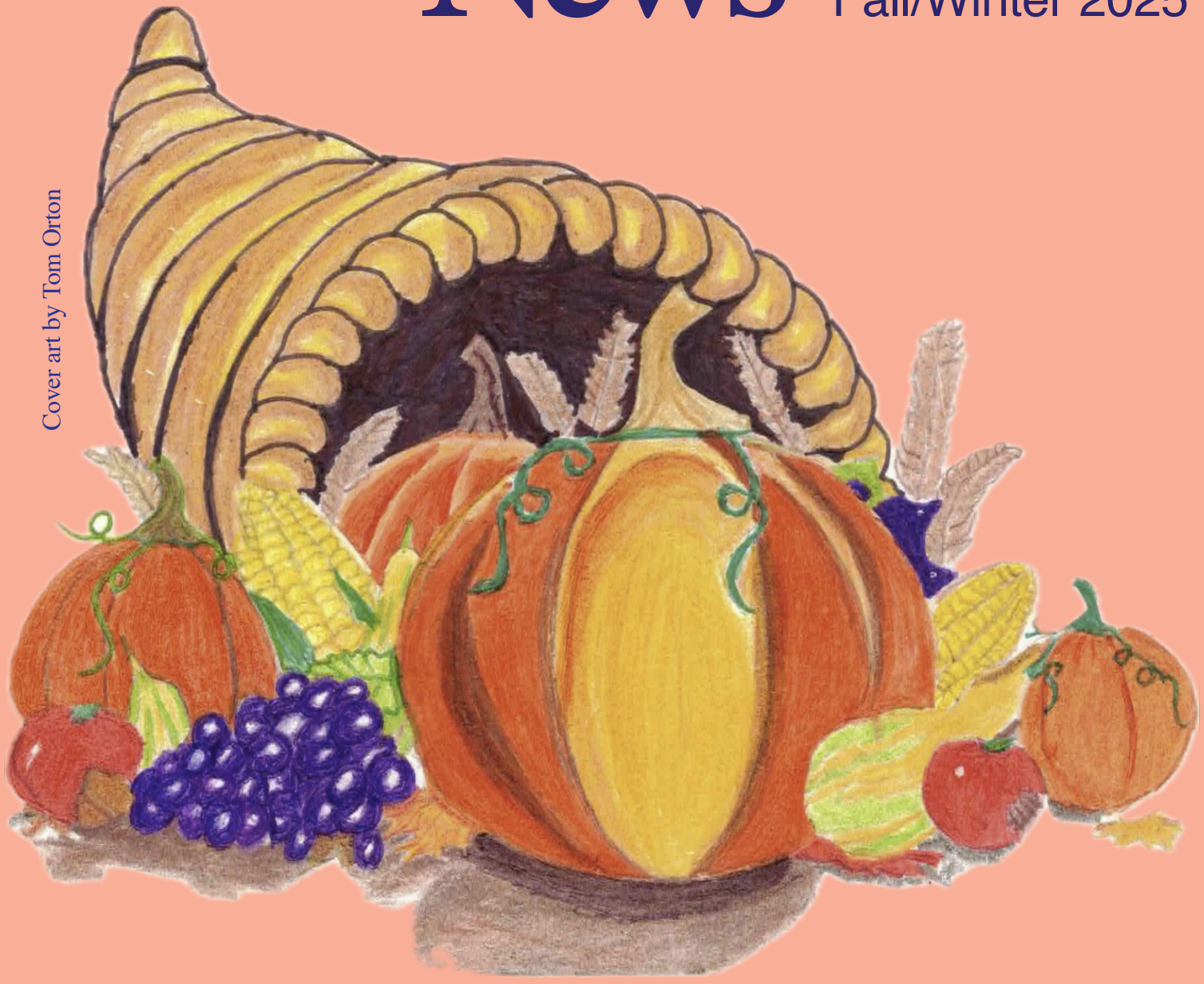
Prison Health News

Issue 62
Fall/Winter 2025



Cover art by Tom Orton

Toxic Shock Syndrome: Our Risks and Our Rights

Ask PHN: Suboxone

Who We Are

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

From
The PHN Team

Write an Article or Send Us Your Art!

Would you like to see your art, writing or poetry in Prison Health News? If you want to write an article (in English or Spanish) on something you think is important for prison health, send it and we will consider publishing it in Prison Health News. Tell us your story of struggling to receive quality health care, either for yourself or others. Do you have tips and tricks for staying healthy and taking care of yourself behind the walls that could be useful to others in the same position? You can also write us first to discuss ideas for articles. Please let us know if it's OK for us to put your writing or artwork on our website or social media. Let us know if you'd like us to use your full name, first name only, or "Anonymous." Having your name on the internet means anyone can find it. Please keep in mind that we may make small changes to your article for length or clarity. For any major changes to your work, we will try to get in touch with you first. You can submit your work to this address:

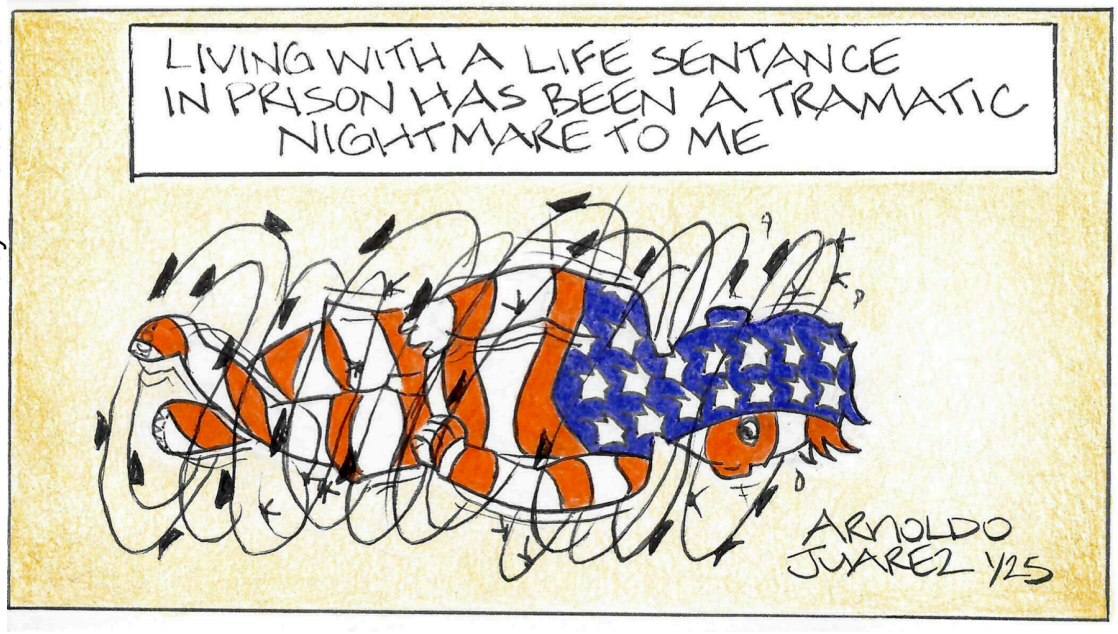
Prison Health News
4722 Baltimore Ave.
Philadelphia, PA
19143

Our Sources

Prison Health News works to ensure that the health information you receive from us is accurate and up to date. Every article in our magazine undergoes a fact-checking process, during which members of our team check every fact-based statement against reliable sources. These sources include peer-reviewed research studies; government agencies such as the Centers for Disease Control and Prevention (CDC), the Department of Health and Human Services, and the World Health Organization; research universities, hospitals, and medical associations; and highly recognized nonprofits.

We make sure multiple sources say the same thing before accepting the information as accurate. If the sources are inconsistent, we keep looking at more sources. While many PHN members on the outside are medical professionals, their articles (such as the "Ask PHN" column) undergo the same fact-checking process by a different member of our team. Feel free to write to us if you have any questions or concerns about our process!

Art by George Dominguez



Art by Arnoldo Juarez

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For a subscription of 4 free issues a year, write to us at:

Prison Health News
4722 Baltimore Ave.
Philadelphia, PA 19143

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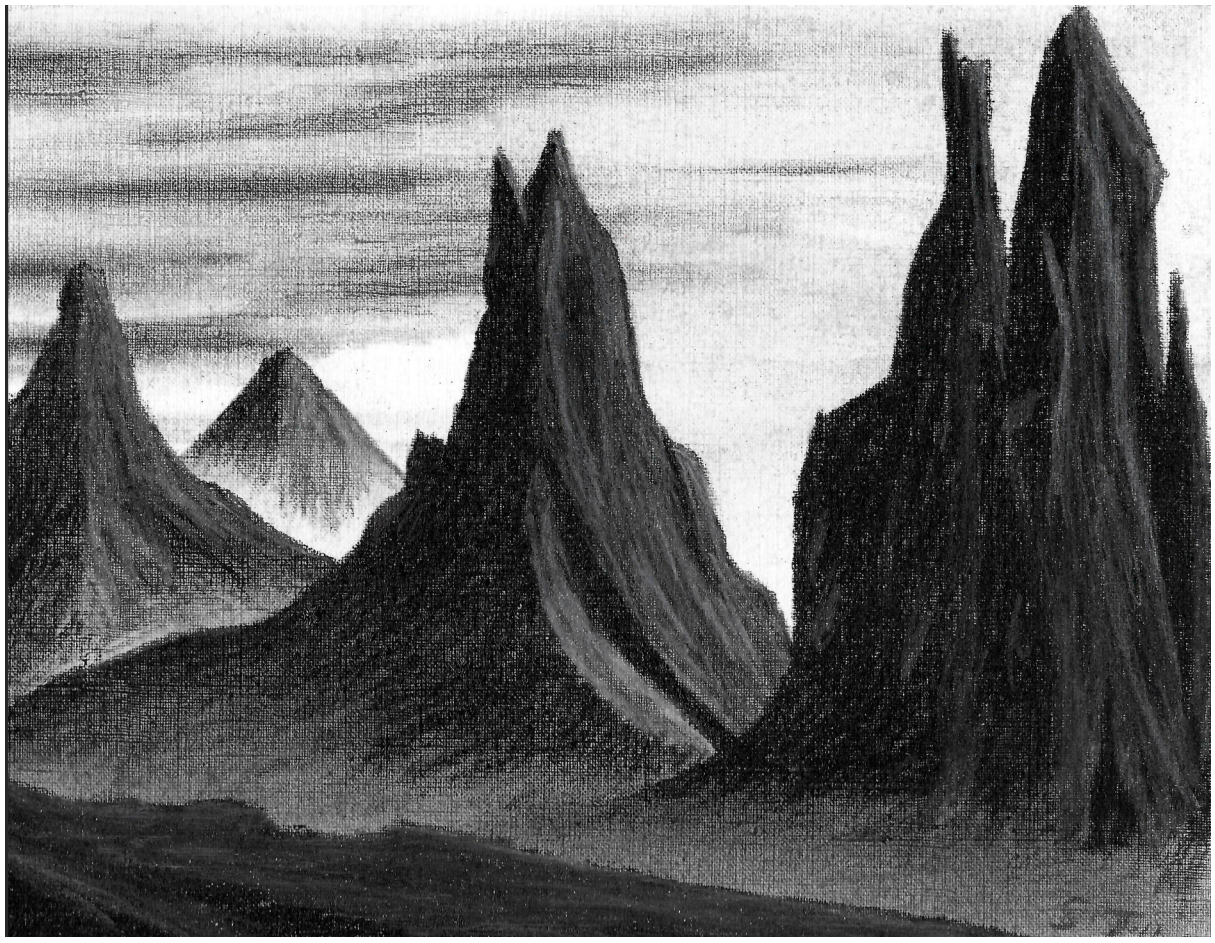
Edited By:

Alyssa Lynne-Joseph, Gracelynne West, Kirby Sokolow, Leah Owen-Oliner, Lily H-A, Jamila W. Harris, Madeline Behee, Max Farma, Mindy Lee Thai, Navpreet Reehal, Savannah Woodrow, Seth Lamming, and Suzy Subways

Design and Layout:
Tee Jay, Ridge Chin

Many thanks to the PHN Advisory Board for their wisdom and insight: **Kwaneta Harris**, currently incarcerated in Texas, **Madusa Carter**, Philadelphia, **Ignacio H. Carrillo**, currently incarcerated in Illinois, **A. Maxwell Hanna**, Oregon, **Elisabeth Long**, San Francisco, **Fatima Malika Shabazz**, Los Angeles, **Lisa Strawn**, San Francisco



Art by Selvyn Tillett

Toxic Shock Syndrome: Our Risks and Our Rights

By Kwaneta Harris

I watch them every month, huddled in the corners of their cells, meticulously rolling state-issued pads into makeshift tampons. My friends know it's risky, but what choice do they have? Texas prisons issue a handful of pads and five tampons per month. They don't provide instructional pamphlets, because the state deems the images too sexually explicit.

For women forced to work without pay, purchasing additional supplies from the commissary is nearly impossible, even now that they've finally started offering multi-packs instead of just super-sized ones.

Texas isn't the only state failing to provide adequate pads and tampons to incarcerated people. While the First Step Act, signed into law in 2018, requires federal prisons to provide free menstrual (period-related) supplies, it does not apply to state prisons or local jails. With women making up roughly 10% of the U.S. prison and jail population, DOC budgets primarily focus on men (and on cisgender men in particular). DOC directors and budgetary decision-makers, moreover, are often men—men who I'd prefer to believe are simply ignorant about the needs of women, transgender men, and nonbinary people who menstruate.

"You gotta roll it tight," Jazz explains, demonstrating her technique. "Otherwise," she continues, "it falls apart inside you." I want to tell her about the dangers, but I know the alternative is bleeding through her clothes while working, a humiliation none of us should have to endure.

What my friends don't realize is that they're risking their lives. Toxic Shock Syndrome (TSS), a rare but potentially fatal condition, lurks in these improvised solutions. Anything placed in the vagina can create an ideal breeding ground for bacteria such as Staphylococcus aureus (often called "staph"), Streptococcus pyogenes, and Clostridium sordellii. When these bacteria release toxins into the bloodstream, they can cause TSS. The risk increases when an item is left in too long because, for example, you're waiting for a guard to bring you more supplies.

Young menstruating people between 15 and 25 years old are at highest risk for menstrual TSS, making our teenage population particularly vulnerable. The CDC reports that while menstrual TSS cases have decreased since the 1980s due to changes in tampon manufacturing, regulations, and awareness, mortality rates still hover around 5% to 8%. In prison, where medical care is often delayed or denied, these odds become even more frightening.

The symptoms of TSS appear suddenly and dramatically. They include:

- High fever (102°F or higher)
- Sunburn-like rash
- Muscle aches
- Vomiting and/or diarrhea
- Confusion
- Seizures
- Low blood pressure

Without immediate medical attention, TSS can progress to organ failure within 24 to 48 hours. Treatment requires hospitalization, intensive antibiotics, and supportive care for affected organs. Even with proper treatment, some survivors face long-term health complications.

The cruel irony? This risk is preventable by using proper menstrual supplies according to health guidelines and by changing them frequently. Tampons that come with safety instructions and adequate pads should be a basic human right, not a luxury. Instead, state policies force people who have periods to choose between dignity and safety.

The National Commission on Correctional Healthcare and other organizations such as the ACLU have repeatedly called for prisons to provide free and adequate menstrual supplies, citing both health and human-rights concerns. Yet, here we are, watching as people are endangered by the simple act of managing their periods.

We need change, and it starts with awareness. Share this information. Write to your legislators and support organizations fighting for the health rights of incarcerated women, trans people, and nonbinary people. No one should risk death simply because they can't access basic menstrual supplies.

Remember: Every makeshift tampon is a potential tragedy waiting to happen. We deserve better. Our lives depend on it.

Test Your Knowledge

(Fill in the blank)

1. Period-related TSS most commonly affects menstruating people aged ___ to ___.
2. The mortality rate for menstrual-related TSS is approximately ___%.
3. A fever of ___ or higher can be a warning sign of TSS.
4. TSS requires immediate _____ treatment.
5. _____ bacteria can cause TSS.

Answers:
1. 15 to 25
2. 5% to 8%
3. 102°F
4. Hospital
5. Staphylococcus aureus ("staph"), Streptococcus pyogenes, and Clostridium sordellii

*

Your Hemorrhoids May Be, in Fact, a Fissure

By Suzy Subways

As a co-editor of Prison Health News for 15 years, I've written the occasional article, but never before have I shared my own tales of woe and triumph. I hope my story helps many.

Do you have a real pain in the ass that won't let up? Is taking a poop blindingly excruciating? Have you been told this is caused by hemorrhoids? It may be, but it could also be an anal fissure, a condition that is frequently misdiagnosed.

For more than 10 years, I had rear-end pain that came and went. "My hemorrhoids are acting up," I would tell friends when sitting hurt too much. By 2022, the pain, when it came, was almost unbearable. Then, that summer, I had a flare-up that didn't stop.

The first doctor I went to said, "Oh, if you have hemorrhoids, there's nothing I can do to help." I changed primary care doctors. The new doc examined me (which can be a painful and invasive experience) and said, "Yeah, you have really bad hemorrhoids."

I had to wait two months to see a colorectal surgeon. My butthole had two balloon-like red swollen bits sticking out of it. I was sure the colorectal surgeon, a specialist at the best teaching hospital in Philadelphia, would help.

By the time I saw the colorectal surgeon, I was unable to sit at all. Even standing at my desk was too painful. I worked lying down in my bed, on my side, with my laptop next to me. I'm lucky to be a freelance editor and work from home.

The colorectal surgeon, after a miserable examination that felt like demons were burrowing into my soul from behind, ended our quick visit by pronouncing: "Your hemorrhoids are tiny! You're fine!"

Many months of misery followed. Meanwhile, I made an appointment for a colonoscopy, where they use a tube with a camera to look inside the rectum and colon—too bad I would have to wait a year. Why didn't I see another colorectal surgeon for a second opinion? For a reason I'm sure you can all relate to—having a doctor minimize or deny your pain is humiliating. And I was traumatized. But avoiding the invasive exams only hurt me more.

Finally, I asked my primary care doc to get me the colonoscopy more quickly by requesting a diagnostic colonoscopy. This is different from a screening colonoscopy, which they are supposed to do for everyone between 45 and 75 to see if we have colorectal cancer. They do a diagnostic colonoscopy because *something is wrong and we need to find out what the hell it is*.

My colonoscopy revealed a fissure, which is a tear in the lining of the anus. It can cause bleeding, although mine didn't. My new colorectal surgeon said the red balloon-like bits sticking out of my ass were a telltale sign of fissure that many doctors miss.

Most fissures go away by themselves within a few weeks. Mine was chronic. I eventually had two surgical procedures:

▻ **Botox injection** to relax the anal sphincter muscle. The anus is often too tight because of the pain, so when pooping, the fissure can be torn

open again. The Botox lasts for about three to six months, relaxing the anus enough to give the fissure time to heal.

▻ **Sphincterotomy**. My colorectal surgeon (named Dr. Butcher, although he was quite gentle and skilled!) offered to do the Botox injection again after it didn't help me at all, but I opted for sphincterotomy. He made a tiny cut in the anal sphincter muscle to relax it a little bit permanently. Sphincterotomy has a 90% success rate but a risk of leakage (tiny amounts of poop seeping out when you least expect it), which is usually temporary but can be permanent. As crappy as that sounds, I couldn't wait to end my pain. My fissure healed over the next few months, and I didn't have any leakage beyond a few times when I had to change my underwear.

Here's what helped my worst pain (and a lot of these steps can help prevent a fissure from forming in the first place):

- Relaxing the pelvic floor muscles (everyone has them!) while doing a wide "child's pose," a yoga position. This is especially helpful after pooping.

  ▻ **Child's pose**: On your hands and knees, lower your chest to the mattress or floor and widen your knees, lowering your rear end to rest between your feet.

  ▻ **Relax the pelvic floor**: Locate your anal muscles by imagining that you are stopping the flow of gas. Breathe deeply into your belly as you focus on relaxing and lengthening the muscle. Picture the anus as a flower opening to bloom (trust me!). As you exhale, imagine the flower becoming a small bud again. This can also be done throughout the day, even when you're not in child's pose.

- Drinking **lots of water.**

- Trying to eat a **high fiber diet:** vegetables and fruit (especially leafy greens and berries), beans, plain rolled oats and other whole grains. Consider a religious or vegetarian diet. However, try to add more of these foods to your diet gradually; a quick change from a low-fiber to a high-fiber diet can actually worsen constipation.

- Taking **fiber supplements**, if you can get them. Take them in the morning or afternoon, with lots of water, and according to dosage instructions to prevent constipation. If you need more help preventing constipation, try a **stool softener** like Colace (generic name: docusate).

- Never strain or push when pooping. **Breathe slowly and deeply** to relax the anal muscles. Know when to give up and cut your losses. Wet the toilet paper with spit and gently pat, don't rub.

- I used a Squatty Potty, a stool to raise your feet 7 to 9 inches so your **knees are higher than your hips** when pooping. This makes the flow easier. You may be able to rig something up or just squat over the toilet.

- A sitting cushion with a cutout right under the anus. When I didn't have it, I arranged **clothing or a jacket in a U shape** as a substitute cushion.

- **Sitz baths** (a warm shallow bath) and regular baths; try a hot shower. The warm water helps relax your anal sphincter.

- I used coconut oil suppositories I made myself and kept in the freezer, like little popsicles. Try to find **A&D ointment or petroleum jelly** (or vegetable oil if you can't find those) and apply it to the painful area before pooping.

- Dr. Butcher prescribed **nifedipine ointment** (some prescribe nitroglycerin ointment, but it can cause headaches).

- **Lidocaine ointment** to put inside the anus helps kill the pain for a lot of people. ✻

Martin Sostre Forged the Path We Walk

A Book Excerpt

Martin Sostre was a legendary jailhouse lawyer who, in the early 1960s, led the way in ending the "hands-off doctrine" that meant judges wouldn't stop prison administrations from abusing incarcerated people. He shared his self-taught legal skills with others and came up with the idea to use Section 1983, which allows individuals to sue officials for violating their constitutional rights. Since his example, countless others, including many Prison Health News readers, have used this strategy to fight for access to quality health care in prison. But Sostre saw lawsuits as just one tool in the activist's toolbox. More important was to be part of a larger movement and organize together for liberation. Garrett Felber's new book, A Continuous Struggle: The Revolutionary Life of Martin Sostre, explores a trove of examples for how to resist dehumanization. The following excerpt is from the book's foreword by renowned Black historian Robin D. G. Kelley.

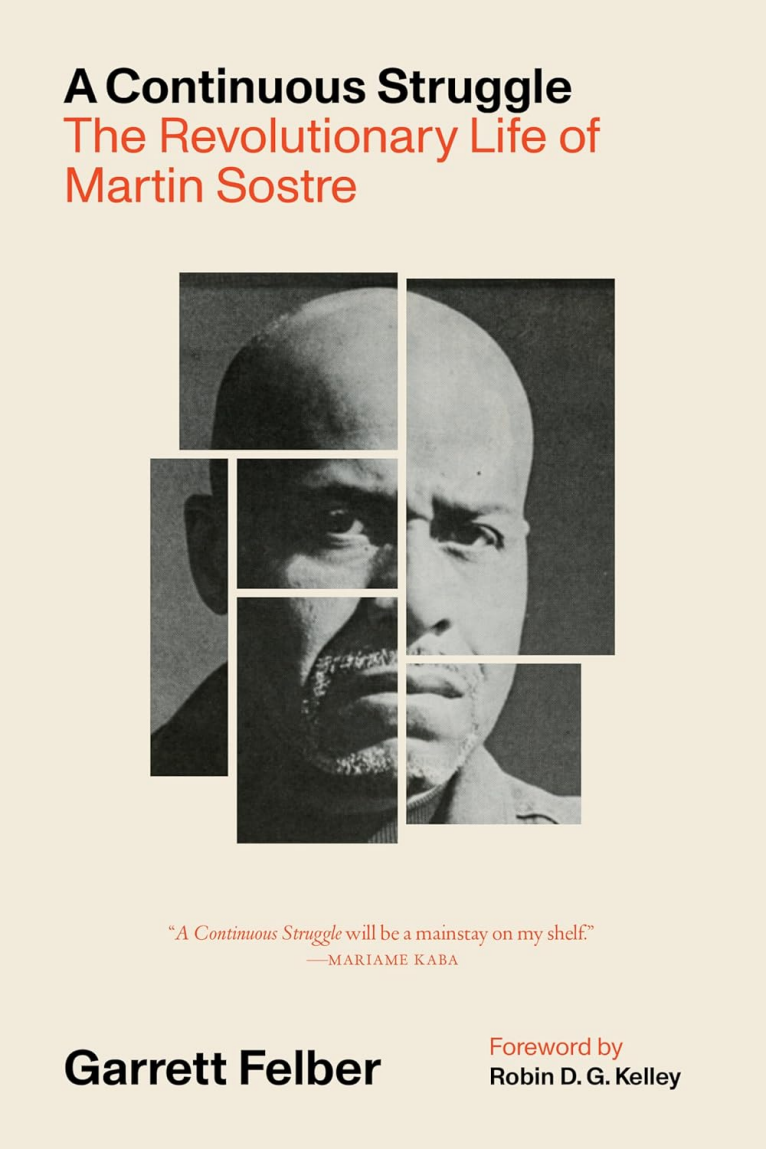


Image courtesy of AK Press

A Continuous Struggle: The Revolutionary Life of Martin Sostre brings to light the other radical Martin whose impact on postwar liberation movements is immeasurable. A contemporary of King and Malcolm, Martin Ramírez Sostre was arguably more revolutionary than both men. His ought to be a household name in the US, especially for students of social movements and budding abolitionists. This Harlem-born, working-class Black Puerto Rican with a tenth-grade education had earned a reputation as an outstanding jailhouse lawyer before the other Martin delivered his 1963 "I Have a Dream" speech at the March on Washington. While serving a twelve-year prison sentence in New York, Sostre successfully argued for the right of imprisoned Black Muslims to have access to the Holy Qur'an, and that prison conditions and the punitive treatment meted out to Muslims violated the Fourteenth Amendment. Upon his release in 1964, Sostre settled in Buffalo, opened three radical bookstores that became hubs of Black political activity, and in the wake of the city's 1967 rebellion was arrested on manufactured drug charges and sentenced to forty years in prison.

…

Renowned for his eloquence and sharp wit, Sostre nevertheless believed actions spoke louder than words. And he was a man of bold actions. For Buffalo's Black community, his Afro-Asian Bookshop functioned more as a community center, a gathering space for youth (especially

after Sostre added a turntable, loudspeakers, and a few crates of hip records), and an informal school for political education. The Afro-Asian Bookshop resembled Lewis Michaux's African National Memorial Bookstore and Una Mulzac's Liberation Bookstore, both in Harlem. In other words, Sostre was not an entrepreneur but, above all, an organizer. The state knew it and thought that locking him up would silence him—a devastating miscalculation. He simply organized inside, becoming one of the most effective prison organizers in history. In 1968, while incarcerated at Green Haven Prison, he was held for thirteen months in solitary confinement for "practicing law without a license" because he was using his considerable skills to help fellow prisoners. In August 1969, he was transferred to Wallkill State Prison, where he led efforts to organize a prisoners' labor union. Three years later, he was sent to Auburn State Prison, where he organized a strike of workers in the license plate shop and was put in solitary for refusing to shave his beard. He was transferred yet again in December 1972 to Clinton Correctional Facility and held in solitary for refusing to shave his beard and submit to rectal exams [ostensibly looking for contraband], for which the guards beat and raped him nearly a dozen times.

Sostre's story is central to understanding the genealogy of the modern [prison] abolition movement and its direct links to the eighteenth- and nineteenth-century anti-slavery movement. Radical Black abolition is rooted not in pacifism or sentimentality but in the rebellions of the enslaved, including mutinies on the floating dungeons used to transport captured Africans across the Atlantic. In other words, abolition was a militant and military response to what John Brown called "a most barbarous, unprovoked, and unjustifiable war of one portion of its citizens upon another portion." Anthropologist Orisanmi Burton brilliantly captures the continuum in his assertion that prisons are "sites of counter-war, a term that reflects the fact that captive rebels were responding to an antagonism they did not initiate."

To order *A Continuous Struggle: The Revolutionary Life of Martin Sostre* by Garrett Felber, write to AK Press, 370 Ryan Ave. #100, Chico, CA 95973 ✻

Ask PHN: Suboxone

by Leah Owen-Oliner

Dear Prison Health News,

Can you provide me medical fact sheets on Suboxone?

- J.W.

Dear J.W.,

Thank you for your question about such an important topic! Many people are curious about Suboxone and whether it can help them. Suboxone is one of the main medicines used to treat opioid use disorder (OUD). When someone has OUD, it means they are struggling to stop opioids, even when it is harming their health, relationships, and future. One major reason quitting is so difficult is the withdrawal period that happens when opioids are stopped suddenly. Withdrawal can be very unpleasant, often involving nausea, diarrhea, runny nose, shaking, anxiety, and muscle aches. Suboxone helps ease these withdrawal symptoms and decrease opioid cravings.

How opioids work

To understand Suboxone, we first need to understand how opioids work. Opioids like heroin, fentanyl, and morphine attach to special spots in the brain called opioid receptors. You can think of the opioid as a key and the receptor as a lock. When the "key" fits into the "lock," it causes the strong pleasurable feeling that makes opioids addictive.

How Suboxone works

Suboxone is a combination of two medicines: buprenorphine and naloxone. Buprenorphine is

considered a weak opioid. It attaches to the same "locks" in the brain as heroin, for example, but cannot fully trigger the same response. This gentler activation of the lock is enough to calm cravings and withdrawal without creating the addictive "high."

Naloxone is an opioid blocker included in Suboxone as a safety guard. If someone tries to misuse Suboxone by injecting it or snorting it, naloxone will cause immediate withdrawal. However, if you take Suboxone under the tongue or in the cheek as prescribed, the naloxone will not affect you.

Starting Suboxone

Suboxone is a prescription medication that should be managed by a trained medical professional such as a doctor. Usually you need to wait 12-24 hours after using an opioid before starting Suboxone, unless you are slowly adding very low doses of Suboxone while you're still using opioids. If you take a full dose of Suboxone too soon, it can make the withdrawal symptoms worse. Doctors usually begin with a low dose and may increase the dose slowly until you feel your cravings and withdrawal are manageable. Suboxone comes in a thin papery film that dissolves under the tongue or against the cheek. Most people take Suboxone 1-3 times per day; your doctor or nurse will help you find the right dose and schedule.

Side effects

Fortunately, most Suboxone side effects are mild and resolve quickly. At first, some people notice temporary drowsiness, constipation, headache, dry mouth, and trouble sleeping. Serious side effects like breathing problems are rare, but they are more likely if you are also using substances like alcohol, Xanax, or other sedating drugs. Therefore, it is important to always tell your provider what else you take in case it interacts with Suboxone.

Long-term treatment options

Once you feel stable on Suboxone, you and your provider can work together to choose next steps. Some people decide to continue Suboxone in the long term in order to maintain sobriety. Others switch to a monthly shot of buprenorphine given by a doctor. Still others, often those who are well into recovery, may gradually taper off of Suboxone once they are ready. Everyone's path looks different and there is no "right" answer!

A few details specific to prison

Not every prison offers Suboxone, so you may want to ask medical staff if "medication-assisted treatment" for OUD is available where you are. If Suboxone is not possible, you might inquire about additional support. For example, some facilities might have other helpful medications (like methadone) or non-medication resources like counseling and peer groups.

One big benefit of taking Suboxone is that it lowers your risk of overdose, especially if you return to using opioids like heroin or fentanyl once back in the community. Overdose risk is highest right after leaving prison, and staying connected to Suboxone treatment can be lifesaving. Some people may say Suboxone is "just another drug", but that is not true – when taken as prescribed, it does not cause a high. Doctors and health experts recognize it as a real, effective treatment for OUD.

In conclusion:

Suboxone is a medicine that empowers many people with OUD to reclaim control of their lives by reducing opioid cravings, decreasing withdrawal symptoms, and lowering overdose risk. Combined with support like counseling, therapy, peer groups, or other medications, Suboxone is a powerful tool for recovery! If you are interested in Suboxone, ask your health provider if it is the right option for you. ✻

Art by Dante Gabriel Rossetti

What Is PREA, the Prison Rape Elimination Act?

by Jamila W. Harris

The Prison Rape Elimination Act, also known as PREA, is a law that Congress passed unanimously in 2003 after prison rape survivors organized to demand protections. It sought to protect the incarcerated population from sexual assault and sexual harassment. PREA establishes a zero-tolerance policy toward all forms of sexual abuse and sexual harassment in each facility.

What Does PREA Cover?

The law aims to protect all individuals in custody, including those in prisons, jails, juvenile detention centers, and immigration detention centers, whether these are state, federal, or local facilities, including privately owned facilities.

It defines sexual harassment as repeated and unwelcome attempts, threats, gestures, derogatory comments, or requests of a sexual nature by an inmate to another inmate or by a staff member, contractor, or volunteer.

PREA defines sexual assault as sexual intercourse or any sexual contact, including by hand, finger, mouth, other body parts, or objects, by another inmate, staff,

contractor, or volunteer, that is coerced overtly or implied by threats or gestures, when the victim was unable to refuse or did not consent. This can include intentional touching of a sexual nature, directly or through clothing.

The law also covers voyeurism by a staff member, contractor, or volunteer. Voyeurism includes peeking at an inmate who is using the toilet in their cell, requiring an inmate to expose any private or sexual body part, or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions such as showering.

PREA also makes cross-gender strip searches and cross-gender body-cavity searches illegal except in exigent circumstances or when performed by a medical professional. The law recommends training security staff on conducting cross-gender pat-down searches, including those of transgender and intersex individuals, in a professional, respectful, and less intrusive manner.

PREA mandates that a facility should not search or physically examine a transgender or intersex inmate for the sole purpose of determining sexual genitalia status. If the status is unknown, then it should be determined during a conversation with the individual, a medical records review, or through a broader examination in private by a medical practitioner.

How To Report an Incident or Seek Help

Sexual assault can be a violation of the Eighth Amendment of the U.S. Constitution. Custodial facilities have an obligation to investigate reports of sexual harassment or sexual assault. The agency must provide several internal ways for inmates to privately report incidents, retaliation by other inmates or staff for reporting them, and staff neglect or violation of responsibilities that may have contributed to such incidents. The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency.

Staff must report all incidents, retaliation, neglect or violations of responsibilities that may have contributed to an incident or retaliation. They are also required to protect the confidentiality of survivors who seek support.

To report a PREA violation, an incarcerated individual can do the following:

- Call the PREA Reporting Hotline at 1-855-855-0611.
- Inform a family member, friend, or support person on the outside.
- Refer to the institution's manual for reporting sexual harassment or sexual assault.
- File a grievance with your institution.
- Use the PREA incident reporting form.
- Write to the PREA Coordinator in your state.
- Document everything, and keep all evidence.
- Ask a local rape crisis center for counseling and support.

Make sure that the incident report includes the date, time, location, and descriptive details about the incident, the suspect, and the victim.

PREA allows third-party reporting. This means that family members or friends can report an incident for the incarcerated individual.

PREA Enforcement Is at Risk

In April 2025, Donald Trump's Department of Justice eliminated funding for the National PREA Resource Center, the only mechanism set up to hold prisons accountable for sexual assaults and prevent them in the future. It was established in 2010 to provide training and guidance to all prisons, jails, and detention centers to ensure that PREA standards are met. It also tracked the results of PREA investigations, worked on audits of facilities, taught imprisoned people about their rights, and provided resources to sexual assault survivors who are currently incarcerated.

A Department of Justice spokesperson told The Appeal, a nonprofit news organization, that preventing rape of people in prison is not a priority for Trump's administration. Corene Kendrick, deputy director of the ACLU's National Prison Project, told The Appeal, "The actions by the Department of

Justice to immediately zero out all funding of PREA investigations and audits will tragically make it even more challenging to hold prison and jail officials responsible for the sexual assaults of the people who they have locked up."

Unfortunately, the cuts took effect immediately. The American Jail Association reports that the PREA Management Office (PMO) has taken over PREA audits, but it's unclear how this will work.

According to the National Institute for Jail Operations, PREA's legal requirements are still enforceable. Based on case law, people who survive sexual assault while incarcerated can use several arguments to pursue their legal rights: the facility has a duty to protect those in its custody, and officials can be held accountable for deliberate indifference, failure to train staff, and failure to supervise.

Even without the PREA Resource Center, there are still resources available for incarcerated survivors of sexual abuse. Prison Health News editors called the PREA Reporting Hotline (1-855-855-0611) in August, and it is still taking calls 24 hours a day.

Just Detention International (JDI) is a health and human rights organization that aims to end sexual abuse in all forms of detention. JDI offers a Survivor Packet for survivors who are incarcerated and seeking counseling, legal support, or confidential rape crisis services in their local area. Unfortunately, JDI itself is not able to provide legal representation or counseling services.

Incarcerated people may write to JDI via confidential, legal mail at the following address:

Cynthia Totten, Attorney at Law
CA Attorney Reg. #199266
3250 Wilshire Blvd., Suite 1630
Los Angeles, CA 90010

If you have experienced sexual harassment or assault in prison, we at Prison Health News are so sorry that happened to you. We hope that you find support, justice, and healing. ✻

The Board & Me

I'm brought before a committee of men
Their irony, complete falseness, the words they defend
Smiling in my face, as they destroy my soul
As more misery and loneliness take their toll
Announcing an unjust decision with attitudes so high
Their abuse of power they flaunt makes me cry
Living this depression, doomed in this cage
More frustration, disguised as anger, ugly in rage

I live in a fate worse than death
You may ask the meaning, I failed that test
My days are nightmares, and more terror as I sleep
A non-existence seems to be my fate so complete

My oppressors masked faceless in my soul
Inspiring to nothing more, until I'm cold
Surrendering in a life, not living, not dead
No one has, will, or can show me a simpler way

Never a coward to give in, conflicted to die
Maybe a lone tear, yet I cannot cry
Trying to feel a touch, a breath, just as the best
I see and know my end's rest.

—By Gene Paul Woodham
#C67944, California Health Care Facility, Stockton

from feelings on 1/16/25 parole hearing

Information & Support Resources

Center for Health Justice
900 Avila Street #301
Los Angeles, CA 90012
Prison Hotline: 213-229-0985

Free health (including HIV and mental health) hotline Monday to Friday, 8 a.m. to 3 p.m. Those being released to Los Angeles County can get help with health care and insurance.

Prison Yoga Project
P.O. Box 415
Bolinas, CA 94924

Write to ask for a free copy of one of the following books: *Yoga: A Path for Healing and Recovery*, *Yoga: un Camino para La Sanacion y la Recuperacion*, or the prison yoga book for women, *Freedom from the Inside*.

POZ Magazine
Attn: Circulation Department
157 Columbus Ave, Suite 525
New York, NY 10023

Magazine for people living with HIV/AIDS. Give your full name and address, and state that you are HIV positive and cannot afford a subscription.

Black and Pink National
Inside Member Mail
2406 Fowler Ave, Suite 316
Omaha, NE 68111

Black & Pink distributes a free national newsletter to incarcerated LGBTQIA2S+ members and incarcerated members living with HIV/AIDS around the country. Each issue includes pieces submitted by incarcerated members, relevant news, history, opinions from our non-incarcerated community, and a calendar.

California Coalition for Women Prisoners
4400 Market St., Oakland, CA 94608

Organizes with members inside and outside prison to challenge the institutional violence imposed on women, trans and GNC people, and communities of color by the prison industrial complex (PIC). They send *The Fire Inside* newsletter.

National Prisoner Resource Directory
Prison Activist Resource Center
PO Box 70447
Oakland, CA 94612

Free 26-page national resource guide for people in prison. It contains contact information for other organizations that can provide free books and information on finding legal help, publications, resources for women and LGBT people, and more.

SERO Project
P.O. Box 1233
Milford, PA 18337

A network of people living with HIV working to end HIV criminalization, mass incarceration, racism and social injustice and to improve policy outcomes, advance human rights and promote healing justice.

Just Detention International
3250 Wilshire Blvd. Suite 1630
Los Angeles, CA 90010

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

Hepatitis Education Project
1621 South Jackson Street, Suite 201
Seattle, WA 98144

Write to request info about viral hepatitis, harm reduction, and how you can advocate for yourself to get the treatment you need.

Jailhouse Lawyers' Handbook
National Lawyers Guild - Prison Law Project
PO Box 1266
New York, NY 10009-8941

Write them to ask for a free copy.

Bridge Project
Philosophy Department
Loyola University Maryland
4501 N. Charles St.
Baltimore, MD 21210

Ask for a free copy of "The Power of Meditation: Finding the Freedom Within," a 2-page brochure with tools to help you start meditating.

Prison Legal News
P.O. Box 1151 Lake Worth, FL 33460

Monthly 72-page magazine on the rights of people in prison and recent court rulings. Sample issue: $5. Subscription: $36/year.

Protecting Your Health & Safety: A Litigation Guide for Inmates
PLN, P.O. Box 1151 Lake Worth, FL 33460

325-page manual explains legal rights to health and safety in prison, and how to advocate for those rights when they are violated. A publication of the Southern Poverty Law Center. Make a $16 check or money order out to Prison Legal News.

ameelio.org

If you have loved ones on the outside, they can use this nonprofit phone app to send you letters and photos for free.

National Resource Center on Children and Families of the Incarcerated
856-225-2718
https://nrccfi.camden.rutgers.edu/resources/

This is a resource for those with family members on the outside. They do not respond to mail, but your loved ones can find their resources on their website. They have fact sheets and a directory of programs that offer services for children and families of the incarcerated.

Transgender Law Center
PO Box 70976
Oakland, CA 94612
Collect line for people in prison: 510.380.8229

Connects transgender and gender-nonconforming people with advocacy information. They cannot take on legal cases or direct advocacy, but provide access to resources.

Fair Shake Re-Entry Center
P.O. Box 63, Westby, WI 54667

Send them a donation of $5 or more for a reentry packet to help you plan for your release. They can also send free offline software that allows you to find resources without using the internet.

Prison Health News Guidebooks

Write to Prison Health News at the address on the next page to request our guidebooks on the following topics:

- Diabetes
- COVID-19
- Commonly Prescribed Medications
- Gender-Affirming Care
- Reproductive Health
- Hepatitis C

Please limit request to 2 guidebooks.

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

Prison Health News

Write to Prison Health News at

4722 Baltimore Ave
Philadelphia, PA 19143

and we will do our best to answer your health questions. Here is information to consider when writing to us for health information—

For a subscription of 4 free issues a year, please write to us!

Here's what we **CAN** do:

- Provide medical factsheets
- Send information about medications
- Offer information about options for testing and treatment
- Send general information about specific conditions

Here's what we **CANNOT** do:

- Answer more than **2 questions** in one letter (*please allow up to 8 weeks to receive a response*).
- Interpret health test results
- Suggest a diagnosis for your symptoms
- Provide analysis for complex cases
- Provide legal advocacy
- Send books
- Offer pen pal referrals

Please write to us if your address changes.
All subscriptions are FREE!

Return Service Requested

Movement Alliance Project
4722 Baltimore Ave
Philadelphia, PA 19143

Prison Health News