Prison Health News

Summer 2026

Cover art by Jessica Thornton

Issue 64

What Is CRIPA?

Ask PHN: Healthcare Pricing

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. **Do you have tips for staying healthy and fighting for health care** behind the walls that could be useful to others in the same position? You can also write us first to discuss ideas for articles. **Unless you say otherwise, we'll assume that we have your permission to put your article or artwork on the PHN website at prisonhealth.news and on our 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. 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

The best way to contact us is by mail.
Please don't contact us by phone or email.

Art by George Dominguez

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!

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

Prison Health News
4722 Baltimore Ave.
Philadelphia, PA 19143

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

Table of Contents

Edited By:
Jamila W. Harris, Suzy Subways, Savannah Woodrow, Seth Lamming, Leah Owen-Oliner, Lily H-A, Katharine Schmidt, Navpreet Reehal, Maximilian Farma

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 Pete Railand

The Ignored Plight: Addressing Trauma in Women's Prisons

By E. Brown

Most women who are incarcerated have experienced some form of sexual and/or physical abuse and violence in their lifetime. According to a 2024 report provided by the Women's Justice Project, 80-90% of incarcerated women reported experiencing sexual or physical violence in their time while incarcerated.

I was sentenced to a lengthy prison sentence, and after nearly seven years of systemic and domestic abuse, I am considered a "criminalized survivor." It is an understatement to label me as a traumatized individual, for before I came to prison I was fortunate to have two years of medication therapy and other holistic approaches including Eye Movement Desensitization & Reprocessing Therapy (EMDR), trauma mapping, and my physical health was addressed. However, once imprisoned, the strip searches and cross-gender pat downs were an eye-opening experience that triggered my pre-existing trauma.

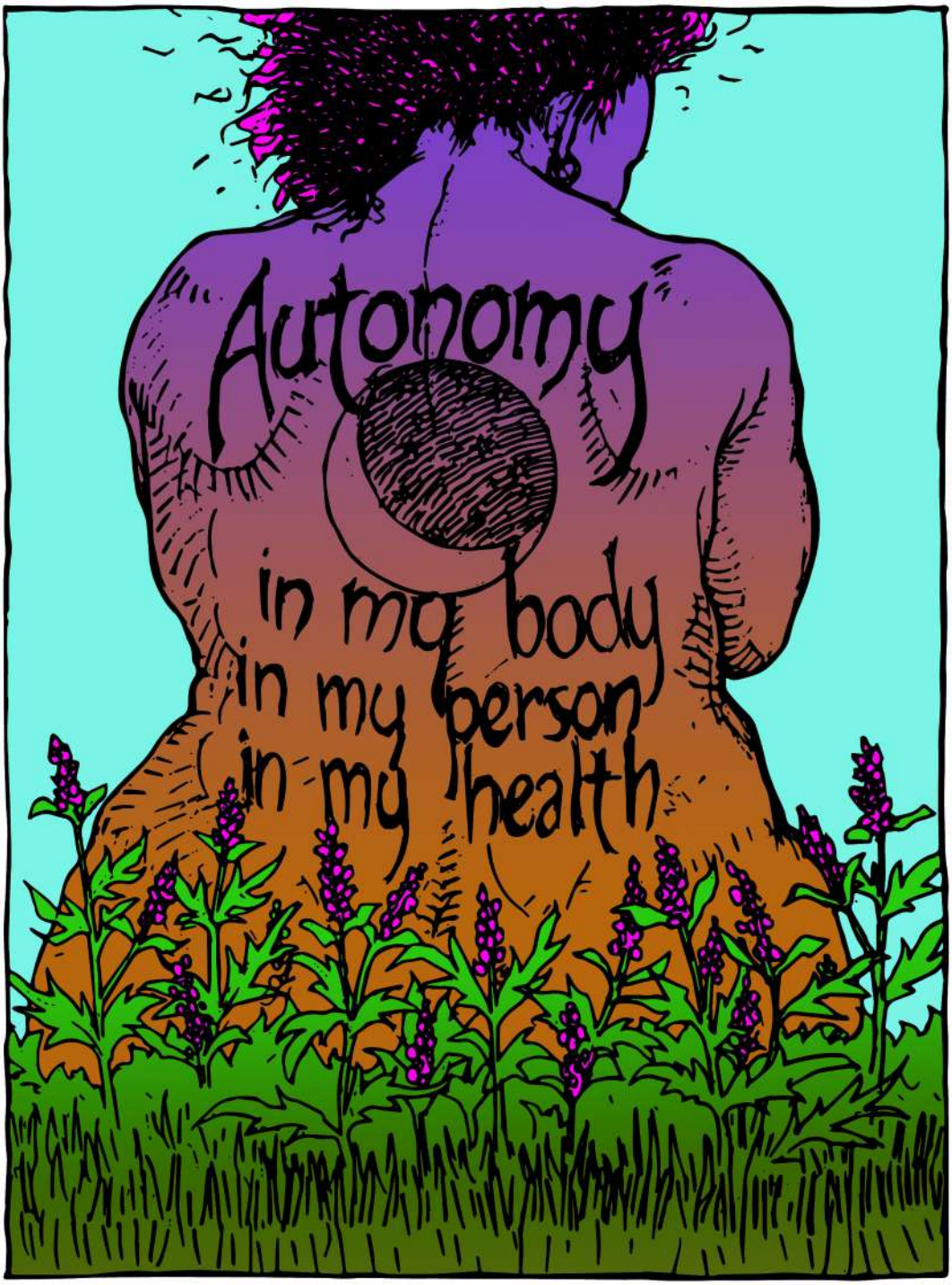
In prison, there are no successful tools, services, or resources for addressing women's trauma and teaching effective coping skills. The previous mental and physical healthcare that I received before I was imprisoned has been cut, such as medications and therapy for Complex PTSD, Rape Trauma Syndrome, and Major Depressive Disorder.

Additionally, management for pelvic floor physical therapy, pelvic floor hypertonia, bladder trauma, and lichen sclerosus are no longer available. Due to prison outsourcing for medical and mental health management by the State to private companies who provide services mainly to profit, the medical staff is run on "skeleton crews" meaning there is a minimum number of staff to operate full medical services in prisons. The limited medical staff who can prescribe medication creates disparities for inmates and discourages mental health prescription services by having pill calls at 1:00 AM which interrupts the inmate's tenuous sleep patterns. There is also a lack of therapists and social workers to see new patients in a timely manner and manage Residential Program Units such as a segregated mental health unit. There are even less medical professionals available to provide individual or group therapy outside of what is mandated. The lack of staff leads to burnout for the few professionals that are available due to being overwhelmed and overworked. This leads to medical care being outsourced to private companies who focus on making money.

In women's prisons there is a need for education and support for trauma that creates healing. Social support, life improvement tools, and coping strategies are necessary to encourage wellness. Women need to understand their trauma and learn healthy skills to move forward instead of allowing the trauma to handicap and poison them.

Unaddressed trauma can contribute to other mental health disorders such as behavioral/psychological challenges, personality disorders, and maladaptive behaviors. Unaddressed trauma can also lead to physical disorders such as autoimmune disorders, idiopathic neurological disorders, gastrointestinal disorders, urinary disorders, and more. In other words, there is no aspect of our lives where trauma cannot sneak in and destroy it.

Therefore, there is an urgent need for resources and tools in women's prisons to help those affected by trauma to heal. If our government truly wishes to reduce the violence in prisons, reduce recidivism, and reduce the carceral rates like they claim, then they should employ more resources and programs that address the trauma and pain suffered by those individuals held within the prison walls. ❋



Art by Fernando Martí

What Is CRIPA?

By Jamila W. Harris

Art By Everett J. Book

CRIPA, also known as the Civil Rights of Institutionalized Persons Act, was legislated by Congress on May 23rd, 1980, under the statute code 42 U.S.C. § 1997. This act protects the rights of individuals in facilities of care and institutions by allowing the US Department of Justice (DOJ) to investigate and act against state or local institutions that violate the constitutional rights of individuals in their care. While CRIPA does not create new rights, it ensures that existing laws protect the rights of incarcerated and institutionalized people by creating a process for the US DOJ and Attorney General to enforce the rights that already exist.

Institutions are defined as any facility that is owned, operated, or managed by or on behalf of any state, county, or local government for individuals who are mentally ill, disabled, intellectually challenged, handicapped or chronically ill, as well as jails, prisons, and other correctional facilities, including boot camps, pretrial detention facilities, and juvenile facilities. This does not include federal facilities or privately owned and operated facilities (Section 1997).

CRIPA gives the US Attorney General the authority to investigate, start a civil action, or intervene in court when institutionalized or incarcerated people in state or local facilities are being subjected to "egregious or flagrant conditions that deprive them of any rights, privileges, or immunities protected by the United States Constitution or denying individuals the full rights, privileges, or immunities as defined in the United States Constitution" (Section 1997a.).

Common problems of incarcerated individuals that can be addressed under CRIPA include, but aren't limited to:

- Sexual victimization and/or abuse of women and gender expansive inmates
- Neglect and abuse in juvenile facilities
- Lack of appropriate mental health care for pretrial detainees and inmates
- The rights of incarcerated individuals with disabilities to receive active treatment and rehabilitation

An example of how "deplorable conditions" may be addressed under CRIPA starts with the violation being reported to the DOJ. The DOJ will investigate. If a violation is found, then the DOJ will notify the institution and allow time for the violation to be corrected through good faith efforts. The law also states that priority in federal funding should be allocated to correct unconstitutional or illegal conditions. If efforts to resolve the violations are unsuccessful, then the US DOJ can initiate

legal action in the appropriate district courts. The court may issue an injunction ordering the institution to cease or implement certain policies or practices. For example, if an institution does not allow disabled individuals to exercise for wellness, a court injunction could overturn that institution's policy and mandate the institution to implement a policy that allows an exercise remedy or program for disabled inmates.

Individuals can file a civil rights complaint, including CRIPA complaints, with the DOJ through several methods including online, by phone, or mail. Section USC 1997d. prohibits retaliation against any individual who reports violations of constitutional rights in these institutions.

CRIPA complaints should be related to systemic, widespread issues at an institution (rather than violations of a specific individual's rights). To file a CRIPA complaint it is recommended to follow these steps:

1. Identify the violation (determine and describe the conditions or practices that violate the civil rights of incarcerated individuals)
2. Document the violation (keep detailed records, including dates, times, and descriptions)
3. Bring this information to the attention of your institution and advocate for better conditions
4. Share your information with the DOJ by phone, mail, or online
5. Seek legal representation (consult with a legal professional who specializes in civil rights of incarcerated individuals to better understand your rights and the best way to proceed)
6. Follow up. Keep track of all correspondence with authorities and make sure your complaint is addressed ❋

Cruel Commissary

By Leo Cardez

"You need to change your diet – the prison commissary food is all processed and that wreaks havoc on your health," veteran nurse Marshawn scolded me, after reviewing my stats and blood work during my biannual prison physical. Apparently, I had high blood pressure, borderline diabetes, and obesity. "Happy 50th," I thought to myself. And here's the rub: I'm a bit of a health nut.

I'm a DOC healthcare peer educator. I give a 20 minute spiel about how to stay healthy in prison to incoming individuals in custody, as part of their orientation. I'm a regular contributor to Prison Health News and sit on their advisory board. I eat all my veggies and fruits at chow, limit my snack intake, drink tons of water, power-walk at every yard, and limit commissary to what sounds healthy: oatmeal, peanut butter, fish, meal replacement shakes, and cereal. Truth is, most of those items either use processed ingredients or are full-on processed or ultra-processed foods. In her article "Scrap Ultra-Processed Foods for Healthier Options," on the website Brain & Life: Healthy Living, writer Hallie Levine listed drawbacks of ultra-processed foods. She quoted W. Taylor Kimberly, MD, PhD, as saying that such foods are "high in sugar, salt, and fat, and contain long lists of chemical ingredients." She also referred to a 2024 systematic review in The BMJ of 45 analyses of the relationship between ultra-processed foods and negative effects on health.

This review, she wrote, "found that eating a diet high in ultra-processed foods raised the risk of 32 health conditions including obesity, cancer, heart disease, and depression.".

Heart disease and cancer top the list of killer US diseases, says Seth Lamming of Prison Health News. "Both in prison and out," he clarifies. The good news is there are things we can do to lessen our intake of processed foods and thus reduce our risk of health problems.

1. **Become a label reader. Check for the number of ingredients. Generally, it's better to choose products with fewer ingredients, and avoid those with ingredients you can't pronounce. Levine recommends checking all labels, especially for those items that sound healthy, like energy bars and protein shakes.**

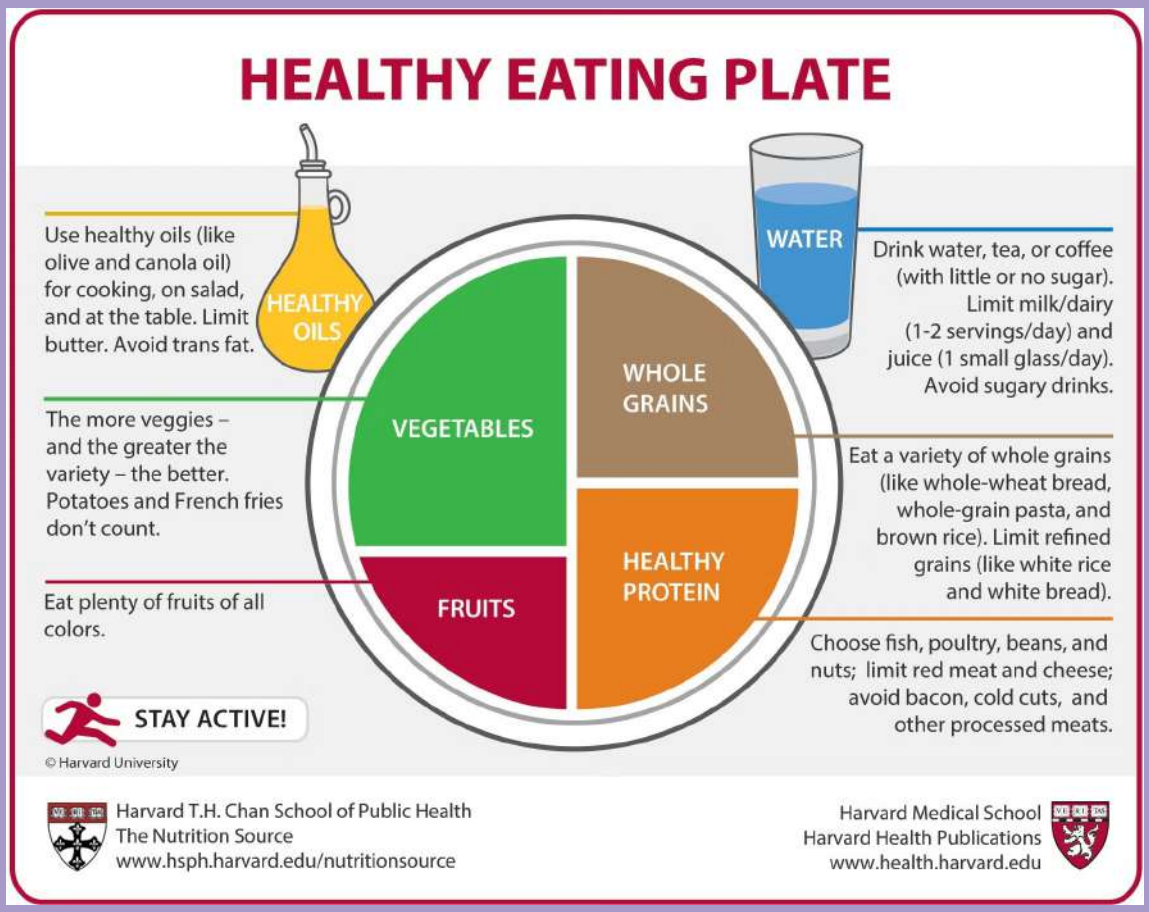
2. **Take baby steps. Look through your typical commissary purchases and rate worst to best options. Consider removing a "worst" item and replacing it with a healthier option, or better yet, trade it in for any fruit, beans, or vegetables offered at chow. I understand that oftentimes "chow" chow can also be as processed as commissary "chow," but it's about the lesser of two evils.**

3. **Don't stress-eat or bored-eat. As individuals in custody, that's when we reach for the zoo-zoos and wham-whams. Instead, keep some healthier snacks within reach–like nuts, or whatever you can finagle into a snack from your best options.**

I'd like to tell you I followed all these tips diligently and scored better on my next physical.

But it's still another 6 months until my next physical, and commissary has started selling Cheetos and Doritos (name brand!). I hadn't had them in over a decade. So, I've cheated, but I have become an avid label reader and that does keep me from overindulging.

The point is, I'm on the right path and will hopefully see benefits in the future. I hope you'll join me and consider adopting some of my tips–your health (even your life) could very well be at stake. ❋



From the Wound, Avoid the Tomb

By Troy Glover

A wound is an injury that breaches the epidermis, basically a tear in the body's top skin layer. Minor wounds include minor cuts, scratches, or scrapes. Major wounds include deep gouges, punctures, or cuts. Many people who are incarcerated will acquire some cuts, scratches, or scrapes while serving time. Oftentimes, these minor wounds won't require a trip to the infirmary. However, prison is a predominantly filthy place. It is home to mold, fungus, grit, and grime, so avoiding nasty infections requires proper wound care. The following are quick tips for minor wound care from Ronin Wolf, a formerly incarcerated author.

Begin by assessing the wound. Minor wounds, such as scrapes or scratches, usually stop bleeding on their own. However, if bleeding continues, try to apply mild pressure with a clean cloth or rag until it stops.

NOTE: If the wound is a deep puncture or a deep gaping, jagged-edge cut and bleeding persists, continue applying pressure to the wound and seek emergency wound care. Stitches may be required. Next, rinse the wound with clean water. Some first aid sources suggest using a mild liquid soap and water to flush particles out of the wound. I have found that soap can cause irritation to the wound. If possible, you can use an iodine-containing cleanser as a topical cleaner on the wound and surrounding area. If those options are not available, look for a fragrance-free and gentle soap such as Cetaphil, Dove, or Dial Gold.

Lastly, open air exposure aids the wound healing process for minor scrapes and cuts. But larger wounds may be more vulnerable to harmful bacteria. If you're able, apply an antibiotic ointment to the wound and surrounding area and cover it with a sterile bandage or clean cloth. Change the wound dressing at least once a day. During these dressing changes, gently wash the wound and let the wound breathe for a few minutes before reapplying the dressing.

After Care Because I Care

If, after a few days, the wound does not seem to be healing, and/or starts to develop warmth, redness, swelling, or a clear or yellow discharge, contact your unit's medical provider.

Additionally, wounds that penetrate beyond the first layer of skin may form scars when healed. Scars usually appear within the first few weeks to months. Many can then become smaller and may eventually fade away. Ways to reduce the chance of scarring include minimizing prolonged sunlight exposure, ensuring that the wound stays well-hydrated while healing (such as with lotion or petroleum jelly), and applying sunscreen to the wound site after it is healed. If not completely healed, keep the wound covered during outdoor activities. ❋

Aging in Prison: No Country for Old Men

By Gary Farlow

Art by Gary Farlow

"Where am I gonna go?" asked 68-year-old John R. "I've been in this place damn near 40 years! Got no family left, can't work anymore. Hell, I take enough pills every day to stock a Walgreens. You tell me, what am I s'posed to do?"

Such comments and apprehensions are frequently heard among the ever-growing population of people aging in prison. The percentage of people in state and federal prisons over the age of 55 grew from 3% to 15% from 1991 to 2021, according to a 2023 report from the Prison Policy Initiative.

Yet very few, if any, correctional programs exist that are tailored to address the unique needs and barriers that seniors face upon release. All individuals newly released from prison face certain struggles, but the challenges for older adults in re-entry are often multiplied.

"I was both a Mason and a Shriner for years, but when I tried to reserve a place at the Masonic Retirement Home, I was told they couldn't accept me," said Jack M., 76, who is facing an uncertain future upon release. He continued, "I've spent nearly 20 years in prison, but now as a convicted felon, retirement homes can deny admission."

Housing is a primary concern for most. Homelessness becomes a very real obstacle when returning to society after prison. "My probation officer literally stopped her car and let me out on the side of the road," exclaimed Paul T., 60. "She told me that I had 24 hours to secure an address or I would be arrested for violating probation."

Public housing and even private housing that may receive federal subsidies, such as the Section 8 program, can deny housing to people convicted of drug or sex offenses.

Landlords are given great discretion on renting to convicted felons. Fortunately for Paul T., he found a church that owned a vacant house and agreed to allow him to stay there until he could secure more permanent quarters. He had just 2 hours left on his deadline.

Health care, transportation, disabilities, and even socializing become real challenges to elderly people transitioning back into their communities. "Man, I ain't never even been on the

internet, and I don't care how many cell phones the prison says are floatin' around here, I ain't got one!" quipped George L., a 69-year-old café owner who has served the past 24 years on drug convictions. "I'm like a dinosaur, man! Like one of them Bill and Ted movies with a dude from the past. I'm gonna be lost."

Many senior day centers, public libraries, and community centers have restrictions on ex-offenders using their services, further widening the gap. Virtually all pre-release and re-entry programs offered in prisons are geared to assist people who are under 55 and will be returning to the workforce. "Job preparation and interview training are not typically on the list of transition services needed by the elderly," commented one volunteer from the re-entry program Men in Transition. The lack of funding for programs designed to help the senior population transition back into their communities creates more challenges.

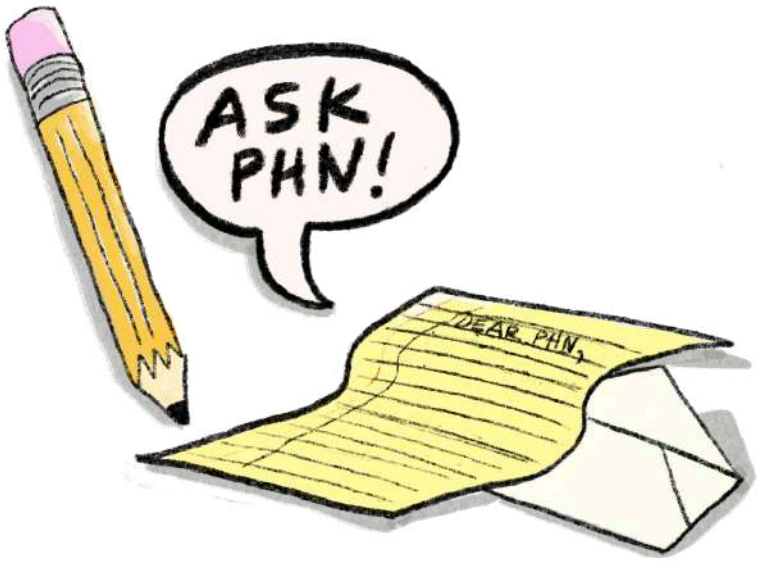
"Prior to release, offenders sit down with a re-entry specialist to go over all the individual may need upon release," said Rita Crapps, assistant deputy director of programs and re-entry at the South Carolina Department of Corrections. "We enroll or refer individuals, through SC Thrive or other providers, in essential services like SNAP benefits, Social Security, and Medicare. We talk through housing needs, transportation, food, clothing, and potential employment. SCDC does not leave the returning citizen to 'figure things out.'"
Yet Crapps admits that "there is no program that covers all of this." It is largely left to either volunteers or a staff re-entry coordinator already stretched thin due to staffing shortages.

"Seniors are not going out to pound the pavement, putting in employment applications," said Lewis Whitmire, director of re-entry council partnerships at OurJourney, a transition service in North Carolina. "If the U.S. criminal justice system is going to continue keeping people locked up until they are well beyond working ability, then some attention needs to be diverted to just what elderly are to do upon release."

One possible solution may lie in a unique approach in San Francisco. The Senior Ex-Offender Program is a transition service of Bayview Senior Services, specifically tailored to meet the comprehensive needs of elderly returning community members. The Senior Ex-Offender Program works with local community partners such as San Francisco Human Services, the mayor's office, Veterans' Affairs, Adult Probation, the California Department on Aging, and even Wells Fargo Bank to provide a new start for formerly incarcerated seniors by providing intensive case management, access to healthcare, counseling, housing, personal care aides, meals, and physical, occupational, and speech therapy, plus various social activities and helpful classes.

"We seek to erase any stigma of being formerly incarcerated for individuals returning to the community, with dignity, honor, and respect for our elders," according to Dr. George W. Davis, founding director.

Prison is truly "no country for old men." As reported by the Prison Policy Initiative, people released from prison aged 65 and older are the *least* likely to be returned to jail or prison. A national Program for Older Prisoners is a definite need. Simply title it "POPs," and create a basis of transition from this "no country for old men." ❋



ASK PHN:
Healthcare Pricing

by A. Richards

Dear Prison Health News,

It's unfathomable to me that we are locked up involuntarily yet are forced to pay for health care, one of our rights. … Who controls healthcare pricing in state prisons? Who do I write to for assistance with this?

—J. J.

Dear J. J.,

Thank you for this question! Many people find medical costs frustrating, and charging people who cannot pay is a violation of your human rights, whatever the law says. Each state and the federal government have their own policies about prison copays. This can make it hard to understand your fees and your rights under the law. In this Ask PHN, we'll discuss what copays are, copay policies, and your legal rights.

What are copays in the prison setting?
The term "medical copayment" (or "copay") typically refers to a set amount of money that people with medical insurance pay for health care services after they've met their deductible. In the prison setting, the term "copay" is used differently. For people in prison, copays are the fees that prisons charge for health care services. This can include sick visits, medications, treatments, and more. As of 2026, most state prisons require copays for health care services.

How much do copays cost?
Each state's copay cost is determined by state law or Department of Corrections policy. Some states set copays at a fixed amount, and others set a maximum copay fee. The Prison Policy Initiative found that copays for incarcerated individuals range from $2 to over $13. These costs are often a financial weight for people in prison, who typically make between $0.14 and $1.41 an hour.

Some states provide an exception for "indigent" individuals. This means that people who can't pay their copays may receive free health care. These states have set criteria for who qualifies for a copay waiver based on their access to funds. Many states don't have these exceptions and will deduct copays from commissary funds, put debts on accounts, or require payment after release if you cannot pay your copay at the time of service.

<u>However, all prisons and jails are legally required to provide adequate health care to incarcerated people, even if they cannot pay their copays.</u> This means that prisons and jails must provide medically necessary services like health screenings, dental work, treatment for diagnosed conditions, and mental health care. You are still entitled to adequate health care even if you cannot pay your copay at the time of service, but you may owe your copay fee at a later time.

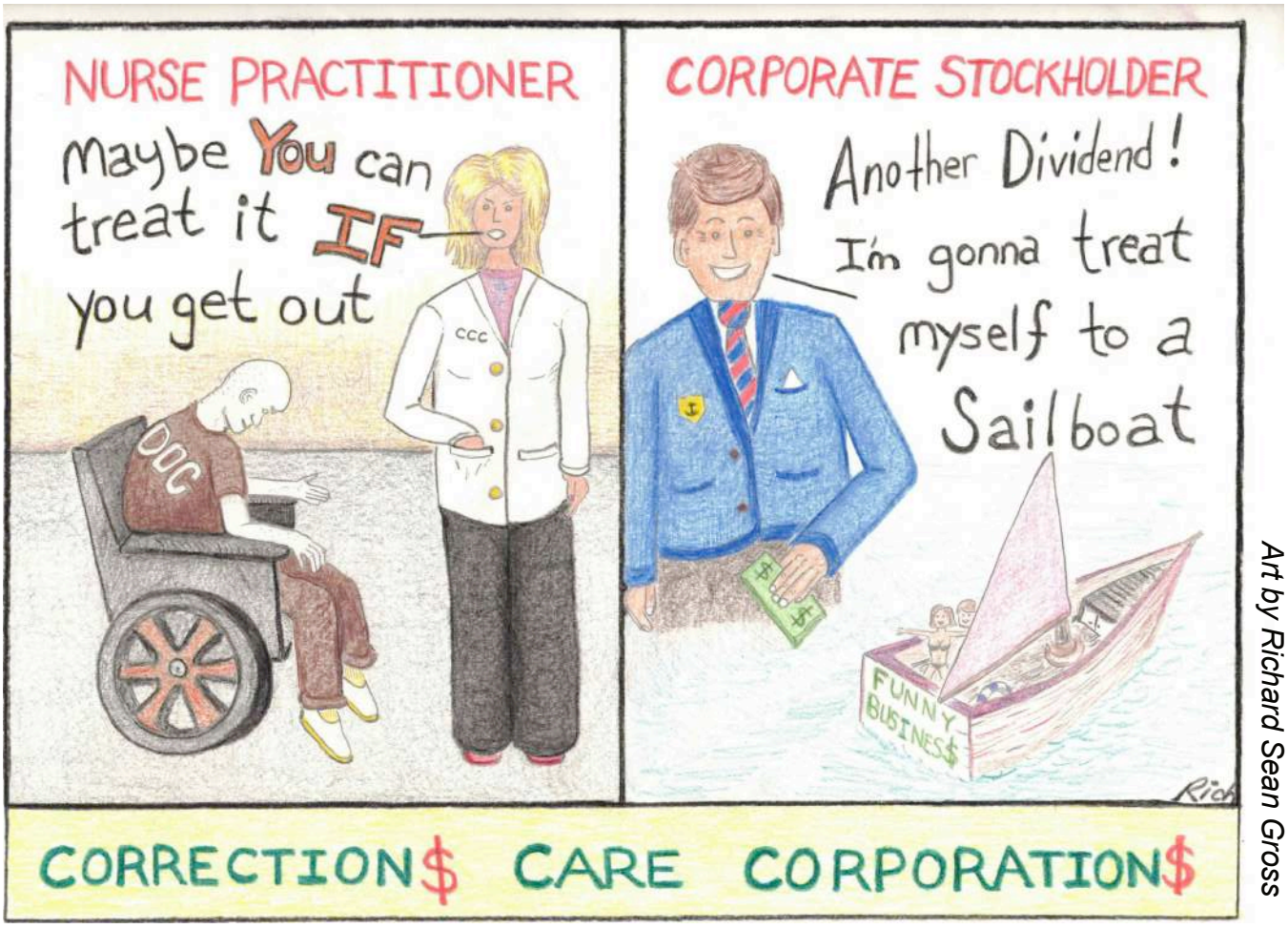
Some states have chosen not to charge copays at all. States like California and Illinois do not require people in prison to pay for their health care. However, most states require payment for health care services.

What services require a copay?
States have their own policies about which medical services require copays and which do not. Many states make exceptions for individuals with chronic conditions. This means that medications, sick calls, and chronic care appointments that are necessary for managing and treating chronic conditions may not require a copay or may have a reduced cost.

While this varies, many states will not charge copays for certain medical expenses, including:
· Annual and/or intake physicals
· Medical treatments and services initiated by prison staff
· Medical treatments for injuries that happen while on work assignment
· Pregnancy-related care
· Vaccinations
· Testing and treatments for communicable disease (such as sexually transmitted infections and hepatitis C)
· Emergency medical care ("self-inflicted" injuries may still require a copay)
· Mental health treatments and services
· Medical or mobility devices (such as glasses, dentures, prosthetics, and more)
· Substance use treatment

To best advocate for your health care, you may want to learn about the copay policies in your jurisdiction. These policies include: 1) the copay cost in your state, 2) if there are exceptions for individuals who cannot afford copays or for chronic conditions, and 3) what treatments and services require copays. You have a right to information and to make decisions about your health care.

Laws and policies about copays may change, especially if people advocate for their rights. If you aren't getting the medical care you need, consider filing a grievance and contacting your local ACLU chapter or legal services organization that works with people in prison. ❋



Art by Richard Sean Gross

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
6223 Maple St. #4600
Omaha, NE 68104

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 473
Nashua, IA 50658

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. Single issue: $6. Subscription: $36/year. Please allow 4-6 weeks from the date of order to receive your first issue.

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

Incarcerated people can request resources from us directly by writing to the address above. The resources we can provide include 1) policies issued by specific state DOCs and the federal BOP, 2) guides to navigating grievance processes and filing lawsuits, 3) know-your-rights guides for transgender and LGBT people, 4) model policies developed by LGBT advocacy organizations, 5) statements from medical professional associations on the necessity of transition-related health care, 6) medical information about transition-related health care, 7) case law from previous lawsuits filed by transgender people in prison, 8) reentry resources, and 9) resource lists of other organizations.

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

Fair Shake is a nationwide reentry resource center with a huge Resource Directory. It's free to use and free from tracking. It's also a free app for prisons to offer you on tablets and computers. Send $6 for a 200-page Reentry Ownership Manual (no local resources, however).

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
- Hepatitis B
- 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!

**Please do not send duplicate questions within 6 months*

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 12 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

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

Return Service Requested

Prison Health News
Philadelphia, PA 19143
4722 Baltimore Ave
Movement Alliance Project