Mental Health Advocacy Guide

A guide to caring and advocating for your mental health in prison.

"Insight" by Paul Bero

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Table of Contents

Let's Get Free, the Women & Trans Prisoner Defense Committee, is a group working to end perpetual punishment, build a pathway out of the prisons back to our communities through commutation reform, support successful possibilities for people formerly and currently incarcerated, utilize art as a means of creative resistance, and shift to a culture of transformative justice.

The Abolitionist Law Center is a nonprofit, public interest law firm and community organizing project led by people who've been directly impacted by the criminal punishment system. We wield class action and impact litigation on behalf of people whose rights have been violated in jail and prison. We also engage in grassroots advocacy, research and public education, pressure campaigns, media outreach, and other strategic communications. We use these tools to build a mass movement to dismantle the racist, classist mass incarceration system, and protect the rights and wellbeing of people who encounter the criminal punishment system in all its forms including policing, the courts, jails and prisons, and other forms of legal supervision. We have offices in Pittsburgh and Philadelphia and work mainly in Pennsylvania, the birthplace of solitary confinement and a state with some of the most extreme carceral practices in the nation.

Introduction

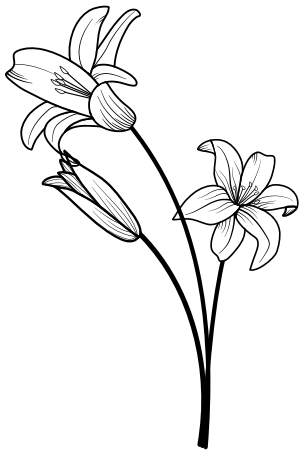
First: this guide explicitly mentions self harm, suicide, mental health struggles, illness, trauma, death, oppression and other topics that may be too painful or overwhelming to read about. Take your time, engage as you can, take breaks. Care for yourself.

This guide is mainly intended for people who are incarcerated within Pennsylvania's prison system, though people who are elsewhere may also find it helpful. Please feel free to copy and share this guide with others. This guide was written because we, members of the Abolition movement, believe that prisons and the legal system cause more harm than good. The Abolition Movement is a network of groups and activists that seek to reduce or eliminate prisons and the prison system, and replace them with systems of healing and education that do not focus on punishment and government institutionalization.

Incarceration is a trauma in and of itself, and most people that are incarcerated have experienced many other traumas in their lives, including many other traumas while in prison. In this guide, we offer suggestions for things you can do that may help your mental health, as we know prisons often do not provide adequate mental health care.

Section I: Caring for Your Mental Health

Some Basics on Mental Health, Trauma & Healing Justice



Mental health is our lived emotional and psychological experience, our thoughts, feelings and behaviors. Our mental health is deeply intertwined with our body, our physical health, our spirit, our social connections, and everything we interact with in the whole world, both great and terrible. Mental health issues, struggles or illnesses are many things. They are thinking and behavioral patterns that are often outside of whatever norm of society has been set. They can cause some kind of impairment and/or distress. They can be mild to severe, and vary in intensity. They are quite common experiences. As Lizzie Anderson's (one of the authors of this guide) sister says: "mental illness is a justifiable reaction to the pain of this world."

"It is no measure of health to be well adjusted to a profoundly sick society."

-Jiddu Krishnamuri, a philosopher

Trauma is our response to any kind of wounding, our response to anything we were not ready to encounter that overwhelmed us. Trauma is generational, historical, and individual. Trauma is often related to social and systemic oppressions and violence and is a collective experience. Trauma is a common occurrence. It can happen over and over again. We carry it with us through our lives and it can be so haunting. However we respond to all of this hurt isn't wrong, all of it has helped us survive. Trauma can make us respond with "fight", "flight", "freeze", "fawn", and "flux". Fight means we may respond with fighting back or being aggressive with actions, words, or both. Flight means we run away or avoid the problem or experience. Freeze means you may not take action and may shut down or dissociate from the situation. Fawn means you may try to please people, this can include trying to please the person who has hurt you. Flux means that your responses can vary between any combination of fight, flight, freeze, or fawn.

Sometimes our reactions are more helpful and adaptive than other times. It all depends on the situation. When we find safety again after a trauma, even if it's a small, contained amount, we have the chance to not react in the same ways we did when we were in danger. Instead we can respond from that more steady and adaptive place. This is a form of healing, resilience and resistance. Resmaa Menakem, a therapist specializing in racialized trauma, shares: "Trauma is not destiny. It can be healed."

"To heal we must resist, and to resist we must heal."

-Unknown

Support and Care for those Experiencing Suicidality & Attempt Survivors

If you are thinking about, intending towards, or planning suicide currently, you are not alone. We find ourselves feeling fear here, for you and for your people. We are holding you in so much tenderness. We want you to live, we want you to survive this. This can be such a lonely and bleak place; sometimes these thoughts allow one to imagine the relief of no longer being in pain.

Suicidality or suicidal ideation is the act of thinking about, worrying about, obsessing about and/or planning on ending your life. This all happens on a spectrum. Many people have suicidal ideation and haven't yet identified it as such before. It can be very passive (like passing and idle thoughts) or very active (like intending, planning and enacting). Sometimes this experience is chronic and sometimes it is fleeting. Many people have suicidal ideation for a period of time, and then don't anymore. Support, healing, change, surviving, and thriving are all possible. And sometimes, it doesn't happen that way and suicide occurs. Talking about it, being open, listening, asking for care and giving care is all important in whatever healing or shifting away from suicidality may occur.

Suicide is a choice, and it can also feel more like an absolute lack of choice. Suicide can be an attempt at solving a really overwhelming problem. Suicide happens often or always under duress, often extreme duress.

You might feel this way for a variety of reasons; you're in solitary confinement, maybe a relationship has ended, you got in a fight, mental illness runs in your family, you've changed or started a medication, you lost a job, someone you love has died, you are living with trauma, you live in a world that doesn't accept who you are or doesn't support you. You might feel so much pain that you wish you just weren't alive; wish you would not wake up. Or maybe you're having frequent thoughts about how to go about killing yourself, the logistics.

Regardless of the how or why, that place can be such an internal and private place, and it can feel so challenging or even impossible to imagine ever feeling different, let alone talking to anyone about it. There are so many people who have been in a similar place and have made their way to the other side; to hope, to joy, to wanting to be alive. You may have even been here before and found your way out. We implore you to hold onto the high likelihood that the other side will come, that change is inevitable.

"Untitled Hand" by Anthony Alvarez

If you are suicidal:

"Love Each Other" by Mark Loughney

Connect with Others

As much as you can, talk to other people. If you can't talk to anyone right now, you can imagine having conversations with others or write them a letter.

Many people may be hesitant to share that they are struggling with others, especially the people they are closest to. Think about how you feel when you help someone. How it makes you feel like you're worth something, how it makes you feel good and proud that you helped. Allow your family to feel that same worth by allowing them to support you at your times of need. Remember that when you don't share or communicate what is really happening with you, the people who love you don't get to help you. Most likely, the people who love you do want to support you and be there for you, but they need to be given the opportunity to do so.

Talk to Your Unit Manager or a Psych Staff Member

They should refer you immediately to your unit psychologist. If they do not, tell them that it is an emergency.

Safety Plan

Fill out the safety plan on the next page. When you are thinking about ending your life, try your best to remember to re-read the plan you outlined for yourself and take action.

Delay & Do Things:

If you are thinking of ending your life now or very soon, can you delay a ittle longer? Can you put off the decision on whether you will end your life for another 5 minutes, an hour, until tomorrow, until next week? Is there something happening in the future that may improve your situation? We encourage you to wait.

Do things to help distract you from these thoughts and fill your brain with something positive. For ideas on what to do, turn to pages 11-14.

"In Dark Times" by Meredith Stern

Safety Plan

Even if you are not suicidal right now, we encourage you to fill out this plan anyway. Think of this as an act of caring for yourself in the future.
This plan is enhanced from Barbara Stamley and Gregory K. Brown's template.

Name_____ Date_____

In order to feel well enough every day I need to…
Examples: pray, take my meds, stretch, look outside, talk to my loved one, write, draw, etc.
Try to think of at least 5 things. If you have not done these things today or recently, now is a good time to start.

How Do I Know a Crisis May Be Developing?
Think of warning body sensations, feelings, moods, thoughts, images, situations, behaviors.
Try to think of at least 5 signs.

What caring, coping, and surviving strategies can I do on my own?

Think of thoughts, activities, techniques, memories, etc. that can help to either distract from the struggle or generate new feelings or perspectives.
Think of at least 5 and practice them.

NOT To-Do List- What should I try my best not do when my mental health is bad?
Examples: Fight, use drugs, cut myself, stay on the bed all day, etc.

People I Can Call On, Talk To, or Write To for Distraction and / or Support

Name_____ Contact_____

Name_____ Contact_____

Name_____ Contact_____

Name_____ Contact_____

Name_____ Contact_____

Name_____ Contact_____

Name_____ Contact_____

Name_____ Contact_____

What Can I Ask Them For:

How Will I Make My Environment Safe?
Example: put razor somewhere I can't see it, ask for bed sheet restriction, ask to be moved to POC, etc.

What Are My Protective Factors? What Keeps Me Alive?
Example: My children, God, contributing to the movement, writing, my spouse, etc.

What Is Important for Me to Remember in a Time of Crisis?

Hope from People Who Have Struggled with Mental Health in Prison

"What happened when you were simultaneously hit by the harm a judge's gavel inflicts & assaulted by the awakened realization that you went too far?

Previous to this, you thrived unaffected by wrapping your tattered mental health in a rank robe of "street cred" from the criminally stupid crime you did.

Now, no longer being bulletproof from reproof, the myth of your bravado shattered in the echo of the gavel's rap. You seemingly stood naked in the arctic eye of the jury as the judge inflicted upon you a sentence of death as the sheriffs choked your wrists with metallic slipknots.

Once in the maw of death row, time in solitary confinement yawned forward slower than a glacier's glaze seeking melting sunlight at midnight.

As months passed, you strove to find how to live where sentenced to die. During the 1 hour allotted in outside cages, you learned that some correctional corpses endured their plight using education. Seeming to be the best way forward, you plotted your trajectory.

What happened after years of solitary confinement is that self-education launched you beyond the you you were, until there no longer was a you that resembled the you you used to be.

Then, after 5 years of being clinched in the teeth of that undetermined, you were blessed with the curse of Life without parole.

Once in general population, being education's ward awarded you the ability to ward off goofing off. You became a tutor & helped hundreds of men get their GEDs as you earned multiple trade school certificates & attended college at nights to earn hundreds of hours of matriculation.

Self-education not only helped your mental health recovery, it instructed how to best exist a secondhand existence within the second hand's tick.

You concluded that, helping someone else gain their educational win aids in erecting a thing uncommonly allowed for society's unforgiven: a FORTRESS OF HOPE.

Brother Malakki; this is I, your Higher Self, writing this about you. I can sincerely say, I'm proud of you."

"Mental Freedom" by Jennifer Busbey

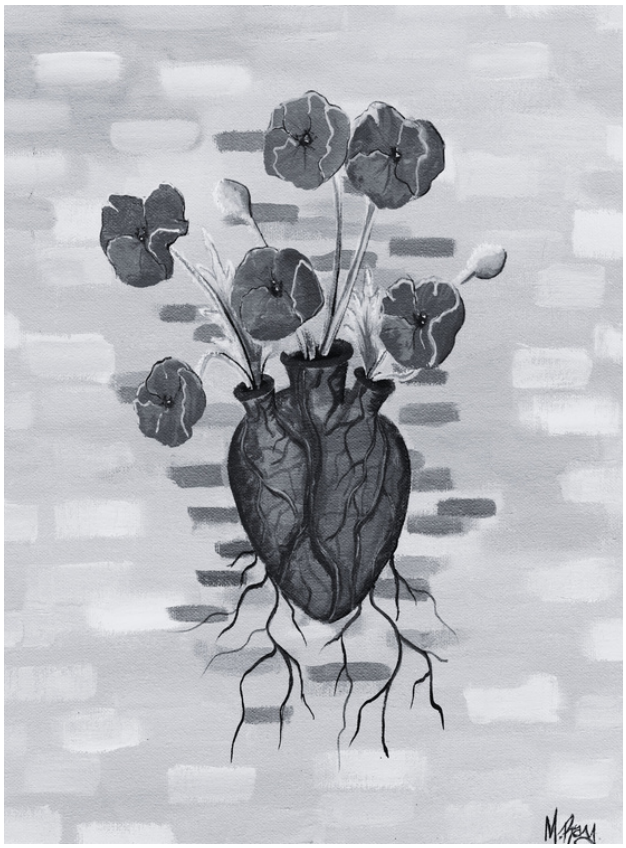
by Malakki Ralph Bolden
Certified Peer Specialist
Co-Author of "Life Sentences: Writings from Inside an American Prison"
Winner of the 2016 PEN Writer's Awards for Dawson Prize in Fiction & Honorable Mention in Non-Fiction

"When a broken person enters a broken system, what will that system produce? The likely answer is more brokenness. A completely fractured human being. However, this does not have to be the result. We can determine the outcome for ourselves. We can move beyond our diagnosis to wholeness and total self integration. I would not have believed that I was not my diagnosis of Borderline Personality and PTSD. I felt emotionally overwhelmed. On one hand, several questions were answered for me about me, yet I also felt that I was flawed and incapable of getting better. Incarceration did not lessen these emotions as I existed in a perpetual state of confusion about the implications of my diagnoses. No one seemed willing or able to help me. I eventually learned that no one would fight for me as hard as I would fight for myself and if I didn't self advocate, I would spiral down into depression. It was then that I witnessed the benefits of self advocacy. People will respond and assist you with your mental health recovery when you reach out with assertion and persistence. If I would have allowed my initial frustration to dictate my actions or responses to being denied treatment or my diagnosis being trivialized, I would not have been helped with my mental and emotional difficulties. When I was told that all teenagers have borderline personalities and that I would grow out of it, I persisted because to remain in that state without help is a level of misery that no one should silently endure.

Regardless of your diagnosis, there is hope for recovery and healing. I found that hope in my faith in a Higher Power and in the belief that I did not have to remain stuck in mental distress because of incarceration. Believe me, prison officials want prisons to operate as smoothly as possible. If they will not help us because of a concern for humanity, they will certainly help us for the safety, efficacy, and the smooth running of their facilities.

Remember: You are worthy of healing and help."

Sheena King
Certified Peer Specialist



Forgiveness" by Melanie Ray

Metamorphic Understanding
by Khalil Hammond

A seed that needed "water" to ignite growth
Growing pains are necessary
This "good hurt" : shows that life works and its burdens are mostly secondary
Shower me with the "essentials"
Empower me with potential
Everything is "seen"
You can not hide from what you been through
You must not strive for what is simple;
BUT - rather thrive in what is meant to be the hardest lessons in your journey
Mostly mental
Everything has purpose : which means that nothings is accidental
Not even your mistakes
To understand will take some wisdom
This demands you pay attention to everything the eye can see
Everything the heart can feel
Everything that's in between
Only then - will you gain the greatest knowledge ever seen
The knowledge of one's self
The pride of saying - "This is me"

"Water a Seed" by Khalil Hammond

Things You Can Do That Do Not Require Objects

Move

Walk or run in place, exercise, stretch, massage yourself, etc. Moving can help your body make “feel-good” chemicals.

Speak

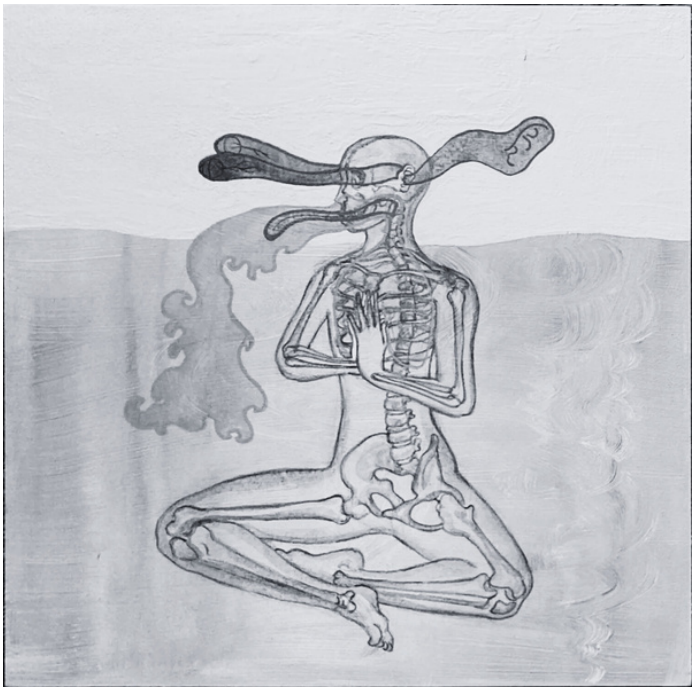
Tell yourself a story, recount a memory out loud, have a conversation with yourself or someone else you imagine, talk to someone you love, tell jokes

You can also sing, rap, make sounds, hum, whistle, practice impressions, etc.

Meditate

Breathing: settle into a comfortable position, and focus on your breath. Breathe deeply. Feel your stomach expand. Slow your breath, especially as you exhale. Count to 7 as you exhale and try to wait until 7 to let out the last of the air.

Body Scan: settle into a comfortable position, take a deep breath. Turn your attention to the top of your head. Just notice how it feels, accept the feeling, try not to change it or think about the feeling- just feel the feeling. Slowly move to your forehead, cheeks, ears, neck, etc. Keep scanning until you have scanned all parts of your body, down to your toes (don’t forget the toenails and in between spaces of your toes!). Hint: You may notice it is easier to feel nice sensations in your hands and feet. If you can’t feel something somewhere, that is also a feeling.

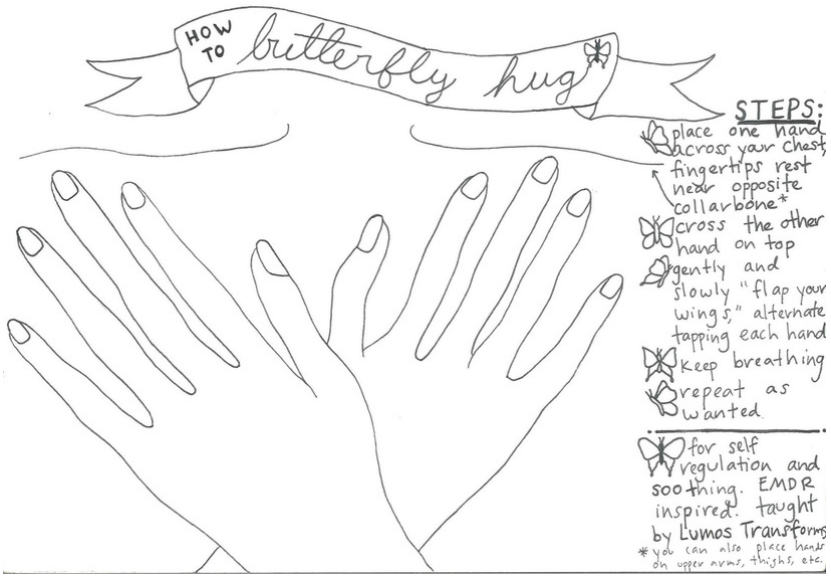


“Meditation 1” by Ally Shah

Loving Kindness: settle into a comfortable position, expand your breath and choose a loving phrase, image, idea, and really coat yourself with it. Then, send this to everyone you can think of: children, friends, pets, neighbors, activists, loved ones, people you feel challenged by, etc.

Tapping or the “Butterfly Hug”

is a self-help, EMDR technique that involves tapping on specific points of the body while focusing on a negative emotion or stress. It's sometimes called psychological acupressure.



“How to Butterfly Hug” by Lizzie Anderson

Imagine

Being in nature: the ocean, forest, mountains, etc.

Replay a memory where you felt happy.

Replay a memory where you laughed really hard.

“Unknown” by Benji Hill

Is there something you can appreciate in the world? Something small? Perhaps soft clothes, sunlight, the sounds of birds, a kind exchange, a book, food. Orient towards that appreciation as much as you can.

Visualizations: Visualize yourself in a place that is peaceful (the beach, at a restaurant, in the woods, your old bedroom, etc.). What does it smell like? Sound like? What textures are there?

Think about the most delicious thing you ever ate.

Circle of figures: Choose a protective, supportive figure (someone you don’t know, someone you do, an animal) and imagine them close by, supporting you, loving on you, telling you exactly what you need to hear. Notice your body as you imagine them here. Bring them wherever you need them. Also, you can expand by adding in other protective figures to be your circle. (EMDR (Eye Movement Desensitization & Reprocessing) technique)

Things You Can Do That Require Objects

Read

Listen to music

Watch TV

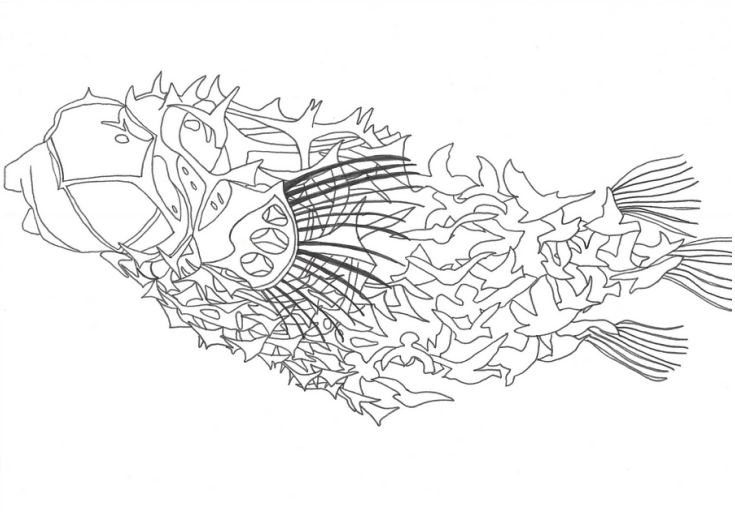
Clean

Groom

- Brush your teeth
- Comb your hair

Do Puzzles

- Crosswords
- Connect the Dots
- Mazes



"Fish to Bones" by Lizzie Anderson

Write

- How you're feeling
- A letter to someone (you can send or not send)
- A story
- A poem
- About something that has happened in your life
- About a favorite memory

"Untitled Head" by Anthony Alvarez

Make Art

- Draw something around you
- Draw someone or a place from memory
- Draw your hand
- Draw how you feel
- Make Origami- get a square piece of paper and fold it into shapes.

Stone Method

"Stone Method"- collect a small stone or other object while you are outside, ideally when you are in a good mood or the sun is shining. Take it inside with you and touch it when you feel anxious. Let the touch bring you back to where you were when you picked up the object. Think about how you feel when you help someone, how it feels when the sun is shining, something you're proud of, etc.

Connect With Others

The taboo of suicidal thinking keeps people quiet and in that private place, but connection to others is one of the most powerful antidotes we have to suicidality and depression. Also, obviously, sharing with others that you are suicidal while in prison can be dangerous. Unfortunately, as you likely know too well, sharing you are suicidal with DOC staff can result in being placed in worse conditions: you may be placed in an observation cell, restrained, punished, retaliated against, told you are only saying you want to kill yourself for attention, or even told that others wish you would die. Telling other incarcerated people that you are feeling suicidal can lead people to target you.

That being said, positive things can come after sharing you are suicidal with DOC staff and with other incarcerated people. You may have a conversation with someone that is helpful or you may have your medication adjusted that helps you feel better. Psychology staff and Certified Peer Specialists may be more helpful than others. Your Certified Peer Support Specialist is ethically and professionally responsible to advocate for you and to work on your behalf to help you get your mental health needs resolved. Sharing what you are going through with another incarcerated person may help you feel understood, it is pretty likely that they have felt how you feel right now. Talking about being suicidal makes it less likely that you will die by suicide, so we encourage you to share how you are feeling.

"Initially if you feel you are in a crisis or if you feel as if you don't know what's happening to your body or if you don't feel like yourself, express this to your unit officer. They should refer you immediately to your unit psychologist. If they do not, tell them that it is an emergency. Try your best not to lose your cool because if you snap or become aggressive, this could be used as an excuse to refuse to help you. There are some staff members who think most incarcerated individuals are attention and/or medication seekers so they may not allow you to see the unit Psychologist. If this happens you may need to tell them that you are thinking of harming yourself. No Observation Cell is a pleasant vacation but the goal is to get help to get through a crisis moment and if your coping skills aren't working or if you do not have any positive coping skills, the P.O.C. may save your life.

Be persistent. Do not take no for an answer. Keep signing up to be seen at Sick Call. Write requests to your unit psychologist and if they do not see you, write to the head of the psychology department and if it is necessary, write to the psychiatrist. No one will fight for your life as well as you can and if you find it too much of a challenge, then FIGHT as hard for your mental health as you would for someone that you love deeply."

- Sheena King, Certified Peer Specialist

You can also always contact the Prison Society at 215-564-4775 or by mail at:

Pennsylvania Prison Society
230 South Broad Street Suite
605 Philadelphia, PA 19102

Once the Prison Society learns you are suicidal, they will most likely alert the prison and send a volunteer to come speak with you. They may be able to advocate for you receiving additional help from the prison.

Section II: Advocating for Your Mental Health

This section of the guide is intended to help you advocate for the care you need, not to create a basis for a lawsuit. Since many law firms doing this work often have low capacity, it can be difficult to get your case taken up by someone. Additionally, litigation can be a lengthy process, and the legal system unfortunately has many barriers for pro se litigants who represent themselves without a lawyer. Depending on your circumstances, it may be faster and more effective to engage in self-advocacy rather than solely seeking legal remedies.

We know from our comrades inside that advocating for yourself may expose you to retaliation, and it is difficult to combat the violence you may face. We want to give you this information and all the options, so you can decide for yourself the best course of action under difficult circumstances.

Requesting Medical Documents/Forms

Did you know you can request your medical records?
Under the DOC Medical Care Policy, you have the right to review your own medical records. These records include progress notes, diagnoses, prescriptions, referrals to specialist care and care at an outside facility, laboratory results, medication orders and medication administration records, and discharge records from outside facilities, among others.

Did you know you can request to list emergency medical contacts?

Patients have the right to control who knows their medical information. However, oftentimes the prison system makes this difficult. Even if you have emergency contacts listed, the prison and outside hospitals (if you are transferred) will not alert them unless you have given consent. This is important if you experience a medical emergency and need support to make difficult healthcare decisions. You can request a DC108 Release of Information form and complete it so that your family, friends, loved ones, and attorneys can have your information. We have heard of instances where prisons have not released medical records to non-attorneys. ALC does not believe this is legally permissible, but it can present a practical obstacle.

“Debbie Clyde” by J.W. Zenc

Keeping Medical Documentation

What is Medical Documentation?
Medical documentation is a way of recording your medical experiences so you can track what is happening over time, both in terms of your own health and how the system is responding. Keeping your own documentation through official channels demonstrates that prison staff and officials are no longer in full control of your records. The goal of medical documentation is to support your own advocacy for proper medical care and creating a record that those with power need to answer to.

Types of Medical Documentation Across all forms of documentation BE AS DETAILED AND SPECIFIC AS POSSIBLE.

Medical Diary (highly recommended!)

Your medical diary is a personal record that you keep with details about your medical conditions and care. This is important for tracking what is happening over time and having your own record, even if medical staff aren't keeping a record. A medical diary can include, but is not limited to, the following information:

- Dates
- Symptoms
- Appointments
- Conversations with Medical Staff
- Medical Care Requests

Example of diary entries:

"On [DATE], I experienced [SYMPTOMS]. At first, it felt like [DESCRIPTION]. After [X HOURS], it got worse and I filed a sick call slip. It took [HOW LONG] before I was brought to the infirmary."

"On [DATE], I saw [DOCTOR]. I shared about [SYMPTOMS] and was told [SUMMARY]. The doctor stated that I have a follow-up appointment in approximately [TIME]. I requested [CARE], and the doctor responded [SUMMARY]."

Documentation in Official Medical Records
If medical staff state that they will not be scheduling tests or specialist appointments, you can request that these decisions are included in writing in your medical records. They may not always comply, but it's worth asking different medical staff. Even if they do not comply, you can still document the situation and your encounter with the medical staff in your medical diary and through a staff request (below).

Documentation through "Inmate Request to Staff Member" Forms [DC 135]
You can use staff requests to document your experiences officially. Requests should be referred to a specific staff member with an account of what you specifically experienced.

For example, if you are denied medical care, you can document this through a request:

"You saw me on [DATE]. I have experienced [SYMPTOMS] and asked [TYPE OF CARE]. I was told [RESPONSE]. I'm very concerned that it is a more serious medical condition. Despite being made aware of this risk, you've decided not to take any further steps. I request that you reconsider your decision and am sending this form to document this."

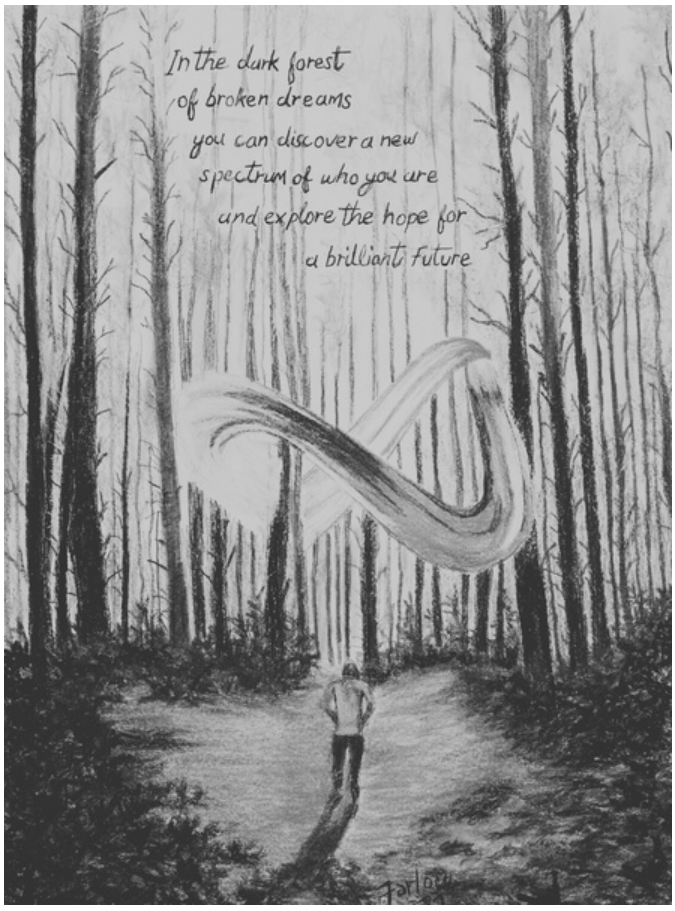
Requesting Accommodations for your Disability

What is a Disability?

The Americans with Disabilities Act (ADA) defines a disability as: "A physical or mental impairment that substantially limits one or more major life activities of such individual; A record of such an impairment; or Being regarded as having such an impairment. 42 U.S.C. § 12102(1). A physical or mental impairment can include hearing or vision problems, mental illness, physical disabilities, certain diseases, and many other conditions."

Congress amended the ADA in 2008 to make sure it covered impairments that had not received the protection Congress intended, including "cancer, HIV-AIDS, multiple sclerosis, amputated and partially amputated limbs, post- traumatic stress disorder, intellectual and developmental disabilities. ..." Palmer v. Watterson, 2021 U.S. Dist. LEXIS 217002, at *14 (W.D. Pa. Nov. 9, 2021) (quoting Koller v. Riley Riper Hollin & Colagreco, 850 F. Supp. 2d 502, 513 (E.D. Pa. 2012)).

Major life activities "include but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working." 42 U.S.C. § 12102(2)(A). They also include bodily functions like "functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions." 42 U.S.C. § 12102(2)(B).



"A New Hope" by G. Farlow

Congress amended the ADA in 2008, instructing courts to interpret the phrase "substantially limits" generously. A disability still substantially limits a major life activity even if the disabled person can reduce the disability's effect with medication, assistive equipment, glasses, hearing aids, or other auxiliary aids. 42 U.S.C. § 12102(4)(E). It does not matter whether an impairment is intermittent or in remission; it is still a disability "if it would substantially limit a major life activity when active." 42 U.S.C. § 12102(4)(E). For example, a person who is in remission for cancer can still claim that cancer is a disability. 42 U.S.C. § 12102(4)(E).

What is a Reasonable Accommodation?

An accommodation is something that the prison officials must provide so that everyone, including people with disabilities, have access to the same services. This includes, but is not limited to:

- Auxiliary aids: For someone who is deaf or hearing-impaired, this can include "[q]qualified interpreters, notetakers, transcription services, written materials, telephone handset amplifiers, assistive listening devices, assistive listening systems, telephones compatible with hearing aids, closed caption decoders, open and closed captioning, telecommunications devices for deaf persons (TDD's), videotext displays, or other effective methods of making aurally delivered materials available to individuals with hearing impairments." Chisholm v. MacManimon, 275 F.3d 315, 326 (3d Cir. 2001) (quoting 28 C.F.R. Pt. 35, App. A); see also 42 U.S.C. § 12103(1)(A).
- For someone who is blind or visually impaired, this can include qualified readers, and taped texts. 42 U.S.C. § 12103(1)(B).
- Other aids, like orthopedic shoes or canes. Saunders v. Horn, 960 F. Supp. 893 (E.D. Pa. 1997).
- Access to spaces that are handicapped-accessible like showers. Furgess v. Pa. Dep't of Corrections, 933 F.3d 285, 291 (3d Cir. 2019).
- Access to special diets that accommodate one's disability. Williams v. Pa. Dep't of Corr., 2021 U.S. Dist. LEXIS 231527, at *39 (W.D. Pa. Dec. 3, 2021).

There are some limits to the accommodations prisons must make for a person's disability. A prison does not have to provide an accommodation if it would impose "undue financial and administrative burdens" or require "a fundamental alteration in the nature of [the] program." Southeastern Community College v. Davis, 442 U.S. 397, 406 (1979). A prison is allowed to deny someone equal access if that person's participation would pose "significant health and safety risks" or a "direct threat" to other people. School Bd. of Nassau County v. Arline, 480 U.S. 273, 287 (1987)

How Do I Ask for Accommodations for My Disability?

You need to fill out an "Inmate Disability Accommodation Request Form."
It is located inside "Pennsylvania Dept. of Corrections Form DC-ADM 006: Reasonable Accommodations for Inmates with Disabilities Policy."

If you cannot find this form or the policy, ask your counselor or unit manager to help you. As you fill out the form, think about all the services a prison offers, from group programs to beds to radios.

Does your disability make it harder to enjoy any of these services?

What would make it easier for you to participate in them?

Be as specific as you can!

"2021" by Latosha Gross

Grievances

What is the Grievance Process?
The grievance process is a mechanism where prison staff can respond to complaints from those who are incarcerated. However, it is also designed to limit the people's ability to sue prison staff in court.

When Should I File a Grievance?
There is no "right answer" when it comes to whether you should file a grievance if you are denied medical care. The unfortunate reality is that most grievances are rejected, and the process of filing and appealing can take many months.

However, grievances can be an important part of self-advocacy. They provide another means of documentation of improper care. Additionally, grievances can send a message that your issue may end up in court in the future. Ultimately, you should use your own judgement and make decisions based on your specific circumstances.

Note: This guide is not intended to provide any advice on lawsuits. However, it is important to know that if you intend to file a lawsuit, you must first exhaust the grievance process. This means that any grievance must be appealed through the central office. Your grievance must identify the treatment you are seeking, request monetary damages, and identify any individuals you want to sue by name.

How to File Grievances?

Before filing a grievance, the PA DOC recommends submitting an Inmate Request to Staff Member [DC-135A]. However, this is not necessary for cases of physical or sexual abuse.

Cases of sexual assault should be addressed through DC-ADM 008, "Prison Rape Elimination Act (PREA)." You can submit a grievance to your Facility Grievance Coordinator using form DC-804, Part 1. This form should be readily available in all housing units. The grievance should include a list of specific facts relevant to the claim, including date, time and location. You can also identify individuals involved with the incident.

After receiving a response, you have 15 working days from the date of the initial review response/rejection to appeal an initial review response/rejection to the Facility Manager in writing. You should use the Inmate "Appeal to the Facility Manager" Form. Each appeal must be clearly labeled and contain the grievance number, reasons for appeal, and specify if appealing a determination of frivolousness. Any incarcerated person who is dissatisfied with the disposition of an appeal from the Facility Manager/designee may submit an "Inmate Appeal to Final Review." This must be submitted within 15 working days from the date of the Facility Manager/designee's decision on the appeal. Only issues raised in the initial grievance and/or appealed to the Facility Manager may be appealed to Final Review.

What if prison officials are not responsive?
Getting medical records and trying to find a medical professional to review them is important. However, we recognize that this is not an easy task, especially on your own

Family & Outside Advocacy

Family and outside support can be very important for exerting pressure on those making decisions around your medical and mental health care. People on the outside may consider advocating with those in supervisory positions, administration, or legislative officials. It can be helpful to think about who has the power to make decisions that impact your care and who those people must answer to.

Prisons and outside hospitals (if you are transferred) do not immediately notify your loved ones if you experience a medical emergency, because of patient privacy protected by HIPAA. Even if someone is listed as your emergency contact, they will not provide medical information unless specific consent has been given.

You can request a DC108 Release of Information form to allow loved ones to have access to your medical information if completed ahead of time. If you don't have the chance to fill this out before a medical event, you can still try to request it from the prison or hospital.

Connecting with Organizations

If you face continued challenges – especially if they are severe or life-threatening – you and your family members should reach out to public interest law firms and advocacy groups that work on medical care issues in Pennsylvania prisons:

Abolitionist Law Center
PO Box 23032
Pittsburgh, PA 15222

Coalition to Abolish Death by Incarceration
CADBI c/o Decarcerate PA
PO Box 40764
Philadelphia, PA 19107

Human Rights Coalition
PO Box 34580
Philadelphia, PA 19101

PA Institutional Law Project
The Cast Iron Building
718 Arch Street, Suite 304 South
Philadelphia, PA 19106

Pennsylvania Prison Society
230 South Broad Street
Suite 605
Philadelphia, PA 1910

There is a nationwide problem of not enough lawyers doing this kind of work to adequately represent all those suffering injustice in prisons, so there are limits to the amount of support that organizations can provide. Because capacity is limited, it is advised to take initial steps to advocate for oneself, obtain a specific diagnosis, and understand your medical care options.

Advocacy organizations are not a substitute for proper medical care that everyone should receive as a human right. While we hope to support as many of those who currently need care as possible, our efforts must also be to change and dismantle the entire prison system

Taking Action

Some important tips for advocacy:

- Begin with a phone call to the medical department and ask to speak to the Corrections Health Care Administrator (CHCA). Do not expect them to give information. Provide them with the reason you are calling and make a direct ask for medical staff to take action: like provide specific care like medications, send somebody to a specialist for diagnosing potential underlying conditions, do a wellness check, etc. Have your support person document each call.
- If a call does not get the results you want, next contact the Superintendent's office and submit the same information and request in writing.
- Get others involved: have other family, friends, community members, faith communities, advocacy organizations, and elected officials inquire and advocate. These efforts should be directed to the supervisor of the staff who should take action, the Superintendent of the prison, or even DOC Central Office officials. Like anybody else, DOC officials will be more likely to concentrate on an issue and listen to people if they are hearing consistent, credible reports from many people. It is best to start out with enlisting one or two people and then continue outreach from there.

Try your best not to get discouraged. Document everything and be persistent, be creative, and always remind your loved ones that they have power when they speak up with others.

Retaliation

Retaliation against incarcerated individuals, while prohibited, is unfortunately pervasive in the Pennsylvania DOC. Additionally, legal avenues to address retaliation against incarcerated people are burdensome—if not outright denied. However, retaliation is illegal, and despite the high legal standard incarcerated individuals must meet to prove their case, successful litigation has been brought against the Pennsylvania DOC before, and can be done again. While the information below is not legal advice, it is relevant case law governing retaliation claims over medical advocacy against the Pennsylvania DOC.

An incarcerated individual alleging a retaliation claim must show 1) they were engaged in constitutionally protected conduct, 2) they suffered an adverse action by prison officials sufficient to deter a person of ordinary firmness from exercising their constitutional rights, and 3) that there was a causal link between the exercise of the constitutional rights and the adverse action taken against them. Rauser v. Horn, 241 F.3d 330 (3d Cir. 2001).

Constitutionally Protected Conduct

Incarcerated individuals do not possess an independent constitutional right to the grievance process. See Allen v. Co. Settle, No. 15-4011, 2015 U.S. Dist. LEXIS 171047 (E.D. Pa. Dec. 23, 2015), Alvarez v. Ferguson, No. 20-2577, 2021 U.S. Dist. LEXIS 24998 (E.D. Pa. Feb. 9, 2021). However, incarcerated individuals do possess a constitutional right to adequate medical care. Estelle v. Gamble, 429 U.S. 97 (1976).

Additionally, the Prison Litigation Reform Act (PLRA) requires incarcerated individuals to exhaust administrative remedies– such as fulfilling the grievance process–before pursuing litigation. Therefore, to file litigation over medical care, you must first pursue any claims through the grievance process. If prison staff take adverse action against you due to your filing a grievance that is retaliation in violation of the First Amendment to the U.S. Constitution.

Adverse Action
Adverse action is a fact-intensive inquiry determined on a case-by-case basis. The Third Circuit–the federal appellate court with jurisdiction over the Pennsylvania DOC–has ruled that while the action does not "need to be great to be actionable," but it can also not be trivial. McKee v. Hart, 436 F.3d 165 (3d Cir. 2006).

For example, an incarcerated individual being scolded does not meet this requirement. Burrell v. Loungo, 750 F. App'x 149 (3d Cir. 2018). However, being placed in lockdown, being moved to restricted housing, and being issued misconduct charges does meet this requirement. Palmore v. Hornberger, 813 F. App'x 68 (3d Cir. 2020). So too does having your personal and legal property thrown away. Jackson v. Carter, 813 F. App'x 820 (3d Cir. 2020).

To find more examples of adverse actions the Third Circuit determined meet this requirement, look for cases that positively cite the McKean standard for the second prong of retaliation claims. This more likely than not can be found at your facility's library.

Conclusion

We'd like to thank all the people and artists who contributed to the creation of this guide!

We hope that this guide has been helpful to you.
Please feel free to copy and share this guide with others.

We welcome your feedback! Please write to us via legal mail at:

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We are sending you care, courage & solidarity.

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