News Inside

A compilation of criminal justice news from The Marshall Project

August 2026 — Issue 23

The Marshall Project

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On the cover:

Collage by Vanessa Saba for The Marshall Project; Components: Getty Images

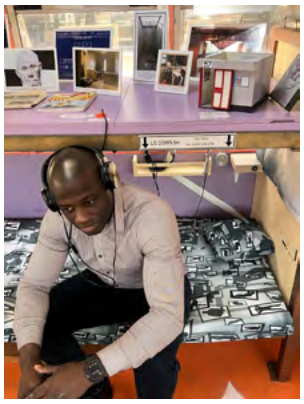
A Letter From Lawrence

Hey *News Inside* readers,

On May 29 and 30, I attended "Bridging the Gap: Amplifying Incarcerated Voices," a conference in Chicago that brought together people supporting incarcerated writers, connecting folks doing this important work. Throughout the conference, I was glad to hear from incarcerated and formerly incarcerated journalists and advocates, both live and on screen. Two of them, John J. Lennon and Corey Devon Arthur, have written for The Marshall Project, and John spoke about the give-and-take between an incarcerated writer and an outside editor. It was all in service of advancing incarcerated people's voices.

Parked outside was the Journey to Justice bus, a mobile, interactive museum that makes the human rights crisis of solitary confinement impossible to ignore. Inside, survivor photos and immersive digital and virtual reality experiences bring the brutal realities of solitary confinement to life, alongside a mobile library of resources and stories.

The bus.



Me sitting in the bus.

What stuck with me most were the audio excerpts from "The Box," a film by my friend and "News Inside" admirer, Chris Wilson. The film's cinematic choices capture the psychological toll of solitary, and the onset of mental illness it can trigger. Curious whether the audio alone carried that same weight, I sat down to listen.

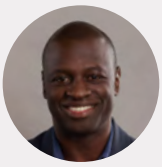
This issue also brings you three powerful features, along with other stories worth your time:

The first feature, "His Rap Lyrics Helped Send Him to Death Row. Travis Scott and T.I. Are Trying to Stop His Execution," follows James Broadnax, who was executed in Texas after prosecutors used more than 40 pages of his handwritten rap lyrics as evidence at his 2009 trial. Major rappers, including Travis Scott and T.I., petitioned the Supreme Court on his behalf, arguing his lyrics were art, not confession, and that using them this way plays on racial stereotypes. The case has grown even more complicated since his cousin confessed to the killings.

"ICE Detained Them, and Then They Vanished" reveals how immigration detainees are increasingly shuffled across the country with little warning, cutting them off from lawyers and family. One man was moved through four states in five days before being deported to Somalia, a country he hadn't lived in for decades. Rapid transfers have more than doubled recently, often landing people in states with courts less favorable to their cases.

"What It's Like to Go Through Perimenopause and Menopause in Prison" follows incarcerated women navigating a transition nearly half will face behind bars, often without basic information or care. One woman spent three years cycling through doctors before a radio segment finally explained her symptoms, then waited two more years for treatment. Left untreated, menopause can contribute to osteoporosis, heart disease and depression — and self-management tactics have led to disciplinary write-ups affecting parole.

Your favorites are here too — The Peeps, Reader to Reader, the crossword and more. Until next time.



Lawrence Bartley

Lawrence Bartley is the publisher of The Marshall Project Inside. He served 27 years and was released on parole in May 2018.

Letters From Our Readers

I am writing to you not just as a reader, but as someone who understands the weight of the years you carried and the resilience required to transform that weight into a mission. Your work with *News Inside* reaches into places where hope is often treated as a luxury we can't afford. For me, in the quiet of [my facility], your publication has been a reminder that our voices can still echo beyond these fences. Thank you for providing a platform like *News Inside* that allows us to see ourselves as more than a number.

—SHANNON C., FLORIDA

I have been incarcerated for over 40 years in a Michigan prison. I don't have to tell you how broken this system is, especially when it comes to Black men entrapped by this lopsided judicial system. This morning I picked up an issue of *News Inside* that a guy who lives in a cell over gave me and said, "Here's something I'm sure you will enjoy reading." Although I've heard of The Marshall Project, I had no idea there was an actual [print] publication.

—RICARDO F., MICHIGAN

I am a justice-impacted author, peer mentor, journalist and the founder of "A Real Hood Square's Perspective." I am reaching out with deep appreciation for the work you do through *News Inside* and *Inside Story*. I have read every issue and watched every episode available on Edovo. Your work has shaped me, not only as a writer but also as an aspiring contributor who hopes to offer something meaningful to your platform one day.

—ABDUL-HAKIM W., OHIO

I must say that I find your publication very informative. I find it inspiring that people who have been where I am have gone on to make something of themselves.

—ANTHONY B., NEW YORK

I will be deported after serving this federal sentence, so immigration is a really important topic for me. I was with Lawrence and Orville in Sing Sing years ago. Reading Lawrence's letter in Issue 21, which explained the horrible experience Orville had with the U.S. immigration system, was saddening. It concerned me a lot – what if I end up in another country that is not my home? Seeing his smiling face and that he had a positive resolution was great. I also appreciated Tim Murphy's raw and emotional insights in "The Heartbreak, Rage – and Discipline – of Immigration Court Watching." I would love to read more immigration-related stories. Thank you for providing us with this excellent magazine.

—JORGE M., NEW JERSEY

I am requesting a subscription to *News Inside* so I can keep up with everything. I'm a huge fan of this magazine and appreciate everything y'all are doing.

—MICHAEL C., WISCONSIN

I am requesting a subscription to your magazine. I picked up a copy of it in the Grievance Office. Once I started reading it, I could not put it down. It is a great magazine with a lot of information.

—CHRISTOPHER M., NEW YORK

We appreciate your letters, so keep them coming! Please note that we will edit what you write to us for length and clarity.

Manager's Note

The Marshall Project provides *News Inside* to you free of charge. While we appreciate the gesture, you do not have to send stamps, money or donations of any kind.

Please note that we are unable to write back. Our *News Inside* team has been where you are now, and we understand the struggle. But we are a small team with limited capacity.

When you request a subscription, please follow the format below to ensure you receive your copy of *News Inside*:

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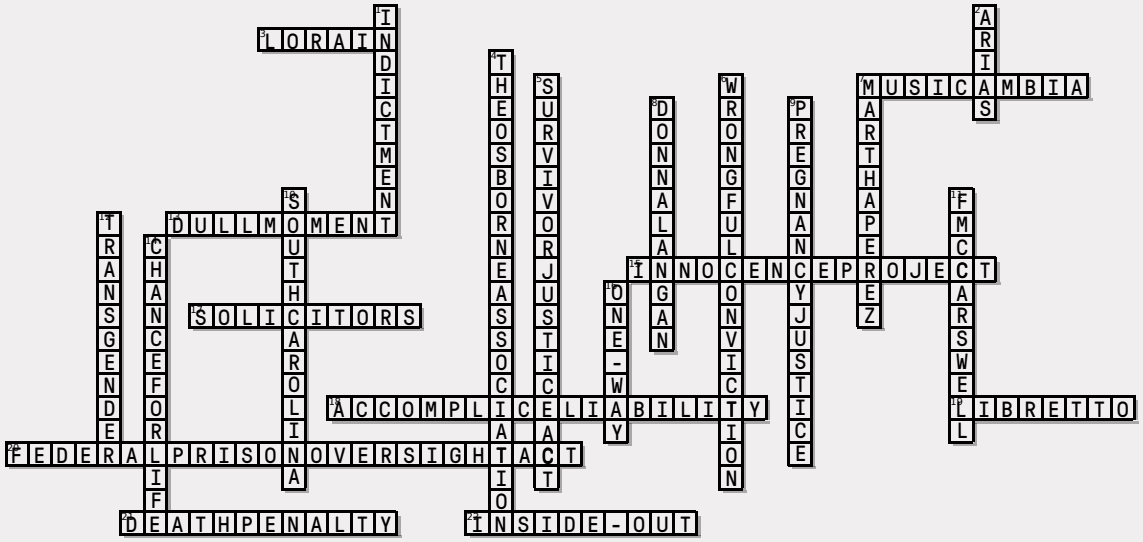
Thank you for your continued interest in and support of *News Inside*!

Martin Garcia
Martin Garcia is the manager of News Inside. *He served a 10-year sentence and was released on parole in September 2019.*

Answers from Issue 22 Crossword



Young Thug during the 2025 Lyrical Lemonade Summer Smash in Bridgeview, Illinois. Young Thug, Travis Scott, T.I. and other rappers filed briefs at the U.S. Supreme Court earlier this month to argue against the use of rap lyrics as evidence. BARRY BRECHEISEN/GETTY IMAGES

03.08.2026

His Rap Lyrics Helped Send Him to Death Row. Travis Scott and T.I. Tried to Stop His Execution.

The rappers argue that James Broadnax's case exemplifies a larger problem in American courtrooms: the use of rap lyrics as evidence.

By Maurice Chammah

Some of the most famous rappers in the country — Travis Scott, Killer Mike, T.I., Young Thug, Fat Joe — filed briefs at the U.S. Supreme Court in March. They asked the justices to stop the April 30 execution of James Broadnax, arguing that his case exemplified a larger problem in American courtrooms: the use of rap lyrics as evidence.

Broadnax was sent to death row for killing Stephen Swan and Matthew Butler while stealing their car in the Dallas suburbs in 2008. The celebrity involvement — not unusual in death penalty cases — may not even end up being the most talked-about element in this case. Broadnax's cousin, Demarius Cummings, confessed that he killed the victims and let Broadnax take the blame, according to the Dallas Morning News.

But the rap question could have sweeping implications across the country at a moment when prosecutors are bringing rap lyrics into the trials of more and more famous defendants, like Young Thug, Lil Durk and Drakeo the Ruler. (This also coincides with Afroman's very entertaining victory in March against Ohio sheriff deputies in a defamation trial.)

Unlike these men, Broadnax was never famous. He was 19 when he was arrested, and at his 2009 trial, Dallas County prosecutors introduced more than 40 pages of his handwritten lyrics into evidence. (*"Hogtie 'em and body bag 'em / Send them to the mayor / Then I bombed the whole country / Send the press, the paper."*) Broadnax's lawyers say prosecutors violated his right to a fair trial when they portrayed his art as a literal admission of criminality. "These arguments exploited racial stereotypes commonly associated with rap lyrics and the Black community to transform Mr. Broadnax's artistic expression into a death warrant," his lawyers wrote in their Supreme Court petition.

The rappers' brief sets the lyrics into a deeper history of Black artists whose work defiantly "reveled in exaggerated depictions of sex and violence," from the toasts of the Jim Crow South to folk songs like "Stagger Lee" to the gangster rap of the 1990s. They describe how rap is held to a double standard compared with

other musical genres: Nobody claims Johnny Cash killed a man in Reno or Bob Marley shot a sheriff.

The last decade has seen a growing movement of artists, scholars and lawyers pushing to ban various uses of rap lyrics in courtrooms. In 2015, Killer Mike, Big Boi and T.I. went to bat for the free speech rights of Taylor Bell, a Mississippi high school student, whose rap video included descriptions of violence against teachers accused of sexual harassment. He was suspended, and the rappers did not convince the Supreme Court to take the case.

In 2019, professors Erik Nielson and Andrea Dennis published the landmark book "Rap on Trial: Race, Lyrics, and Guilt in America," analyzing how prosecutors use defendants' lyrics against them, often as confessions to specific crimes. A few years later, journalist Jaeah Lee helped expand Nielson and Dennis' database, arguing in The New York Times that these cases "contribute to racial disparities in the criminal justice system." (There's also a good episode of the podcast "Hidden Brain" on the topic.)

Nielson, the professor, told me his team of researchers and students now have a database of trials where rap lyrics were used, stretching back to the 1980s, with more than 800 cases, but "there should probably be at least one more zero after that," given how hard it can be to locate them. He said social media has made it easier for anyone to publish music, but also for police and prosecutors to find it. Before the 2010s, police were finding cassette tapes among defendants' belongings or snatching handwritten lyrics from jail cells, which is what happened to Broadnax.

Often, prosecutors use lyrics to prove someone committed a crime, but in Broadnax's case, the lyrics served the cause of a harsher punishment. In Texas, death penalty juries must decide whether a defendant will be dangerous in the future, so prosecutors have broad leeway to paint the scariest portrait possible. Dallas prosecutors argued that Broadnax's lyrics "showed a stone-cold attitude toward his victims and the judicial process" and that his execution should go forward since he gave up earlier opportunities to contest how they were used.

Nielson told me that a growing number of state lawmakers and judges — in both red and blue states — are trying to make it harder for prosecutors to use lyrics in court. In recent years, California and Louisiana both passed laws to limit the practice. Texas itself has an inconsistent record. The state Court of Criminal Appeals, which denied Broadnax's arguments, overturned the sentence of a different man in 2024 over concerns that rap lyrics prejudiced his jury.

Another option is Congress, where lawmakers have floated bills to limit the use of "creative or artistic expression" against defendants in federal court. Nielson said he could imagine President Donald Trump being sympathetic to the idea, given his warm relationships with some famous rappers.

The U.S. Supreme Court denied requests to stop Broadnax's execution. He was executed in Texas on April 30, 2026.

New York City Mayor Zohran Mamdani speaks to reporters during a news conference in New York on Feb. 17, 2026. SETH WENIG/AP PHOTO

02.23.2026

Challenges Await Mamdani as Hopes Rise for Closure of Notorious Rikers Island Jail Complex

For New York City's mayor, the hard part isn't deciding whether or not to shut down Rikers, but figuring out how to do it safely and in a timely way.

By Wilbert L. Cooper

NEW YORK – Ever since Zohran Mamdani took office as New York City's mayor in January of 2026, efforts to close the long-troubled Rikers Island jail complex have received renewed attention. The facilities — plagued for years by violence, overcrowding, neglect and poor medical care — are required by law to be closed by 2027, but those plans are way behind schedule.

Mamdani — who had long wanted to shutter the facilities but opposed creating more jails to replace them — shifted his position during the mayoral campaign, saying he would follow the City Council plan to close Rikers, one of the world's largest jail complexes, and move its occupants to four smaller jails to be built across the city.

Now in office, Mamdani faces the challenge of delivering on the plan: balancing public safety, working with a federal court-appointed overseer charged with improving conditions at Rikers, and navigating the expectations of activists upset over what they saw as stalling and obstruction by Mamdani's predecessor, Mayor Eric Adams.

"I think they can be a historic administration in New York City and be the administration that oversees the closure of Rikers and the transformation of our jail system," said Mary Lynne Werlwas, the director of The Legal Aid Society's The Prisoners' Rights Project, which has been fighting to reform the city's jails since the 1970s.

Since taking the helm, Mamdani has issued an executive order to develop a plan to stop using solitary confinement in jails, announced a housing project on a hospital campus for people returning from incarceration with chronic physical and mental health issues, and appointed a new jails commissioner, who was once incarcerated at Rikers.

As construction continues on the replacement jails, the city is now contending with the possibility that the legally mandated 2027 closure will need to be pushed back again — potentially until 2032.

Here's a look at where the effort to close Rikers stands:

What's the latest at Rikers?

The jail complex, which sits on an island in the East River between the boroughs of Queens and the Bronx, has eight facilities in use. As of mid-February, the population of New York City jails stood at nearly 7,000, a return to levels seen before the pandemic. Many experts agree that this influx of people supercharges all the other issues plaguing the jail, resulting in tragic outcomes — such as in-custody deaths.

More than 30 people have died at Rikers since 2022, when the population first started to ratchet up after the end of the pandemic. At least 14 people died there in 2025, a decade since Rikers has been under federal oversight.

More significant oversight

In January 2026, the judge overseeing the facilities, dismayed by the lack of progress in improving conditions, appointed an independent "remediation manager" named Nicholas Deml to take control of the jails to implement reforms. Deml has served as a CIA officer and as Vermont's Department of Corrections commissioner.

Deml will have more power than the mayor when it comes to implementing changes to the city's jails. Although former Mayor Adams did not want to lose control of lockups to the federal government, Mamdani has signaled that he is looking forward to collaborating with Deml.

City Council member Sandy Nurse, who organized protests against mass incarceration before she came to electoral politics, has faith in the new remediation manager. "You need an outside force with powers of the federal government that can do things a mayor cannot do," including giving Mamdani cover to overcome political obstacles from potential budget constraints and opponents of Rikers' closure, Nurse said.

Under construction

Although the city has closed some old facilities, it has failed to make the progress needed to shut down and replace Rikers by the 2027 deadline.

Nurse attributed some of the building delays to the COVID-19 pandemic. But she and the other criminal justice reform advocates whom The Marshall Project spoke with put most of the blame on Adams.

Although he initially backed the plan to close Rikers, Adams called to keep it open in 2025. Nurse said this flip was a failed bid to shore up his support during his reelection campaign with some Trump-supporting Republicans. She believes their objection to borough-based jails "comes from a place of anti-Blackness, racism and just wanting to throw people away and never see them again."

Right now, estimates for the plan to close Rikers and replace it with new borough-based jails put its completion at 2032 — several years after the 2027 deadline.

"It seems far away, but it's very close," Nurse said, noting that "there will be some kind of renegotiation to amend the legislation so that the city stays in compliance [with the law] and is forced to achieve benchmarks along the way."

Are there people against this plan?

Some New Yorkers have objected to the replacement locations. One of the most outspoken groups has been Neighborhoods United Below Canal (NUBC), a nonprofit that represents business owners and residents in Manhattan's Chinatown.

That densely populated neighborhood is slated to house the world's tallest jail. At around 300 feet, the new facility will tower over the area's historic low-rise and tenement buildings. Construction of the new jail began in spring 2026.

The site of this new megajail is where the notorious "Tombs" jail used to be. That jail was shut down for many years in the 1970s due to the same kinds of concerns that now plague Rikers.

"We do want to close Rikers," one of NUBC's leaders, Vic Lee, told TMP in February, "but it should not come at the harm of the Chinatown community." NUBC was calling for the city to build its new jail at a defunct federal corrections facility in a nearby neighborhood.

Instead of a megajail, the NUBC wanted Mamdani to build homes where the Tombs once stood. "This is a mayor that campaigned on housing, specifically affordable housing," said Jan Lee, another NUBC leader. "There is no other site in Chinatown where we could build the amount of housing that we have the opportunity to do now."

Does anyone want to keep Rikers open?

Although the closure of Rikers is broadly popular, Benny Boscio, the leader of the Correction Officers' Benevolent Association, a union that represents 15,000 active and retired NYC corrections officers, has called out the plan to shut down Rikers as inherently "flawed," because the new borough-based jails will have a much lower capacity than the number of people currently incarcerated on the Island.

The Marshall Project reached out to Boscio multiple times via email for an interview, but he did not respond.

Meanwhile, advocates who applaud the lower capacity of the plan as a

step toward decarceration wonder if COBA just wants more beds to justify more corrections jobs.

Can the city afford to close Rikers?

The cost of the plan to replace Rikers has ballooned from the initial estimate of $8 billion to at least $15 billion. Nurse attributes the increase to the rising costs of construction and the demand for the limited number of contractors who specialize in building large jails.

At the same time, the Mamdani administration is facing a potential gap in the city $126 billion budget.

Werlwas believes the wealthiest city in the world has a long history of dealing with these gaps and still finding ways to pay for the things it deems important. In that sense, it's less about a potential budget shortfall, and more about the priorities of the new mayor.

Despite the increasing costs and potential budget gaps, the urgency to shutter Rikers remains. "The facilities on Rikers are falling apart, and the cost to fix them is more expensive than building the new jails," she said.

Was Mamdani always in support of the closure of Rikers?

In 2019, Mamdani was actually against the City Council's plan for Rikers. It wasn't that he wanted to see the jail complex stay open, it's that he didn't want to see the city replace it with new jails. But in 2025's mayoral election, his position shifted. He was the only candidate who vowed to follow through on closing Rikers, explaining it as a commitment to simply following the law.

Although executing the Rikers plan isn't as radical as abolishing jails, Werlwas of Legal Aid Society said Mamdani still has a historic opportunity with Rikers — if he can couple its closure with more investment in the people who used to be incarcerated there.

"It's not enough to say don't invest in jail," she said. "We need an affirmative investment in things that keep our communities safe, like supportive housing and mental health services. And it's absolutely essential that we find ways to take care of people, because incarceration is an expensive and dangerous way to do so."

What has Mamdani done so far?

In addition to issuing the solitary confinement executive order, Mamdani appointed Stanley Richards, a man who was once incarcerated at Rikers, to lead the Department of Corrections. And now, Richards has the task of working with Deml, the federal remediation manager.

"Stanley is someone who has dedicated his life to reentry programs, programs inside the jails, healing practices, mentoring, and really focused on reducing recidivism," Nurse said. "So that to me is a tone that was set that everything else will flow from."

Mamdani has also introduced new initiatives focused on mental health and housing that the mayor and advocates hope could decrease the number of people the city incarcerates.

On Martin Luther King Day, he announced that he would support Just Home, a supportive housing project in the Bronx aiming to create 83 rent-controlled apartments with on-site services for formerly incarcerated people with medical needs.

Although the plan had been approved by the City Council in 2024, Adams advocated against it during his mayoral campaign. After being elected, Mamdani said, "My sincere belief is that soon Just Home will be seen as clear evidence of New York's commitment to a new era where every one of our neighbors — even those who've made mistakes in their past — is entitled to dignity, safety, and a home they can call their own."

What do people who were formerly incarcerated at Rikers think?

Darren Mack, a survivor of Rikers who witnessed brutality during his time there in the 1990s and who currently leads the decarceration advocacy group Freedom Agenda, said he's pleased with what he's seen of Mamdani so far, but he is not satisfied.

"We applaud it, but there is much more that needs to be done," he said. "Rikers can't be fixed or reformed, and the only solution is closure."

06.01.2026

ICE Detained Them, and Then They Vanished

Under Trump, the U.S. increasingly sends immigrants all over the nation with little warning, leaving families and attorneys unsure where they are.

By Aala Abdullahi and Geoff Hing

This article was published in partnership with Mother Jones.

For about five days in December, Abdullahi Mohamed seemingly vanished into the U.S. immigrant detention system. Immigration and Customs Enforcement had detained him near Portland, Maine, and held him for more than seven weeks in Massachusetts. Then, without warning, ICE began moving him repeatedly across the country, from state to state and facility to facility, faster than his family could keep up. News of his whereabouts came to them in fragments: an email from his lawyer that he was in Mississippi; a phone call from the wife of a fellow detainee who said he was in Louisiana; and at one point, a call from Mohamed himself — that lasted for about two minutes — from an undisclosed airport.

His lawyer laid out what was happening. "They are doing this now more and more — moving people without any notice," he wrote to the family in an email. The transfers, he explained, can block people like Mohamed from speaking with an attorney and make it difficult to file legal petitions in the right jurisdiction, while distressing families. "This is cruelty," he wrote.

KAYLYNN KIM FOR THE MARSHALL PROJECT

Quick and repeated transfers have become more common in President Donald Trump's second term, a Marshall Project investigation has found. From the final year of the Biden administration to the first year of Trump's second term, the number of people transferred five or more times more than tripled. The number of people transferred out of state within 24 hours more than doubled, according to a Marshall Project analysis of ICE detention data obtained by the Deportation Data Project.

Immigration lawyers say the many transfers not only cause undue suffering for people being detained and their families but have significantly undermined due process protections. Because detainees have limited access to phones while in transit, and ICE's detainee locator does not always reflect their real-time location, immigration attorneys say rapid transfers can leave people unreachable for hours or even days. Families can lose track of their relatives, while lawyers struggle to locate or speak with clients.

During those gaps, attorneys say, some detainees have been pressured to sign forms affecting their immigration cases before they can speak with counsel.

"What often happens is that a lawyer or family member will show up to see somebody and be told, 'That person's not here, and we don't know where they are,'" said César Cuauhtémoc García Hernández, an Ohio State University law professor who focuses on the intersection of criminal and immigration law. "Effectively, that person has just disappeared while in the custody of the U.S. government."

In an emailed response to written questions, an ICE spokesperson said claims that transfers are being "weaponized" are "categorically false," and that "all detainees receive full due process." The spokesperson also said detainees have access to phones for contacting relatives and lawyers, receive a court-approved list of free or low-cost attorneys, and can be "easily" located by relatives, lawyers and media through ICE's online locator.

"Despite a historic number of injunctions, DHS is working rapidly and overtime to remove these aliens from detentions centers to their final destination — home," the spokesperson said.

Mohamed came to the U.S. from Somalia in 1999 and applied for asylum, he told The Marshall Project. Federal records show that an immigration judge ordered his removal in 2001, and that his appeal was dismissed in 2002. Mohamed was allowed to stay in the U.S. for years during a period when deportations to Somalia were difficult to carry out, as the country had no functioning central government and remained fractured by civil war. Under an order of supervision, he had to check in regularly with ICE for more than two decades to keep a valid work permit. He paid his taxes, and had no criminal record, his family said. Eventually, he got married and settled in Maine, where he was working as a cab driver by fall 2025. ICE seized him in October of that year when he showed up for a regular check-in.

After several weeks in detention, he vanished. The decades Mohamed had spent building a life in the U.S. unraveled in less than a week. When his family spoke to him next, he was calling from Somalia. He had been deported.

For his sister, Saynab Mohamed, and her daughter, Eza Nour, each update arrived too late and never from ICE itself. "I think the whole point was to traumatize us," Nour said, "and leave us with a lasting scar."

Transfers have long been a feature of immigration detention. ICE uses a network of hundreds of facilities across the U.S. and has broad discretion to transfer people for bed space, medical care, security and other operational reasons. But during the past year, attorneys say, those moves have carried higher stakes because the legal landscape around detention has changed dramatically.

In July 2025, the Department of Homeland Security adopted a new interpretation of a 1996 immigration law: ICE could now treat people who had come into the U.S. without being formally admitted by immigration officials as if they were "arriving aliens" still seeking admission at the border, even if they had lived here for years before being detained. That made them ineligible for bond hearings before immigration judges. Before this shift, people could ask a judge to decide whether they were a flight risk or a danger to the community, and if they could be released while their immigration case continued.

Then, in September 2025, the Board of Immigration Appeals — an administrative body within the Justice Department that sets precedent for immigration courts — made that interpretation binding nationwide, largely cutting off immigration judges' ability to grant release and allowing ICE to detain people indefinitely.

Lawyers turned to federal court to file habeas corpus petitions to challenge whether the government had the authority to keep their clients detained. Earlier in 2026, more than 200 petitions were being filed every day across the country. However, habeas petitions generally must be filed in the federal district where a person is detained. If someone is moved before a lawyer files, the petition has to be filed in the new location, setting up a cycle where lawyers may struggle to file before their clients are moved again.

At the same time, federal courts are divided regarding the legality of the government's new detention policy. The 5th U.S. Circuit Court of Appeals, which covers Texas, Louisiana and Mississippi and is widely regarded as one of the most conservative federal appeals courts, is one of two that have backed the administration on the policy. Those three states are also home to "Detention Alley," a cluster of sites that include 14 of the 20 largest detention facilities in the country. Many are located in remote, rural areas, and together they have helped make the region a major hub for detention and deportation in the south. In the first year of Trump's second term, nearly three-quarters of the people ICE deported were last detained in a state covered by the 5th Circuit.

Transfers can now carry immediate legal consequences, attorneys say. The location where ICE sends someone often determines where a habeas petition is filed and which court gets to hear it. "They're trying to get as many people to the 5th Circuit as possible," said Dan Givіden, a Texas-based immigration lawyer who was deputy chief counsel for ICE from 2016 to 2019. "It's in no way surprising that ICE, [which] in many ways gets to forum-shop, gets to choose the judge, is sending people to this circuit."

Rapid out-of-state transfers have become more common. In Trump's first year back in office, ICE transferred nearly 41,700 people to another state within 24 hours, more than double the number the previous year, according to a Marshall Project analysis of detention data. The agency rapidly transferred more than 1 in 10 people out of state within the first day of being detained.

Lawyers can be left with little time to respond, said Cassandra Charles, a senior staff attorney at the National Immigration Law Center. "It seems that people are being transferred out of more favorable jurisdictions to less favorable ones," she said. "That puts the attorneys in positions where they have to file very quickly."

By the time a lawyer is ready to act, the case may already belong to a different court. "It's like having the rug pulled out from under your feet," she said.

One move after another kept shifting the ground beneath Diana Elizabeth Cartagena Hueso's case. Hueso and her husband were detained in Elizabeth, New Jersey, on Jan. 27, 2026, while on their way to a doctor's appointment, according to a Feb. 26 federal court opinion granting her release. Hueso, a 29-year-old citizen of El Salvador, had passed a 2016 credible fear interview, a screening that allowed her to continue pursuing protection in the U.S. She filed an asylum application in 2017, according to her lawyer, Noemi Simbron.

Hueso hired Simbron as her attorney a few weeks after being detained. "[Because] they move people really fast, I make a commitment to the clients [who] retain me that I file a habeas within 24 hours," she said. Simbron filed the petition from a plane on Feb. 13.

Four days later, a federal judge in New Jersey ordered the government to give Hueso a bond hearing within 10 days and in the meantime barred ICE from transferring her out of state.

But it was already too late. ICE had transferred her to Oklahoma the day before the judge's order, according to court records. On Feb. 17 — the same day the court said she could not be moved — she was transferred again, this time to Texas. Two days later, ICE again sent her to Oklahoma. Simbron said Hueso was moved two more times within Texas after that, for a total of five transfers before she was finally released. She was detained for about a month.

In the ruling, the judge criticized the government's handling of Hueso's transfers, noting that officials never clarified why she had been "transferred three times in two days." Her case, he wrote, reflected a broader pattern of immigrants being "shifted repeatedly around the country without warning or explanation." The government's conduct "can now only be deemed intentional," the judge concluded.

During Hueso's transfers, her lawyer and family had little idea where Hueso was, Simbron said. "She was moved away so many times, it was just so scary, like how fast they were moving her," she added. Simbron repeatedly refreshed the detainee locator, called the U.S. attorney's office, and waited for a call from Hueso. At one point, Simbron said, Hueso managed a single three-minute phone call to her family to say she had been moved. But as her lawyer, Simbron didn't get the chance to talk to her during these transfers, she said.

Hueso declined to speak with The Marshall Project because her immigration case remained active. Simbron spoke on her behalf, explaining that after her release, Hueso said the repeated shuffling caused fear and frustration. Hueso had known about the judge's order and kept bringing it up to officers, who told her she was "going home," Simbron said. At first, she thought they meant New Jersey. Eventually, she realized they meant El Salvador.

"It was like mind games and gaslighting her," Simbron said.

Communication gaps can carry serious consequences if ICE is asking people to make fundamental decisions about their cases — including whether to keep fighting, accept deportation or sign documents they may not fully understand — while not able to speak with a lawyer.

"If an officer is saying, 'Yeah, you don't have any chance of staying in the U.S., this is the best option you have,' [detainees] don't have a lawyer who can actually look at the facts of their immigration case and tell them, 'OK, here are your options,'" said Tess Hellgren, a supervising attorney at the National Immigration Project. "It deprives them of agency over their case so much, and they're not getting the correct information about what their different choices are."

In an Oregon case in fall 2025 involving farmworkers detained in and near Woodburn, attorney Kelsey Provo wrote in a federal court declaration that she and her colleagues raced to advise detainees because, from prior experience, they knew that "ICE transfers people out of the facility quickly." Provo added that "both prior to and after transfer, ICE pressures people to sign documents waiving important rights."

One of those detainees was a woman identified in court records as M-J-M-A, a 45-year-old Mexican citizen arrested on Oct. 30, 2025, on her way to work. She and more than two dozen others were taken to the Portland ICE facility, where Provo and her colleagues waited about an hour before meeting with the first detainee. M-J-M-A had entered the country legally in January 2025 and overstayed her visa, the government said in a court filing. In her own declaration, she wrote that she feared returning to Mexico and intended to apply for asylum.

By the time Provo and her colleague met with her at noon, M-J-M-A had already been forced by an ICE officer to sign a document she didn't understand, according to her declaration. The officer also told her that if she didn't agree to be removed voluntarily, "it would take a very long time for [her] to leave."

The document she signed was in Spanish. It is a routine form that detainees and those undergoing immigration proceedings are asked to fill out. It lays out a detainee's rights and asks them to choose how they want their case to proceed. M-J-M-A selected the option on the form that waived her right to an immigration court hearing and requested that she return to her home country as soon as possible.

Provo said a person has a right to consult a lawyer when answering the questions on the form "because they are making important decisions about the future of their rights and what rights they want to exercise and what rights they want to give up."

Weeks later, at an evidentiary hearing, the ICE officer who had presented the document to M-J-M-A "was unable to translate lines from the form that he claimed to have discussed with and explained" to her, the judge wrote in a later order. The officer's testimony raised "significant doubts about the quality and depth of communications" with M-J-M-A "as she considered her due process rights and made vital decisions," the judge wrote.

When Provo and her colleague finally met with M-J-M-A, they had about 10 minutes before an officer ended the meeting, Provo said in her declaration. Shortly after, ICE officers shackled M-J-M-A and loaded her onto a bus headed to Tacoma, Washington. Nearly a full day would pass before she appeared in the detainee locator, and the earliest her lawyers could meet with her was about two days later.

At that point, Provo was growing increasingly concerned that M-J-M-A, without access to legal advice, might sign documents affecting her case.

But because M-J-M-A's lawyers had filed a habeas petition just eight minutes before she was moved out of state, the case remained before a federal court in Oregon. Hellgren, who worked with the legal team at the time, said that meant M-J-M-A could be released and that it was still possible for a court to step in and scrutinize what had happened to her. Without that intervention, what happened in her case could have stayed hidden, Hellgren said.

Mohamed was moved so rapidly during the final days of his detention that the narrow options his lawyer and family were pursuing never had a chance to materialize. They were no longer trying to reopen the case involving his old removal order, but were instead trying to get him released from detention long enough for him to get his affairs in order before leaving the country. In emails to the family in mid-December, his lawyer wrote that ICE had not responded to those requests despite weeks of calls and emails. He also didn't know whether the government had secured the travel documents needed to deport Mohamed, even as the family tried to determine if there was still time to file a habeas petition.

Then, suddenly, ICE started moving Mohamed around the country. He eventually called his family from Mogadishu and relayed his deportation journey. In about five days, he told them, ICE had sent him from Massachusetts to Mississippi to Louisiana and then to Texas. From there, he boarded a deportation flight that crossed several countries in West, Central and East Africa, until he finally landed in Somalia. He said he had been beaten and shackled, and had endured long stretches without food or water.

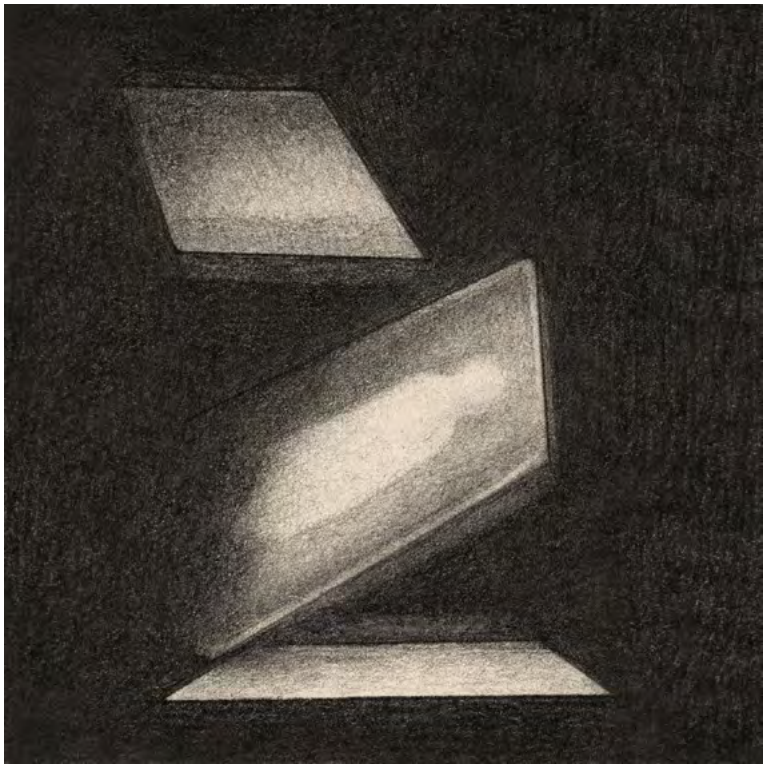
"There is no family for me here," Mohamed told The Marshall Project from Mogadishu. "Nothing. No future."

Since his deportation, his wife has been in hiding due to her own immigration status. She spent hours on the phone with Mohamed, trying to figure out how to help him and what was left of the future they planned together, Saynab Mohamed said. "When your partner for life is gone, you feel kind of lost," she said.

Abdullahi Mohamed said he has no way to support himself in Somalia, a country he hasn't lived in for decades. His parents are dead, and Saynab, his only living sibling, is the main reason he had built a life in the U.S. To help offset medical and legal costs, his family has set up a GoFundMe.

In the first year of Trump's second term, ICE detained and deported 13,500 people in much the same way as Mohamed. Within a week, they were first transferred from the facility where they had been detained for a lengthy period and then sent to a series of other facilities before being deported. This represents more than twice the number of people the U.S. government had similarly deported during the previous year, an increase that far outpaced the growth in the overall number of people the government detained.

According to the agency's 2025 national detention standards, when deciding on a transfer, ICE takes into account whether a detainee is represented before the immigration court. ICE will consider alternatives to transfer, especially if the lawyer is nearby and court proceedings are underway. The standards also say detainees are not told about a transfer until just before they leave the facility, when ICE notifies them they are being moved to another facility



KAYLYNN KIM FOR THE MARSHALL PROJECT

in the U.S. and not being deported. They are then given the new facility's contact information in writing, and the standards say ICE will contact the attorney of record.

But much of the process that ICE uses to decide when and where to move someone remains opaque, attorneys say.

"The rules are absolutely not clear," said Hellgren, who was part of the legal team that sued ICE in 2025 for records explaining how the agency decides where to detain and when to transfer those in its custody. "We don't even know what all their own policies are because of the lack of transparency here," she said.

During the litigation last year, ICE ultimately produced a limited set of documents, including a three-page "detainee transfer checklist" used when the agency moves someone outside the "area of responsibility," meaning the geographic region overseen by a local field office. The checklist directs officers to document whether the detainee has an attorney of record in that region, immediate family ties or a pending court case. If any of those factors applies, a senior official must approve the transfer. The form also says attorneys are to be notified of a transfer "as soon as practicable" and no later than 24 hours after it happens.

In her experience, Hellgren sees no evidence that those factors are being considered. "The speed of transfers is so extreme," she said, "it's hard to understand how they could be considering these factors."

In late March, a federal judge in Minnesota extended an order that barred ICE from transferring people out of state during the first 72 hours of detention, a restriction meant to stop rapid transfers from cutting detainees off from their lawyers. The order also required ICE to ensure that the locator stays updated, and required that it provide free, private phone access to detainees while informing them where they would be transferred. Attorneys say broader reforms could follow the same logic by requiring ICE to give people notice of available legal help as soon as they're detained, and to provide the time and private space for meeting with lawyers, interpretation when needed, and access to relevant arrest and detention paperwork before they are transferred.

After Mohamed's sudden removal, his family flew to Maine to retrieve his car and drive it back to North Carolina, where they live. They had to sort out the title and the rest of his belongings, Nour said.

On the drive, they called Mohamed so he could guide them through the roads from memory. "He's American, he's telling us the roads," Nour said. "He knows it better than we do."

Methodology

The Marshall Project analyzed detention stint data from ICE obtained and processed by the Deportation Data Project.

Each row of data represents a detention stint, a person's period of confinement in a single facility. Many people have multiple detention stints as they are transferred from facility to facility throughout their stay in detention. The data includes a unique identifier for each person. Some people were detained for multiple stays in the period covered by the data.

We began our analysis by grouping the stints into stays, counting the stints and then calculating the time between the book-in and book-out dates of the person's stay, as well as the book-in and book-out of each stint.

The Deportation Data Project's data contains records for people in detention between Oct. 1, 2022, and March 11, 2026. We analyzed detention stays with book-in dates during the first year of the second Trump administration (Jan. 20, 2025, through Jan. 19, 2026) and the last year of the Biden administration (Jan. 20, 2024, through Jan. 19, 2025).

To identify detainees rapidly transferred to a different state, we ordered stints within stays by book-in date and identified the first stint that was in a different state than the initial stint. We then calculated the duration between the stay book-in date and the book-out date before they were first transferred to another state. If that duration was less than a day, the stay was included in the count of rapid transfers. We counted the unique identifiers within that set of stays to determine the number of people who experienced the rapid out-of-state transfers.

To identify people who were rapidly transferred leading up to deportation, The Marshall Project identified stays where the release reason listed deportation. We then identified the longest stint of at least 30 days and calculated the duration between the book-out date and time of that stint and the book-out date and time of the entire stay. If that duration was less than seven days and the person was detained in at least two facilities after their longest stint, they were included in the count.

We also analyzed the entire time period covered by the data, comparing all available book-ins before the beginning of the second Trump administration to all book-ins after, and found similar trends.

What It's Like to Go Through Perimenopause and Menopause in Prison

04.14.2026

Limited information and a lack of informed health care providers make this life transition even more difficult for incarcerated people.

By Rebecca McCray

This article was published in partnership with The 19th, a nonprofit newsroom reporting on gender, politics, policy and power.

Kwaneta Harris suddenly developed intense shoulder pain in 2019. Incarcerated in Texas, she began the process of requesting a specialized medical visit, certain she needed to see an orthopedist. Then, she started having heart palpitations and tachycardia, an abnormally fast resting heart rate, and requested a visit to the cardiologist. Around the same time, acne broke out across her face, something she'd never dealt with, even as a teenager. She filed a request for a dermatologist. Once a calm and collected figure on her cell block, she began to cry easily, and struggled to recall details and words that previously felt ingrained. Her long, dark hair began to thin.

Harris, a former nurse who is now 53, was quick to self-diagnose. Assuming she had a thyroid problem, she requested a visit to an endocrinologist. Getting each specialty visit took months. First, she had to exhaust any recommendations from the in-prison medical provider, a process that often took three or more months. When those remedies failed, she could request a second opinion, after which she'd wait two to three more months to get approved. Each specialty visit then required an hourslong trip across the state to Galveston on a bus, shackled to another woman. None of these appointments brought relief.

Three years after the shoulder pain began, Harris was listening to NPR when a TED Talk about perimenopause came on. Suddenly, the constellation of medical symptoms all made sense.

"She said the most magical words I've ever heard, and I felt so much better: 'You are not crazy,'" said Harris. "I remember saying, 'Thank you' out loud."

But even once she knew the origin of her symptoms, Harris says medical providers continued to dismiss her. It took two more years for her to get a prescription for Premarin, a hormone replacement therapy (HRT). A provider agreed to prescribe a 60-day trial supply after Harris pleaded for relief, in tears. The prescription was never refilled when it ran out.

Harris' Kafkaesque journey isn't unusual for perimenopausal and menopausal people in prison, where access to information about this life transition is scarce. Menopause is diagnosed after someone has gone without a period for 12 months. Perimenopause is the months- to yearslong transitional period leading up to this cessation. Social media is crammed with celebrities sharing their experiences and influencers giving tips for managing symptoms or singing the praises of HRT. But that wave of advice and resources hasn't reached most carceral settings.

Many incarcerated people approaching menopause are left to navigate these seismic physical shifts on their own, self-diagnosing and advising each other. For some, the lack of information and knowledge about menopause makes it difficult to even name what they're experiencing. Makeshift tools and tricks cobbled together to manage symptoms can trigger disciplinary action. Requesting menopause-related medical care in a system that often fails to provide the bare minimum can be a frustrating and ultimately fruitless process. While new networks of care are emerging, offering hope in some prisons, these advances remain inaccessible in many places.

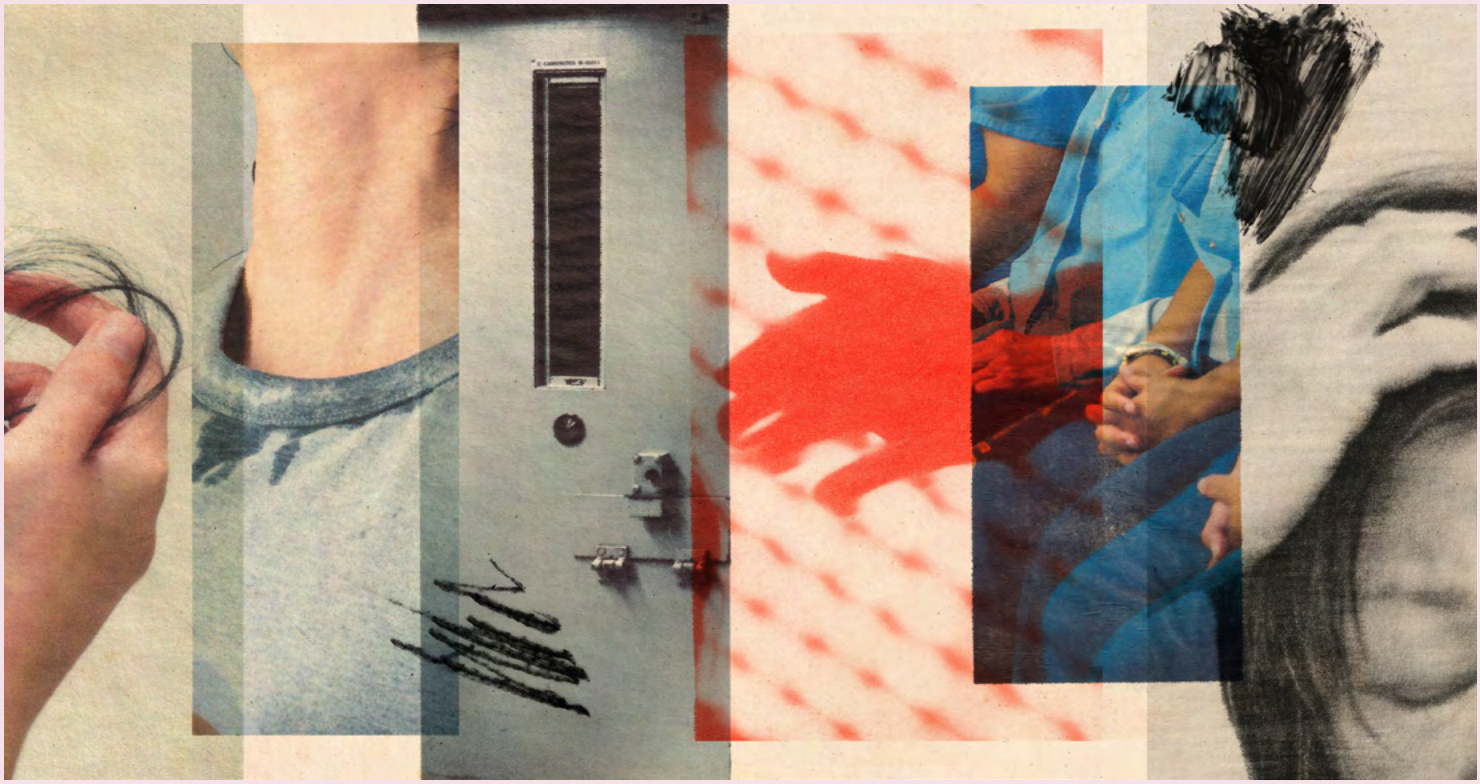
Lori Pults, 52, remembers lying on her bunk bed, working on a prison ministry course on her tablet, when she was suddenly overcome by heat. She mistook her first hot flash for a fever.

"It starts in your chest, and you just have this overwhelming feeling, like you stepped under a spotlight," Pults said.

Pults, who is serving a life sentence in Missouri, lost her mother when she was young and was raised by a grandmother who never told her about menopause. Fortunately, a nurse practitioner at the prison explained it to her.

But Pults' relative ease in finding a medical provider well-versed in menopause is highly unusual in prison healthcare, and literature on the subject is hard to come by. Prisons sharply restrict access to news and information, wielding censorship as a tool for maintaining security. Libraries often have scant resources and unreliable hours, and doing basic online research is virtually impossible. Resources sent by mail, including medical reference books, are sometimes banned, misconstrued as pornographic. All of these barriers can make it challenging, if not impossible, for people behind bars to learn about menopause.

"There is no information whatsoever available for women on this topic," said Ann, who is serving a life sentence at Bedford Hills Correctional Facility in New York. (Because of the high-profile nature of her case, she asked that we use only her middle name.) "There was never any effort by anyone to get me any information when I asked about menopause. I would have to ask a friend to get me information off of the internet."



COLLAGE BY VANESSA SABA FOR THE MARSHALL PROJECT; COMPONENTS: GETTY IMAGES

Thomas Mailey, director of public information for the New York State Department of Corrections and Community Supervision, said that there is a full-time gynecologist on staff at Bedford Hills available to answer questions on "all women's health care related subjects."

There has long been a dearth of research on menopause, and even less on how it plays out in prisons. Dr. Andrea Knittel, an obstetrician and gynecologist at the University of North Carolina, published a first-of-its-kind qualitative study in 2025 with a group of researchers examining how menopause symptoms "shape experiences of the criminal legal system." It's the largest study of this intersection of issues to date, and one of fewer than 10 peer-reviewed studies touching on menopause in prisons. The lack of information available to incarcerated women, and their subsequent confusion, was a recurring theme in Knittel's research.

"The vast majority of people that we talked to were confused and scared," Knittel said. "They thought maybe they had some infectious condition. They thought maybe they had taken something terrible … the first thought was not, 'This is a normal physiologic experience that everyone goes through.'"

Harris, an incarcerated journalist who has written extensively about women's health care behind bars, often finds herself advising fellow incarcerated women in the absence of practitioners versed in gender-specific health care. More than once she scrawled a picture of the female reproductive system on a wall with a Sharpie to help explain things to her peers.

Even as bits and pieces of the current menopause moment trickle into prisons through TV, radio and other media, that information sometimes merely increases awareness of resources that are just out of reach.

"I know there are several new medications that I've seen on commercials, but the [Department of Corrections] has said that they are too expensive to give here," said Denise Hein, 72, who is incarcerated in Missouri.

According to Karen Pojmann, communications director of the Missouri Department of Corrections, "Physicians prescribe medications and provide other treatments to residents based on each patient's diagnosis and assessed needs, just as they would in the community. Hormone replacement therapy is available to residents."

Raquel Glenn, 71, who is incarcerated at Bedford Hills Correctional Facility in New York, says she still struggles with lingering hot flashes, exacerbated by a prison without air conditioning and a broken ice machine.

"Our cells are a stagnant, suffocating and humid den once summer hits," said Glenn, who resorts to sleeping on the floor on the hottest nights.

Any housing unit without an operating ice machine can access ice from a neighboring unit, according to Mailey, and areas of the prison without air conditioning are "properly ventilated in accordance with national standards set by the American Correctional Association."

The population of women in prison increased by 600% between 1980 and 2023, and is currently growing at twice the rate of men in prison. As that number grows, so too does the segment of incarcerated people going through perimenopause and menopause. The overall prison population is rapidly aging, posing a host of challenges for older adults in facilities where basic medical care can be hard to come by. Experts estimate that 40% of women behind bars are either already experiencing or will soon experience menopause.

Despite these swelling numbers, specialized care for women's health issues remains difficult to access in

many prisons. Nadia Sabbagh Steinberg, a professor of social work at the University of Iowa whose dissertation focused on gynecological care in prison, said during the years she conducted her research, there was only one in-house medical practitioner available to the entire Iowa Correctional Institute for Women. The doctor was a man with no specific gynecological training, whose medical license had previously been revoked. The prison has since hired more nurse practitioners.

This lack of specialized care was commonly reported among incarcerated women who spoke to The Marshall Project, many of whom said they were dismissed by providers when describing perimenopause symptoms, and even chided by some male medical practitioners for using accurate language to describe their own bodies. "Every doctor I have dealt with here says they don't know much about menopause, so they really don't provide any help," said Ann.

Others described the lack of empathy from nonmedical staff who were unfamiliar with or misunderstood perimenopause and menopause. Linda Cayton, who was in prison in North Carolina on her 50th birthday, struggled with debilitating mood swings.

"The guards were like, 'You just came to prison, you're supposed to be upset,'" Cayton said.

Even when someone is able to access an informed provider — often after a long wait — getting consistent treatment can be yet another mountain to climb.

After Harris was able to identify the underlying cause of her symptoms, she asked a friend outside of prison to print and mail her information on HRT. For many years, clinicians recommended against estrogen replacement for perimenopausal and menopausal people, relying on research from the early 2000s that suggested HRT contributed to increased risk of cardiovascular issues, cancer and neurological side effects. Harris had experienced resistance to getting a prescription for HRT in light of this research.

Then in 2025, the "black box" FDA warnings were removed from prescribing HRT related to menopause. In the past two decades, additional research was conducted, revealing new findings about the benefits of HRT, and researchers highlighted methodological flaws in the early 2000s analysis. While age and individual medical histories dictate whether HRT is a safe and appropriate option for each person, clinicians are now far more likely to prescribe this treatment. Armed with an article she tore out of an issue of Good Housekeeping and research from the North American Menopause Society, Harris finally convinced a doctor to prescribe HRT. The hard-won prescription was life-changing.

For most of her life, Harris prided herself on having a great memory and "the kind of brain where before the teacher finished solving the math problem, I had already figured it out." But during a period of multiple years when she was in solitary confinement, something shifted.

"I started noticing that I was writing stuff down on the walls of my cell with a pencil, using it like a whiteboard," said Harris. "Something was off with my memory … I kept forgetting words."

She assumed the memory loss was a byproduct of her isolation or a symptom of long COVID-19. It wasn't until she was prescribed HRT that she felt the brain fog lift, and realized that it too, was a symptom of perimenopause.

"It was like I was back to me. My skin cleared up, my hair got thick, I was able to sleep, my memory improved," said Harris.

But after the prescription ran out, Harris struggled to get a refill for the next year, and her symptoms returned.

Chronic health problems, undiagnosed illnesses and inadequate nutrition all contribute to poor health outcomes for incarcerated people. Substance use and mental health problems are more prevalent among incarcerated people than in the general population, and some symptoms of menopause, such as irritability and insomnia, can be misinterpreted as longer-term symptoms of withdrawal from multiple kinds of drugs. Combined with what is often substandard medical care and the prevalence of sexual trauma among incarcerated women, linking symptoms to menopause can prove challenging.

"There are lots of different ways where learning to not trust your body, learning to not trust the world with your body, would lead to it being really complicated to interpret what was going on in your body through a big physiologic change like menopause," said Knittel, the OB/GYN and researcher from the University of North Carolina.

A lack of trauma-informed medical providers and staff, coupled with distrust of medical systems that have previously failed people in and out of prison, can also pose a barrier to care.

"They didn't trust the medical system in there, and they didn't trust that they would get accurate information," Sabbagh Steinberg said of the incarcerated women she interviewed in Iowa. Others had simply neglected to care for their health for years while caring for other people, like their children.

The fact that for women incarcerated in Iowa there was only one male provider available was "very triggering for many women in prison, in particular, who have sexual trauma histories."

Dismissing or declining to treat menopause symptoms can dramatically impact quality of life as people age, leading to serious medical issues that may compound: osteoporosis, heart conditions and major depressive disorder, to name a few. Menopause accelerates bone loss, and osteoporosis is the most prevalent disease in postmenopausal people; without treatment, patients run the risk of fractures and chronic pain. In Missouri, Hein suffers from osteopenia, or lower-than-average bone density. Without regular testing, she isn't sure how fast the problem is progressing. She said calcium tablets are the only medication she's provided with at Chillicothe Correctional Center.

"You have to look at the long-term ramifications of osteoporosis," said Hein. "That's inexplicable not to treat a long-term illness like that."

The failure to treat menopause can ultimately cost prisons more in the long run.

"By our estimation, it was at least four times less expensive to just treat menopause at the source than to

not treat it," said Kelly Stewart Danner of Impact Justice, a criminal justice reform organization that conducted a cost-modeling exercise to determine the long-term cost to prisons of not treating menopause. Ideally, perimenopause and menopause care would include a combination of regular preventative screenings; adjustments to diet and exercise; stress management tools and practices; and access to hormonal and nonhormonal medication options to manage symptoms.

Incarcerated people are forced to be creative to manage symptoms of menopause and perimenopause. To ease the discomfort of a night of hot flashes, Cayton filled every little vessel she could find with cool water — empty pill bottles, cups and shampoo bottles — and took them to her cell. An older woman advised her to wet her clothes to get through the night (and to do so at a certain time to avoid getting caught by guards), so she'd shower in her nightgown and slip under the covers soaking wet, pouring more water on herself as hot flashes struck.

The heat in her North Carolina prison, where there is no air conditioning, was intolerable as her hot flashes worsened.

"I was drenched in sweat, and my emotions were all over the place. I was miserable," said Cayton.

But self-management of symptoms, and a failure to understand the shifts in mood that can accompany perimenopause and menopause, can result in disciplinary infractions when misinterpreted by corrections staff.

In Texas, Harris says women are often denied an adequate supply of menstrual products — a particular problem for the subset of perimenopausal women who experience heavier-than-typical bleeding during their periods. Lacking sufficient pads and tampons, Harris says women have ripped up sheets and folded them to absorb menstrual blood, a hack that is then punished and written up as "destruction of state property." These infractions add up.

"The consequences just ripple outward," said Harris. "When we get disciplinary infractions, these can justify parole denials."

According to Amanda Hernandez, director of communications for the Texas Department of Criminal Justice, there is "no limit on the amount [of menstrual products] that can be requested and provided," and the department previously launched an education campaign to teach incarcerated women about these products.

Among the 29 incarcerated people across five states whom Knittel interviewed for her research, disciplinary action in response to menopause-related symptoms and their management was a common thread.

Multiple participants in Knittel's study described receiving write-ups for having uniforms soiled by blood. Others described being written up for not having the covers pulled over them at night while trying to stay cool, or getting sent to solitary confinement for mood swing-related behavior. "I saw women go from being model inmates to getting back-to-back write-ups," reported one participant in the study, identified as Rhonda.

"My patients are so creative and resourceful in trying to get their needs met, and often that creativity and very genuine trying to get to a base level of humanity is met with the assumption that they are being manipulative, that they are trying to game the system and get something that they're not supposed to have," said Knittel.

In California, Stewart Danner and her colleagues at Impact Justice are piloting a first-of-its-kind project to address the lack of information and adequate medical care for perimenopausal and menopausal incarcerated women. In January 2026, the organization launched a novel program to train prison medical providers to identify and effectively treat the symptoms of perimenopause and menopause. Ultimately, they hope to train all corrections staff to increase awareness of menopause, not just medical providers. The California Department of Corrections and Rehabilitation has worked closely with Stewart Danner and her team to help facilitate the program.

Providers who participate in the program — including OB/GYNs, lead nurses, primary care providers and mental health providers — will earn continuing education credits, a requirement for many in health care. In addition to medical training, the program has a significant focus on education for incarcerated women. Impact Justice is providing infrastructure for peer support groups, and distributing flyers, posters and bookmarks with information about menopause throughout the state's two women's prisons.

"We're really just trying to canvass these institutions, so that at the provider and the patient level they have all the training and awareness they need to both provide great menopause and perimenopause care, and then also request it and advocate for themselves and know the basics of what menopause even is," said Stewart Danner.

In addition to education about pharmaceutical interventions like HRT and antidepressants, which are commonly prescribed to treat people in perimenopause, the organization's training for providers includes modalities of care such as meditation, yoga and pelvic floor therapy, and they are disseminating information about these methods through books and other resources.

While the project is in its infancy, Stewart Danner and her colleagues are in talks with corrections departments in Idaho, Michigan and South Carolina, where they hope to provide more practitioner training, information and tools.

Meanwhile, in the many places without such programs, women are trying to care for each other in the absence of information and institutional support. In Missouri, Ginny Twenter, 64, has been tiptoeing around an increasingly moody 56-year-old friend she plays cards with, encouraging her to get help.

"We just finally told her she's going through perimenopause, and she agreed to go to medical and see what they have to say," Twenter said. "To me, that's a good start … but they need to make more information available, whether on tablets or pamphlets. Sometimes people believe more what they read than what they hear."

In Texas, Harris is trying to spread the word and support the women around her who are struggling to navigate this bodily sea change.

"We have to remove the stigma of talking about it," said Harris. "We really need community, instead of hoping you can go through it alone."

SARA ARIEL WONG FOR THE MARSHALL PROJECT

Guide: How to Navigate Perimenopause and Menopause in Prison

07.21.2026

Experiencing perimenopause and menopause in prison can be difficult. Here is some practical advice from medical experts and from incarcerated women who have done it.

BY KWANETA HARRIS AND REBECCA MCCRAY

Had this guide existed during my years of confusion, suffering and self-doubt, my experience with menopause would have been far more legible to me. Instead, I experienced gaslighting, racism and disbelief. Before my incarceration, I was a nurse. I sat through years of medical education, memorized pharmacology charts and learned to assess patients from head to toe. Yet, no one — not one professor or clinical instructor — ever taught me what it's like to experience perimenopause. When my own body began its transformation, I was blindsided. The guide you are reading now is everything I wish someone had handed me: Clear explanations of what menopause, perimenopause and surgical menopause actually are, honest accounts of the physiological and emotional changes that accompany them, and practical guidance for navigating a prison medical system that was not designed with our bodies, or our dignity, in mind.

This guide exists because incarcerated women deserve more than guesswork and dismissal. Here you will find the language to name what you are experiencing, the knowledge to recognize symptoms others may have told you were "just stress" or "all in your head," and strategies for advocating for yourself when medical care feels like a locked door. Information is not a luxury — behind these walls, it is survival. Consider this your permission slip to stop suffering silently and start understanding your own body with the clarity and compassion you have always deserved.

Kwaneta Harris is currently incarcerated in Texas.

If you have a loved one in prison going through perimenopause or menopause, you can request "Know Your Reproductive Rights in Prison: A resource guide for healthcare access and decision making during incarceration" for free from the California Coalition for Women Prisoners using this form. The form requests a CDCR ID number, but the guide can be sent to people incarcerated in any state. Please include your loved one's ID number in the comment section if they are not in California. While the guide includes some California-specific legal information, much of the guide, including the menopause section,

is relevant to all incarcerated people navigating access to reproductive care.

What is menopause?

Menopause is diagnosed after someone has not had a period for 12 consecutive months. It means your ovaries are no longer releasing eggs for fertilization, and you can no longer become pregnant. "Menopause" describes a singular point in time, when your period has stopped, rather than the span of time during which someone's periods might become irregular or when hot flashes might begin. On average, menopause occurs between the ages of 45-55, but it can occur as early as your 30s (or earlier, if your ovaries are surgically removed).

What is perimenopause?

Perimenopause describes the period of months or years that lead to menopause. Also referred to as the "menopausal transition," perimenopause can cause a wide range of physical and mental symptoms, which we discuss below.

Perimenopause is triggered by the slowed production of estrogen, and can last anywhere from a few months to 10 years. The average duration is three to four years. While symptoms can be very disruptive for some women, they are mild for others.

During perimenopause, it is still possible to get pregnant. It is possible to contract sexually transmitted infections both during perimenopause and once you are in menopause.

What is surgical menopause?

Menopause can be surgically induced by any medical procedure in which both ovaries are removed. (The medical term for ovary removal is "oophorectomy.") People can enter surgical menopause at earlier ages than most people naturally begin perimenopause. If only one ovary is removed, you are less likely to immediately enter menopause, though you may experience some symptoms and may ultimately begin the menopausal transition earlier.

A doctor might recommend an oophorectomy for a variety of reasons, including: treating endometriosis, treating or reducing the risk of cancer, removing non-cancerous cysts, treating infections such as pelvic inflammatory disease, or addressing ovarian torsion.

A hysterectomy, in which the uterus is removed, will not induce menopause unless the ovaries are also removed. People who have had a hysterectomy will no longer get their period, but will still produce estrogen; they cannot become pregnant, but can still contract sexually transmitted infections.

What is treatment-induced menopause?

Certain cancer treatments — such as chemotherapy, hormone suppressive therapy and radiation to the pelvis — can trigger menopause. Depending on your age, treatment-induced menopause (sometimes referred to as "chemopause" or, alongside surgical menopause, as "medical menopause") may be temporary or permanent. This kind of menopause can happen much more quickly than non-treatment-induced menopause, in a matter of weeks following your treatment or medical procedure.

What perimenopause symptoms might you notice, and when might you experience them?

Perimenopause typically begins in a woman's mid- to late 40s, but it can also begin in your 30s or 50s. This period of time can be marked by a range of symptoms, not all of which will be experienced by everyone. Changes and symptoms some people experience include:

- Hot flashes or night sweats
- Fatigue and insomnia
- Joint pain
- Acne or dry skin
- Irregular periods, or heavier or lighter bleeding
- Forgetfulness and trouble focusing, also referred to as "brain fog"
- Vaginal dryness and lower sex drive
- Changes in mood, including irritability, mood swings, anxiety and depression
- Weight gain
- Thinning hair
- Needing to pee more frequently

These changes are caused by hormonal fluctuations, specifically by declining levels of estrogen and progesterone. While these hormones are the primary drivers of the menstrual cycle and sexual development, estrogen also influences bone growth and health, brain function and mood regulation. Progesterone influences the cardiovascular and respiratory systems, in addition to affecting the central nervous system, the immune system, kidney function and the stimulation of appetite and weight gain.

Perimenopause is generally not formally diagnosed, and it can be unpredictable — symptoms may stop and start again over a long period of time. For many people, skipping a period is one of the first signs.

Black women often enter perimenopause earlier and endure more severe symptoms than non-Hispanic White women, including more frequent hot flashes and night sweats and higher rates of depression and anxiety. Black women are more likely to have fibroids, and therefore more likely to have their uterus and/or ovaries removed than other groups, increasing the odds of earlier menopause.

How can I talk to my medical provider about perimenopause and menopause while incarcerated?

If you think you might be in perimenopause and are interested in medical relief, you should submit a request for sick call — or request an appointment with a medical provider however your prison requires you to. Dr. Jennifer James, a researcher and scholar whose work focuses on the patient-provider relationship in carceral settings, recommends keeping a record of your symptoms to bring to your appointment, as well as a record of the medical care you've sought and received.

"If you can, document what you're going through so you have a clear record of symptoms over time and what triggers them, when you told the doctor, and what interventions are offered," said James.

Dr. Andrea Knittel, an obstetrician and gynecologist at the University of North Carolina who works with patients at a North Carolina women's prison, recommends explicitly using the words "menopause" or "perimenopause" when talking to your provider and describing your symptoms "to flag for your clinician what you think is going on."

Other conditions can cause symptoms similar to those caused by perimenopause, or aggravate perimenopause symptoms, including diabetes, thyroid problems and HIV. In some cases, a provider might reasonably try to treat another condition first to see if that eases your symptoms, but mentioning menopause and perimenopause puts your concerns on their radar and starts the conversation.

"It's reasonable to ask for a follow-up," says Knittel. "If a provider says, 'We need to get your diabetes under control before we know whether this is menopause or not,' you can say 'Okay, let's make changes to my diabetes medicine or my thyroid medicine, but then I'd really like you to schedule me for a follow-up, so that I don't have to pay for another sick call in order to get in if I still have hot flashes after we make these change.'"

It's common to encounter providers who are not well-versed in perimenopause care, both in and out of prisons. If you get the sense your provider isn't comfortable talking about this transition or isn't knowledgeable, Knittel recommends saying "'I would really like to see an OB-GYN or other women's health specialist.'" This will not guarantee you a visit with a specialist who is comfortable managing menopause, but Knittel says "it is at least a clear ask."

While access to specialists and follow-up appointments can vary widely across different states and prisons, it is always worth asking, if you feel comfortable doing so.

Knittel also recommends being clear about how your symptoms are disrupting your life and ability to live in a communal setting. If working your job or sleeping have become difficult, tell your provider. Many incarcerated women who spoke to The Marshall Project described experiencing pushback or feeling dismissed by medical providers when they mention perimenopause or menopause. You may have to go back more than once to get the help you need, which can be frustrating.

"Advocate for yourself, respectfully," said Linda Cayton, who was incarcerated in North Carolina. "Be persistent in asking for medical help, and ask for information about menopause from everyone you can think to ask within the medical unit."

"Keep pressing forward with medical requests," said Lori Pults, who is incarcerated in Missouri.

What specific kinds of medical relief can I request?

There are many different hormonal and non-hormonal treatments for perimenopause and menopause-related symptoms. Telling your provider that you want information about both kinds of treatments, and asking which options are available at your prison is a good starting place.

Hormone replacement therapy is a common treatment for perimenopause and menopause-related symptoms. This kind of treatment replaces the estrogen and progesterone that your body stops making, and can be administered in patches, pills or creams. For years, clinicians relied on research from the early 2000s that suggested HRT contributed to increased risk of cardiovascular issues, cancer and neurological side effects, so it was rarely recommended. But in 2025, the FDA removed "black box" warnings from prescribing HRT related to menopause, following additional research that revealed new findings about the benefits of HRT, and methodological flaws in the early 2000s analysis. Because of this history, some clinicians may still hesitate to prescribe HRT.

If you're wondering what kind of HRT you might be able to get, James recommends asking a loved one on the outside to do some research to find out what is available in your state. Some correctional systems — including California, Oklahoma, Texas and the Federal Bureau of Prisons — make drug formulary lists publicly available. These lists include prescription and non-prescription medications that are available through the system's correctional health division, and may also specify what diagnosis or approvals are needed to access a specific drug. "That way you don't have to waste your time asking for something that's not available," she said. While it is worth asking a loved one to check and see if they can find this information, not all states make these lists public, and they are less likely to be public in correctional systems that contract with private medical providers.

Even though the new research has shown HRT is safer and more beneficial than previously understood, it isn't the right option for every patient. If your medical history includes breast or endometrial cancer, stroke, high risk of blood clotting or cardiovascular disease, it may not be the right choice for you.

Certain mental health medications are also commonly prescribed and can effectively treat perimenopause and menopause-related vasomotor symptoms like hot flashes and night sweats, including Effexor, Citalopram and Paxil.

"There is no medication that is necessarily the universal right answer," says Knittel, but all of these options have been proven to reduce certain vasomotor symptoms. Knittel also emphasized that if your provider recommends a mental health medication and you are already taking an antidepressant that works for you, it's okay to tell them that you are happy with what you're currently taking and don't want to experiment with a new medication.

What non-medical options for symptom relief could I request?

If you either don't want to take HRT or other non-hormonal medications, or those options aren't available to you, there are other ways to manage symptoms. James notes that "clinicians can be really powerful allies outside of what we consider medicine." Some non-medical options your clinician might be able to write a note for include:

- Moving your bed closer to a fan
- An extra pajama shirt if you are sweating through your clothes at night
- Regular access to ice

- Relocation to a bunk with more shade if yours is in the sun

Knittel said she often writes such notes for her patients. These requests aren't always granted, but you can ask for them.

You can also request increased access to menstrual products like pads and tampons, as bleeding can increase and become irregular during perimenopause. "Nobody should be expected to sleep in their bloody sheets, or wear their rinsed-out bloody underwear for an extended period of time, but those things happen all the time," Knittel acknowledged.

Incarcerated people who spoke to The Marshall Project also described other options that helped them manage symptoms when prison staff are either unable or unwilling to provide adequate care.

"One thing I do to help with the hot flashes is keep a wet, cold rag in my bra," said one News Inside reader in Arkansas. Remember to "wring it out good first!"

"In the hot summer months, I wet my nightgown, and squeeze it out, then put it on to stay cool," said an incarcerated woman in New York. "Every three or four hours, I wet it again and do the same, but this is only if I don't have anywhere to go and I am staying in my cell."

"One small thing that you can do is eat better and do meditation or yoga," said another reader in Illinois.

Cayton, in North Carolina, also said it helped her to reduce caffeine intake. And if you're feeling helpless, she said, "Just focus on the fact that it doesn't last forever.... and at the end of it, you don't have periods anymore."

Talking to other women about what you're going through can be incredibly helpful. Menopause and perimenopause can be stigmatized, but building community to commiserate and share tips is critical.

Knittel said it's important to trust yourself, especially because these hormonal changes can at times make you feel crazy. "You know your body and your mind, and know when something is not usual for you."

"Perimenopause and menopause are not shameful things," added Knittel. "The more places that you can get information, the better, whether that's through talking to your mom, or your auntie, or an older female partner, or your best friend. It's really important to have those conversations for some social support."

03.13.2026

Public Records Shed Light on the Justice System — But It Can Be a Battle to Get Them

The government has stalled on FOIAs for years in some cases. In others, agencies have said public records will cost thousands of dollars.

By Katie Moore

Sunshine Week started on March 15, 2026. The nationwide, nonpartisan initiative promotes the importance of open government and the public's right to access public records.

Child welfare agencies often relied on flawed drug tests administered at childbirth to report tens of thousands of new parents to law enforcement.

In New York, guards who brutalized prisoners or covered it up were rarely fired.

And at least 50 people died while being treated behind bars by a for-profit health care company whose practices endangered those with mental illness.

Without public records, uncovering the facts behind these stories would never have happened. In some cases, reporters from The Marshall Project spent over a year getting the government to turn over key documents. They have also gone to great lengths to scrutinize records that at times were missing pieces or outright inaccurate.

Reporters here and across the nation routinely request public records to illuminate systemic failings, abuse and corruption across all levels of government.

They do so under a federal law known as the Freedom of Information Act (FOIA) or state open records laws. All 50 states have a version of FOIA, sometimes called Right to Know or Sunshine laws.

Each year Sunshine Week brings together groups in journalism, education, government and other organizations to highlight the importance of public records.

FOIA laws vary by jurisdiction, but generally anything written or recorded, including public employee salaries, government contracts and agency policies, is an open public record. Even emails between officials can be released in some cases. Other documents, like records from an active criminal investigation, are often closed. Records can come in different formats, from hard copies to spreadsheets to videos. Media outlets, including The Marshall Project, have gone to court to force agencies to comply with open records laws. However, FOIA isn't just for journalists. While rules vary across states, almost anyone can file a public records request.

Sheila Albers became an open records advocate after police in 2018 shot and killed her 17-year-old son, John, in Kansas. She discovered the officer quietly

left the department after receiving a severance payout. When the government makes it difficult to obtain public records, Albers said, it is working to protect itself instead of the community.

Information revealed by records can raise awareness — and prompt change, from new laws to the launching of investigations.

A paper trail of invoices in Ohio showed a judge steered nearly $500,000 to a friend she had appointed to oversee complex divorce cases. The Marshall Project - Cleveland's reporting on now-former Judge Leslie Ann Celebrezze led to her resignation and criminal charges, resulting in 60 days in jail and a fine of $10,000. She pleaded guilty in January to tampering with public records for creating a false court entry that sent the work to her longtime friend.

In Mississippi, public records illustrated how few prison homicides have been prosecuted. Not only did the state Department of Corrections announce it would reopen uncharged homicides going back to 2015 after the investigation was published by a consortium of journalists led by The Marshall Project - Jackson, but the reporting effort provided grieving family members with answers they had sought for years.

In 2025, The Marshall Project, along with St. Louis Public Radio and APM Reports, won the Brechner Freedom of Information Award for a project on unsolved homicides. The team spent nearly three years pursuing records from the St. Louis Metropolitan Police Department. The work helped change policy and open more records to the public.

Dan Curry, the attorney for the Missouri Press Association's hotline, said access to public records is "a constant, widespread issue."

For instance, when reporters seek records from the Missouri Department of Corrections, a typical response is that it could take 90 working days, which amounts to over five months. A spokesperson for the agency did not respond to a request for comment on the long wait times.

A request going back nearly two years for information about a person in custody with the Arizona Department of Corrections remains listed as "in progress." In a Feb. 4, 2026, update, the agency said that "the Public Records office is still in the process of reviewing records for responsiveness and for required redactions."

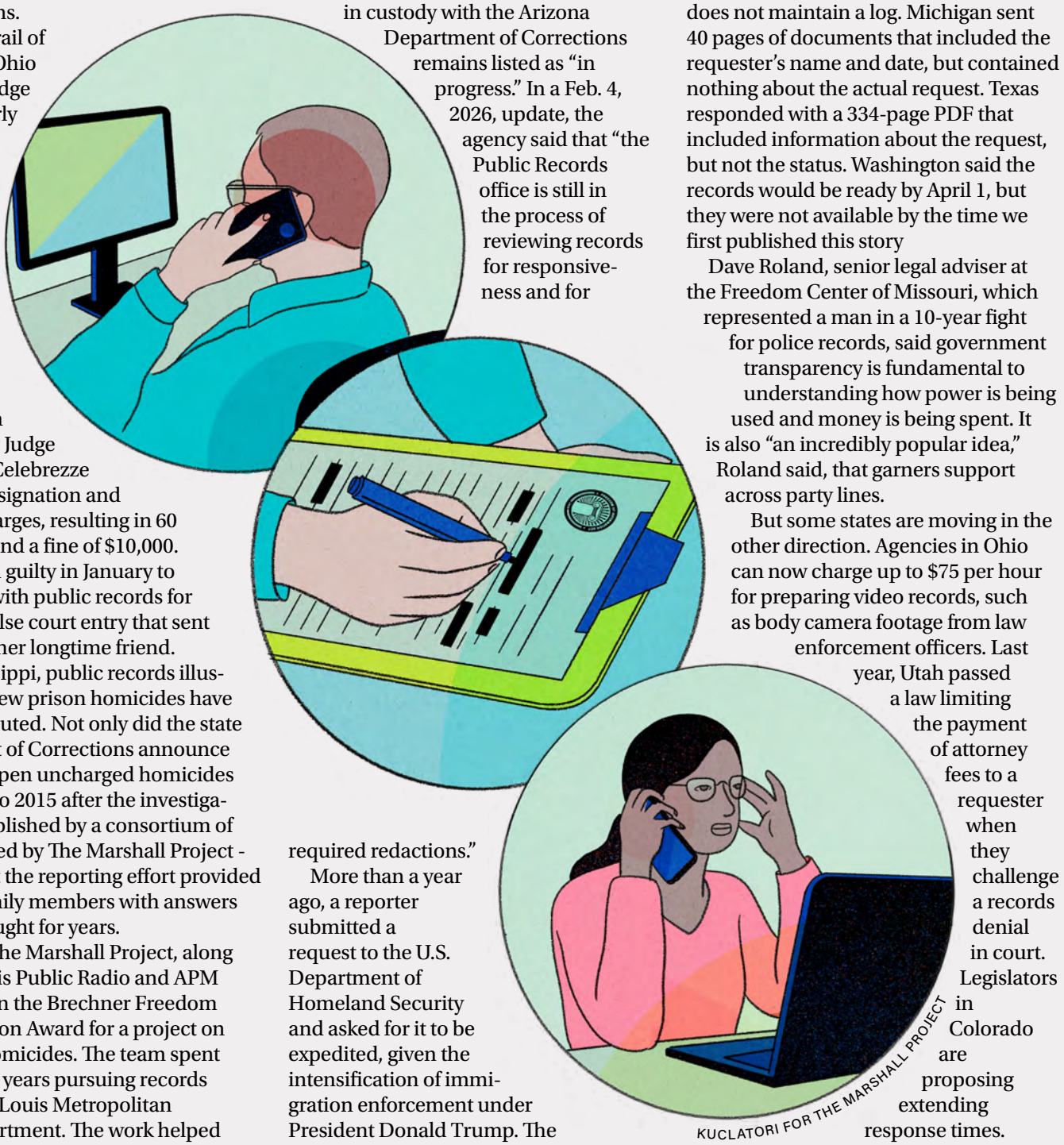
More than a year ago, a reporter submitted a request to the U.S. Department of Homeland Security and asked for it to be expedited, given the intensification of immigration enforcement under President Donald Trump. The department denied the request to expedite the records and has not sent any of the requested material.

In the lead-up to Sunshine Week, The Marshall Project submitted over a dozen requests to corrections departments seeking their FOIA logs from 2025. Essentially, it was a request for past requests filed by others.

The responses varied widely. Vermont posts detailed information about the status of records requests online. Mississippi wanted $191. Oklahoma denied the request. Missouri said it had no records to send, meaning it likely does not maintain a log. Michigan sent 40 pages of documents that included the requester's name and date, but contained nothing about the actual request. Texas responded with a 334-page PDF that included information about the request, but not the status. Washington said the records would be ready by April 1, but they were not available by the time we first published this story

Dave Roland, senior legal adviser at the Freedom Center of Missouri, which represented a man in a 10-year fight for police records, said government transparency is fundamental to understanding how power is being used and money is being spent. It is also "an incredibly popular idea," Roland said, that garners support across party lines.

But some states are moving in the other direction. Agencies in Ohio can now charge up to $75 per hour for preparing video records, such as body camera footage from law enforcement officers. Last year, Utah passed a law limiting the payment of attorney fees to a requester when they challenge a records denial in court. Legislators in Colorado are proposing extending response times.



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Terry Mutchler, an attorney with 30 years of experience in open government laws, said the country is "in a dangerous moment when it comes to transparency."

Part of that comes from the attitude at the top.

"Under this [Trump] administration, we see an extraordinary strain on what it means to be transparent," Mutchler said.

She pointed to the Department of Government Efficiency, the agency launched under the Trump administration that made cuts to the federal workforce and claimed it was not subject to FOIA.

In recent months, various organizations have sued Immigration and Customs Enforcement over FOIA requests relating to arrests and detention.

Mutchler said records should have guardrails to protect personal privacy, but when reporters or others face resistance to requesting open records, such as contracts, they should push back.

"People forget that citizens own these records," she said. "That's the real problem."

PHOTO BY LUKE PIOTROWSKI

A Leading Prison Journalist Upends Our Obsession With True Crime

11.04.2025

John J. Lennon tells Bill Keller that he "wanted to tell a different story about the guilty" in his new book.

By Bill Keller

While serving a sentence of 28 years to life in New York State prisons for killing a rival drug dealer, John J. Lennon has published works of journalism in a wide range of mainstream publications, including for The Marshall Project. His first book, "The Tragedy of True Crime: Four Guilty Men and the Stories That Define Us," newly published by Celadon Books, examines firsthand the cases of four killers — including Lennon himself — to cut through the sensationalism and reveal the humanity of the people behind bars. He is currently residing in Sing Sing prison, and will become eligible for parole in 2029.

Bill Keller is the founding editor of The Marshall Project, and the author of "What's Prison For: Punishment and Rehabilitation in the Age of Mass Incarceration."

Their conversation, conducted via email, has been edited for length and clarity.

Bill Keller: Prison newspapers have been around for a long time — reportedly since the debtors' prisons of the 19th century. But incarcerated journalists who work as independent freelancers, without the support of an authorized publication, are a relatively recent trend.

John J. Lennon: For much of the 20th century, most prisons had a newspaper, and whenever a jailhouse journalist

PHOTO BY KARSTEN MORAN

gained notoriety, it was for their writing in those papers. Wilbert Rideau was perhaps the most famous prison journalist. He edited and wrote articles for The Angolite, a newsmagazine that operated in Louisiana's Angola prison. Its best work was at the tail end of the rehabilitative era of American corrections. Rideau's success came, in large part, from a unique relationship he had with the prison warden who would go on to run the whole prison system in the state. By the '90s, a more punitive era began, and most of the nation's prison presses went by the wayside.

The Angolite is still running today, but it's highly censored. San Quentin, the infamous prison in California, has the San Quentin News, the "Ear Hustle" podcast, and a media lab, where participants enjoy a collegial environment, computers, and can walk the facility. Few prisons in America offer anything like this, but what I've learned over the years from talking to some of San Quentin's best writers — Juan Moreno Haines and Rahsaan Thomas and Joe Garcia — is that they preferred to publish stories in outside newspapers and magazines, to reach bigger audiences, work with professional editors, rack up clips for their CVs, and to save money for their return. (Writing for the San Quentin News earned them about $16 a week.)

I would have never become a journalist if I had waited for Attica or Sing Sing to start a newspaper. The creative writing workshop I attended in Attica, taught by a Hamilton College professor named Doran Larson, showed me what good writing looked like. But it was only when I started working with professionals, like you and other editors, that I was able to better develop an eye for story and understand the importance of structure and learn how to balance my own voice in reported stories. The most important part of building a career as a journalist on the inside is building community with people — editors, writers, anyone in the literary space — on the outside.

Are there things about prison that inside journalists get that outside journalists tend to overlook or misunderstand?

Sure. But it's not their fault. They lack access, both physical and personal. They can only listen to what a subject, perhaps a prisoner they visit or talk to over the phone for a story, is telling them. They can't see the action on the ground, capture the subject in first-person scenes, observe their routines and how they exist in this world. They can't feel this world themselves or capture the senses. Of course, traditional reporters can ask their subjects to describe prison or their backstories, and then they can reconstruct those scenes.

As for the personal access, regular reporters can't enter the narrative in the first person "I." They don't know how it feels to exist in prison emotionally. Even though they may not intend to, many criminal justice journalists hover from moral perches when they write about people who kill. It's a moral superiority they can't avoid, which is why some of these reporters don't include their subjects' crimes, which can be problematic. Just like true crime creators bring a specific agenda to their work — that we're all evil, and include egregious facts to ensure their audiences agree — criminal justice reporters often do the opposite. They want to highlight the injustices of the system or make the case for reforms, and to convince their readers, they exclude facts about our crimes.

I'd like to think my work lands somewhere in the middle. I regret and have remorse for murdering a man, but I also use this unfortunate identity — murderer — as a literary tool. I'm able to write about very complicated characters, other murderers, and put myself beneath them by telling the reader about my own terrible transgressions, often explaining that I'm as bad or worse than the people I'm writing about. I believe this allows the reader to better see and feel for my subjects.

Journalists in the free world take it for granted that they can pick up the telephone or explore the internet to research a story and check facts. Incarcerated reporters usually have extremely limited access to those basic resources. How do you cope with these handicaps?

I mean, I don't like to whine about what I don't have. Journalists in the past did fine work with a pen and pad and good narrative skills. Plus, I've never known a life with technology. I've been locked up for 24 years, and before that I was a criminal; I never typed an email or used a computer. To be a journalist on the inside, you need to build relationships with people on the outside. So, technically, I do use technology — I get plenty of articles for research, conduct interviews with experts and even politicians outside, which are all recorded and transcribed by AI — but it's all done through proxies, like my longtime book publicist, Megan Posco, and my research assistant, Matt Litman. They then mail the articles and transcripts to me in prison, five pages at a time. I also have a bunch of print subscriptions, and even though I can't see online-only content, Megan will print out pieces she thinks I may find interesting and send them to me. In 2019, we received electronic tablets from Securus, a for-profit communications company [The Marshall Project's News Inside and Inside Story are distributed on Securus tablets in prisons and jails]. On these devices, we can access educational content and podcasts, make phone calls, type messages, and cut and paste in the draft function. It's how I'm thumb-tapping the answers to these questions right now.

How would you explain the boom in true-crime narratives?

Who knows what the real catalyst for the true crime boom was. Some people believe it began with "Serial," Sarah Koenig's hugely popular public radio podcast series, but I'm not sure that's right. That show set off the narrative podcasting boom, but "Serial" was a "true innocence" story, which is a subgenre of true crime, and if you ask Sarah Koenig why she told the story, she'll likely say that it was to uncover a potential injustice. The most damaging true crime story is the kind that rehashes awful violence for pure entertainment. And this style of true crime took off a few years after "Serial." With that in mind, I do wonder if audiences were getting tired of a lot of activist criminal justice writing: Villains became victims, and everybody seemed to sound like one another, using woke buzzwords, trying to evoke shame in readers.

With true crime narratives, they're less demanding, intellectually, and in the end, I imagine, the audience feels better about living with their own secrets. We all have them.

At night in my cell, I try to read before I go to sleep. I read a lot of feature magazine stories — the kind I write — and I've been making my way through the features that were nominated for the Pulitzer; Megan mails me them every year. I was recently getting into the piece Joe Sexton wrote for The Marshall Project, about the kid Nikolas Cruz, the Parkland, Florida, shooter. The piece explores the idea of mitigation, but really, it's about these deep themes of punishment and forgiveness. Should this kid be spared the death penalty? It's a story that requires a lot of moral grappling for the reader, and it's almost too much.

I eventually turned on the TV, and I got sucked into this "Dateline" rerun about a fella I know who locks on the tier below me, and it was about how he killed his wife and took her money, and manipulated his kids into believing she slipped in the tub and it was all an accident. After watching it, I saw him as a foul dude, nothing else, and it was weirdly soothing, because though I am a murderer, too, I felt better than him. And I turned off the tube and went to sleep.

Even for me, one of true crime's biggest skeptics, it was easier to zone out to these lurid narratives than keep reading a piece that was challenging me. I wrote "The Tragedy of True Crime" because I wanted to tell a different story about the guilty. I'd like to think the story I tell is more illuminating, not only because I'm a narrator with this regrettable agency, but because I can investigate our truths and our motivations, without doing it from a moral perch.

There is some new publishing infrastructure — The Marshall Project, the Prison Journalism Project, Pen America's Prison and Justice Writing program — that has made writing from prison more visible.

More and more prison journalists are breaking into the mainstream, too. Two men I mentor, Joseph Sanchez and Robert Lee Williams, have published in The New York Times. Christopher Blackwell, who is serving time in Washington state and started landing big pieces in 2020, has published in The Washington Post and The New York Times, and his activism has spurred policy change. Similarly, Kwaneta Harris, who writes from a Texas prison, has published pieces in Teen Vogue and Rolling Stone. When we hear from these voices firsthand, I'd like to think it affects readers.

In May 2023, New York prison officials implemented a directive that prohibited incarcerated art makers and freelancers from submitting their work to outside publications without first getting permission from the facility superintendent. A reporter from New York Focus, which covers policy, told me about the new directive, which apparently hadn't yet taken effect. I told him that I thought the new rule was contrary to established law and inconsistent with the First Amendment. As soon as the story ran, it went viral, and the directive was rescinded. Later that month, when The New York Times profiled New York Focus, they acknowledged their excellent reportage and also noted that, in this moment, "prison writing has reached a new visibility."

What's been the most gratifying response you've had to something you wrote from prison?

I've been reading many warm and thoughtful reviews of my book from writers I admire, but sometimes the most moving words come from fellow prison writers. I recently got a message from a man named Dan Grote, a writer who is locked up in Pennsylvania. He asked an editor I know to share it with me.

"I've been in a bad, bleak place, and I needed to read 'The Tragedy of True Crime.' I needed to see if it is, indeed, possible for a convict to become something more than the total of his mistakes with little more than a pencil, some words, and a goal to pencil a fulfilling ending to a story everyone has written off."

I mean, what else could I ask for?

Yeah, that makes a pretty great blurb.

LOCAL FOCUS

News and Information From Our Local Newsrooms

LETTER FROM LOUIS

Hello readers,

In this issue of "News Inside," the Local Focus highlights a story that examines how jails work — and what happens when they don't.

Our three local newsrooms collaborated on an investigation into 911 calls from jails in Jackson, Mississippi; Cleveland; and St. Louis. The reporting found hundreds of calls for medical emergencies, assaults and mental health crises. While each jail faces different challenges, the records provide a closer look at conditions inside facilities that are often hidden from public view.

In the story, Ivy Scott, Brittany Hailer and Daja E. Henry write, "Corrections officers and medical personnel in jails are considered first responders, said Michele Deitch, a former Texas prison monitor and director of the Prison and Jail Innovation Lab at the University of Texas-Austin. When a jail consistently makes emergency calls for outside help, she added, it suggests that larger, systemic problems are likely going unaddressed."

One of the responsibilities of journalism is to examine how public institutions use their authority. These stories help us better understand the decisions that shape our justice system and why accountability remains essential to maintaining the public's trust.
Thank you for reading, and stay strong.

Until next time.

Louis Fields
Louis Fields is the outreach manager for The Marshall Project - Cleveland. He served 23 years in Ohio state prisons and was released on parole in October 2021.

06.25.2026

Hundreds of Calls for Help: What 911 Logs Reveal About the Local Jail

From assaults to suicide attempts, emergency calls can be a sign of problems that jails can't handle on their own.

By Ivy Scott, Brittany Hailer and Daja E. Henry

When local officials try to block the public from seeing what goes on in a jail, the calls they make to 911 can offer a view into how people there are being treated, and which problems jail employees struggle to address on their own.

A surge in emergency responses to a jail can reveal patterns of medical neglect or widespread drug use, as well as other chronic issues, from detainees starting fires to fights or suicide attempts.

Corrections officers and medical personnel in jails are considered first responders, said Michele Deitch, a former Texas prison monitor and director of the Prison and Jail Innovation Lab at the University of Texas-Austin. When a jail consistently makes emergency calls for outside help, she added, it suggests that larger, systemic problems are likely going unaddressed.

"If there's a crisis going on, whether it's a fight or a medical situation, they're supposed to have the people

ANUJ SHRESTHA FOR THE MARSHALL PROJECT

on-site to deal with that. It just seems odd to me that they need to reach outside the jail to have someone deal with an emergency," Deitch noted.

Local governments have a constitutional obligation to protect and care for anyone they hold in custody, Dietch said. Even if jail administrators outsource their responsibility to care for people to another agency, the cost still falls on the county. "Either they're paying for better care in the jail," Deitch said, "or they're paying for emergency services that get sent to the jail."

When disability rights lawyers sued a South Carolina jail in 2024 alleging that it violated the constitutional rights of people with mental illness held there, they pointed to a 50% surge in 911 calls over the previous three years. Calls related to substance abuse had more than quadrupled in that time, and reported stabbings and puncture wounds also jumped.

To see how local jails are handling emergencies, The Marshall Project's teams in Cleveland, St. Louis and Jackson, Mississippi, analyzed months of 911 records. Listening to calls and reviewing emergency medical logs revealed patterns of substance abuse and mental health crises in the jails, violent assaults and a staff culture that neglects detainees until tensions among people inside escalate into a crisis.

Cleveland

Workers at the Cuyahoga County jail in Cleveland called 911 for emergency assistance 845 times in 2025, according to data provided by the city. Many of the calls were for overdoses, chest pains or other medical emergencies typical for a facility that houses about 1,500 people at a time. But there were also calls triggered by people detained at the jail ingesting batteries or bleach, and others were for "near hanging, strangulation or suffocation." Other calls pertained to people dealing with psychosis, catatonia or altered mental status from alcohol or drug withdrawal.

Cuyahoga County spokesperson Kelly Woodard declined to comment on 911 calls to the jail and operations, citing legal counsel from the county's law department and the Cuyahoga County Prosecutor's Office.

People are transported to the hospital for issues that were once handled internally, including psychiatric calls, said Adam Chaloupka, general counsel for the Ohio Patrolmen's Benevolent Association, which represents the jail's corrections officers. The jail has shifted care away from in-house nurses and doctors to its county-owned medical provider, MetroHealth, Chaloupka said. And, while some medical workers remain at the jail during business hours, the facility no longer provides the same level of on-site care — such as having a doctor on duty overnight — on weekends or holidays.

Chaloupka said that when someone held in the jail has to go to an outside hospital, a corrections officer must accompany them, and these frequent transports strain the already-limited staffing inside the facility.

In a recording of a 911 call in December 2025, a Cuyahoga County jail employee asks for the address of the facility. GUS CHAN FOR THE MARSHALL PROJECT

A county-commissioned staffing analysis of the jail, published in October 2025, found that emergency transports to the hospital resulted in the jail shutting down posts due to a lack of officers. When this happened, one officer had to oversee multiple housing units. As a result, men and women were locked in their cells for hours at a time, Chaloupka said.

When workers at the jail call 911, records suggest they do not always know how to respond to an emergency or even accurately identify their location to dispatchers.

In one call to 911, following an apparent suicide attempt by a 42-year-old woman in December 2025, the jail employee who called for help didn't know the address of the facility or its phone number. In some cases, 911 wasn't called until the person was already cold to the touch. Jennifer Wade, 41, entered the jail in September 2024 because a state psychiatric hospital refused to admit her due to her frail physical health. In February 2025, jail workers found her unconscious on the floor of her cell and called 911. By the time they discovered her, she was cold and was later pronounced dead from congestive heart failure.

Chaloupka said that corrections officers are not permitted or trained to call 911. He recalled jail deaths where "the COs were accused of not providing medical care," but he said they are trained to call for the facility's medical workers and then wait for help.

"It might sound inhumane, but the policies don't require them to. The policies are like, they just hit the button … to alert the medical staff," Chaloupka said.

St. Louis

Assaults were one of the most common reasons that emergency medical personnel were called to the St. Louis city jail over a three-month period between September and December of 2025, according to records provided by the city's Bureau of Emergency Medical Services. Emergency calls for help give a rare view into the jail's dependence on first responders to both break up fights and provide aid after an attack.

There were nine emergency medical responses attributed to assaults, representing roughly 1 out of every 6 calls. They were the most frequent reason for emergency calls after the broad category of "sick person." Although the 911 records do not specify whether the assaults were directed at incarcerated people or jail employees, people who have been detained in the jail and their lawyers said in interviews with The Marshall Project - St. Louis that both are widespread.

"It's pretty constant that people are getting jumped, jumping other people, getting stabbed," said Erin Moore, a state public defender in St. Louis who often represents people held in the jail.

The jail's commissioner, Nate Hayward, declined to answer questions from The Marshall Project - St. Louis about violence in the jail and why guards frequently are forced to call 911 for assistance.

Based on their conversations with clients, attorneys said brawls can stem from arguments that started on the outside, but people also often fight over who gets access to the jail's limited supply of resources, such as digital tablets, soap or

detergent. According to city reports, the St. Louis jail houses hundreds of people with mental health challenges, and those conditions can be exacerbated by being locked up without adequate treatment.

"They don't have enough medical staff. They don't have enough COs," said Moore. "I had a client who, anytime they would try and move him between cells, [officers] would call the police to help them do it [because] he was volatile. They couldn't even move him themselves."

Moore and other lawyers said that some of the jail's housing units are chronically on lockdown because there aren't enough officers working to let people out during scheduled recreation hours. Locking people in their cells for 23 or 24 hours a day heightens tensions, attorneys said, making people more agitated and itching to fight when they are let out.

At the same time, in other units, some officers allow people out and about in the common areas or leave cell doors unlocked, which is another way fights can happen.

For months, the jail has been operating with roughly half the budgeted number of officers, even as the detainee population climbs. The jail's average daily population hovers just under 800 people, with fewer than 80 corrections officers spread across three shifts.

"There's just way more people in the jail than there are adequate staff to provide time out [of cells] or help people get showers or take people to get medical care," said Maureen Hanlon, an attorney with the legal advocacy organization Arch City Defenders. "People are coming in in such a rough state, and then once you're there, it's such a terrible experience that it's only predictable that tensions would escalate."

Hanlon said the responsibility to ensure the safety of detainees is shared between jail administrators and circuit court judges, noting that both fall short of their legal obligation to ensure the well-being of people in the jail.

In a routine quarterly grand jury report on the jail from last fall, jurors who visited the facility reported that conditions were "concerning for daily living of the inmates," adding, "We were only shown the portions they wanted us to see."

When asked whether the court has an obligation to respond to concerns raised about conditions in the jail, the judges who oversaw the grand jury last fall — Judges Madeline Connolly and Jason Sengheiser — declined to comment, as did Presiding Judge Christopher McGraugh. A spokesperson for the circuit court in St. Louis City said he did not know whether the court had any protocol for responding to reports of poor conditions at the jail and said he "won't speculate about what the court would do in certain situations, but if there's an emergency at the jail, police/fire/EMS would be asked to respond."

In October, a circuit judge noted that understaffing in the jail was leading to increased violence and ordered the St. Louis sheriff's office to oversee the transportation of detainees to the hospital instead of the city's corrections officers.

Attorneys stressed that for the jail to properly care for people, it would need to dramatically decrease its population and dramatically increase mental health and other resources.

"There's not enough food, there's not enough rec. There's not enough tablets. There's not enough to do," said Moore, the public defender. "If they had half the number of people in there, I think some things could change."

Jackson, Mississippi

The Raymond Detention Center in Hinds County, Mississippi, called 911 for help twice a day in 2025, on average. According to Hinds County Sheriff's dispatch logs obtained by The Marshall Project - Jackson, the office received 740 calls in 2025 from the jail, which is staffed by its own officers.

A former county jail administrator said that she was disturbed by the frequency of calls at the facility.

"That number alone is alarming, and speaks to a much broader systemic failure," said Kathryn Bryan, who oversaw the jail until 2022. "Staffing levels, training, command support, almost every core competency in jail operations has to fail in order to come up with an annual number as exorbitant as that."

Nearly half of the 911 calls to the sheriff's department were coded as "jail walkthrough." Hinds County Sheriff Tyree Jones declined to explain what a jail walkthrough is, saying he would not comment on security measures at the jail.

"That's just cover-up language. I have never heard of that in my whole career," Bryan said. "What they're doing is trying to obscure what's really going on."

The frequency of 911 calls from the jail, which regularly holds around 500 people with only about 70 corrections officers, according to a federal monitoring report from 2025, speaks to the broad dysfunction that has plagued the facility for more than a decade.

The logs show 150 calls about assaults and dozens related to contraband or medical emergencies.

"When there's a jail that's fully staffed or well-trained, usually they handle business in-house," Bryan said.

The Marshall Project - Jackson has reported on this dysfunction: multiple preventable deaths, broken cell locks, an extortion system that has exploited detainees by forcing them to pay to use toilets, and overcrowding that leaves people sleeping on filthy floors.

Since October 2025, the jail has been under the control of a federal receiver, the result of a U.S. Department of Justice investigation and a decade-long court battle.

Understaffing has been one of the most persistent issues at the jail.

"We will never reach a constitutional, sustainable jail if we don't increase the staff," said the receiver, Wendell M. France, in a February 2026 court hearing.

Both the quality and the quantity of officers worry Bryan, the former jail administrator, who noted that the officers are "sickeningly undertrained" and ill-equipped to handle problems that arise.

Staff levels have declined every year since 2021. This has affected the county's ability to provide basic services to detainees and keep people in the facility safe, France said in the court hearing. He described a facility that had fallen into disrepair after being ripped apart by unsupervised detainees.

The county is building a new jail in Jackson that is scheduled to be completed in 2028. Some detainees may be moved there as early as fall 2026, when the first phase of construction is completed.

However, Bryan said she worries that the county will lean too heavily into the new jail as a fix-all solution to the problems illustrated by the 911 calls.

"[The new jail] is not going to solve their staffing problems; it's not going to solve their lack of training," Bryan said. "It's just going to get worse in a pretty facility."

Reader to Reader

What happens when you send a birthday card, and it comes back marked "return to sender"? Or a phone number stops working, and you have no way to find the new one?

Many readers shared the challenges of staying connected from prison: How to live with these breaks and try to repair them from a place where every form of contact is limited. You wrote to us about how phone calls end too soon, messages cost money, tablets are available only at certain times, and families on the outside may move, grow older or become consumed by the pressures of their own lives.

Some of you also described the alienation you feel when trying to explain what prison feels like to people who have never lived it, and having to remind yourself that life on the outside has not stopped since your incarceration.

Here's what you told us about keeping relationships alive across prison walls.

Anyone who has not served time does not understand what it feels like to be forgotten. When letters go unanswered [due to] stamp costs, phone calls are too short, or "this number is no longer in service." If you have not talked to someone formerly incarcerated, or presently, staying in touch with family is the hardest. There are many stories to tell about waiting on a letter at mail call. A guy once cried 'cause the card he sent for his kid's birthday came back (returned) to sender. The ex moved and no one knew.

FROM A READER IN NC

I'm a lifer in N.C. It is very difficult to keep and hold on to lasting and real meaningful connections while in here. For me, I had and still have family on the outside, but because I've been here now for 32 years and because most people in my family are older people — some have passed, some have older people's medical conditions to deal with — some have never reached out to me the entire time I've been in here. I don't have but a very few people that really have time for me. I try my best to stay connected to the few people that I know really deal with me.

FROM A READER IN NC

It is very difficult to connect with people who are not incarcerated because of the lack of physical presence. We are not able to be with them physically when we would want to be. We also feel powerless because we cannot usually help them with things we wish we could. They usually don't understand some of the emotions and experiences we have inside prison. I work around distance and restrictions by putting extra effort into the mediums I can use. I give relationships my all, and always spend time thinking outside of the box for new innovative ways to connect and spend quality time through my existing avenues. I keep these connections going with a consistent and concerted effort.

FROM A READER IN CA

There are a myriad of challenges incarcerated people face when they commit to staying connected to one or more persons aduring their incarceration. I am currently housed at Fresno County Main Jail in California. A quick example is one individual here [who] has owned the house he built and lived in for 40 years with his wife. He recently had a letter returned from his local post office saying they could not locate the address. He has never heard of anyone experiencing this problem sending mail to his house during the 40 years he and his wife have been residing at that address. There are delays sometimes approaching 20 days in sending or receiving mail from this facility and many dozens of reasons the facility can refuse mail.

FROM A READER IN CA

One of the biggest barriers incarcerated people face when trying to connect with people not in jail or prison is the limited amount of ways we're able to make contact. We're not allowed internet access to any type of social media sites. And for some people, that's all they use. On a website like Facebook or Instagram, you can make phone and video calls, send pictures, and [make] video calls — all on one website. And it's completely free. Why should my family have to download an extra app, pay an extra fee to send me text messages, pictures or do video visits when their cell phone companies give them all this stuff for free? And why is it that [prison] phone calls are free but sending messages and pictures isn't? And why can't we have limited internet access on our tablets? CDCR [California Department of Corrections and Rehabilitation] is obviously perfectly capable of monitoring and regulating everything we do on these tablets. So why not give us at least access to one social media site like Facebook?

FROM A READER IN CA

It's hard to keep connections built when the system is built for you not to have them! So, you must build it first off of trust and honesty! And, once you do that, build a support system.

FROM A READER IN NC

Pray on it and ask the person that is not in the system to put themselves in the shoes of the ones without their freedom and basic human rights. How would they feel being diagnosed as claustrophobic but having to learn to overcome being in a cell, sometimes smaller than a toilet room, most of your life, day after day, sometimes for years, while life on the outside keeps going on without you in it? It's a two-way street because sometimes we on the inside fail to remember that life gets so busy and complicated in the free world [as well].

FROM A READER IN TX

Sometimes it's pretty difficult to connect with people in the world, because us being in prison is kinda like our life has stopped in a sense. The world keeps going. People continue their day-to-day endeavors — some from early morning to night and some from night to early morning — so with the real world schedules, it hinders the incarcerated from staying in contact with people [on the outside]. Us being on the inside, we must work around their schedule and even then, sometimes it don't work. Some may get frustrated and think that those out in the world have forgotten them, but in all reality, they haven't. Life just goes on and real world situations arise. Just be patient and humble [and] take into consideration that we can't expect those [with] outside lives to stop [theirs] just because ours did. Be supportive and understanding just like they are to us.

FROM A READER IN PA

For me, it's never easy. Many people have failed to reach out to me since I've come to prison. I have had people look for e-mail addresses, "snail mail" addresses and such — sometimes with no success. I have some people on my text contact list, but they seldom text. It's hard and so I value every letter, phone call or text I get.

FROM A READER IN NC

For me, the initial challenge was my mental health. I was jailed in the midst of an intense mental health crisis in a state of psychosis that persisted for weeks after I was locked up. During this time, I had no concept of reality or time/place that correlated with the "outside world." Thus, I had no idea whether anyone I had thought I had known in my lifetime had ever even existed. Things have a way of working themselves out, perhaps according to unseen metaphysical orchestration. The intensity of my mental health crisis began to abate around the time a family member who has never given up on me discovered my whereabouts and was able to make contact. Although there are many impediments to the flow of communication built into the systems that regulate my contact with the "outside world," I have never been much of a "talky" person anyway and mainly keep in touch with my family contact via text on the tablets that are provided to inmates twice a week. It works. I am grateful to have a communication method available.

FROM A READER IN WA

It's very difficult for me not having any outside support from my immediate family members. I have no friends as well. My only connection with the outside world is [through] several Christian ministry programs that offer free Bible correspondence courses and free publications regarding reading materials.

FROM A READER IN CA

I'll live on the phone as much as I can to get outside these walls. Talking to friends, family and others helps my mind connect to the normal or different. Unless I'm studying for [my] college course and [attending] a self-help group, I'm on the phone [with family and friends]. To keep the connection open and interesting, I learned to keep the topic on them. I always ask them about them. What are they doing? How do they see prison? I set up questions for them to ask. I need to always keep the subject about them. People love to talk about themselves and what's happening in their lives.

FROM A READER IN CA

While I've been down a little over 20 years, it has taken me about half of that time to be at a place where I could talk to my child's mother. And all of that time to be able to talk to my child. I am slowly learning so much about both of them. I try to call one or both of them a couple of times a week. One of the challenges that I face is trying to make people understand just what it is really like being in here. The things that I face on a daily basis. Dealing with guards, as well as other inmates. I try to make people understand that doing time in prison can be really stressful. Being an inmate who has a life sentence is stressful in itself. I stay to myself most of the time, and try to take it one day at a time. It really helps to have the chance to try and build a father-daughter [relationship] with my child. Really looking forward to an upcoming first visit. Haven't seen my baby girl since she was 1; she's now 23 going on 24 :)

FROM A READER IN SC

We can't talk to our peers on other yards "legally" 'cuz we break rules doing so. Piggybacking mail through another contact helps a lot, especially if the other person you're talking to is locked up as well. For example, it's easier to talk to women I met who are locked up too, 'cuz we have something in common right away. If they're serious about cleaning up when you both get out, it helps to have a partner by your side doing it with you. We should be able to find a support friend or friends who go through the same [things] we are and get out at the same time as us to make reentry that much easier. It could open opportunities for us, such as getting places together and splitting rent or just having someone by your side sharing a common goal. They need to allow us to make contact with each other regardless of gender or different prison yards we may be on.

FROM A READER IN AZ

Our next Reader to Reader is about ...

What Would You Tell Voters About Incarceration?

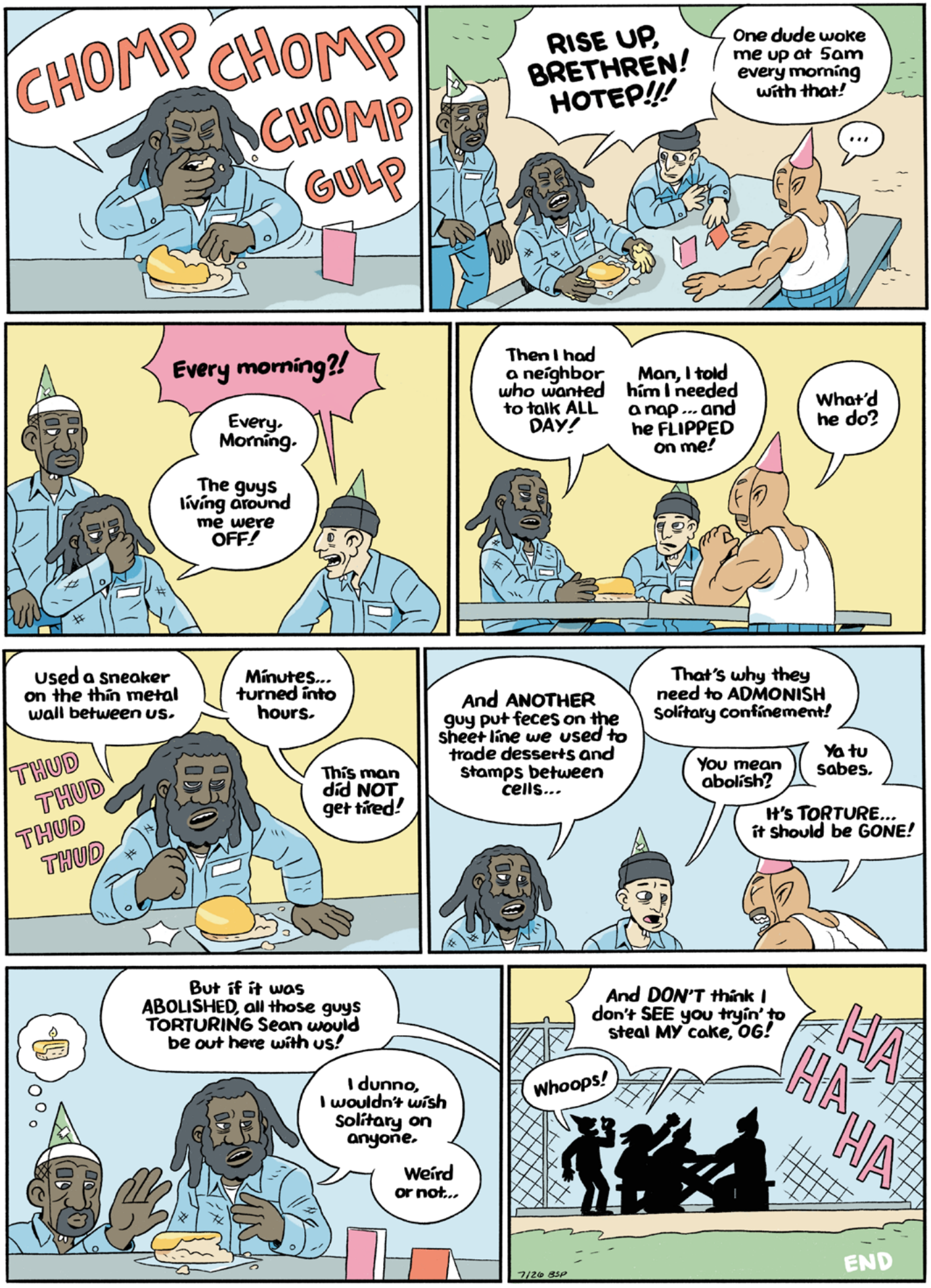
In November, voters across the country will elect officials responsible for shaping the policies and discussions about prisons, jails, policing, prosecution, parole and reentry. Some states are also weighing ballot measures that could make it tougher to get bail or make punishments worse for some crimes.

But many of the people directly affected by these systems are locked out of the political conversation, and in many cases, locked out of voting altogether.

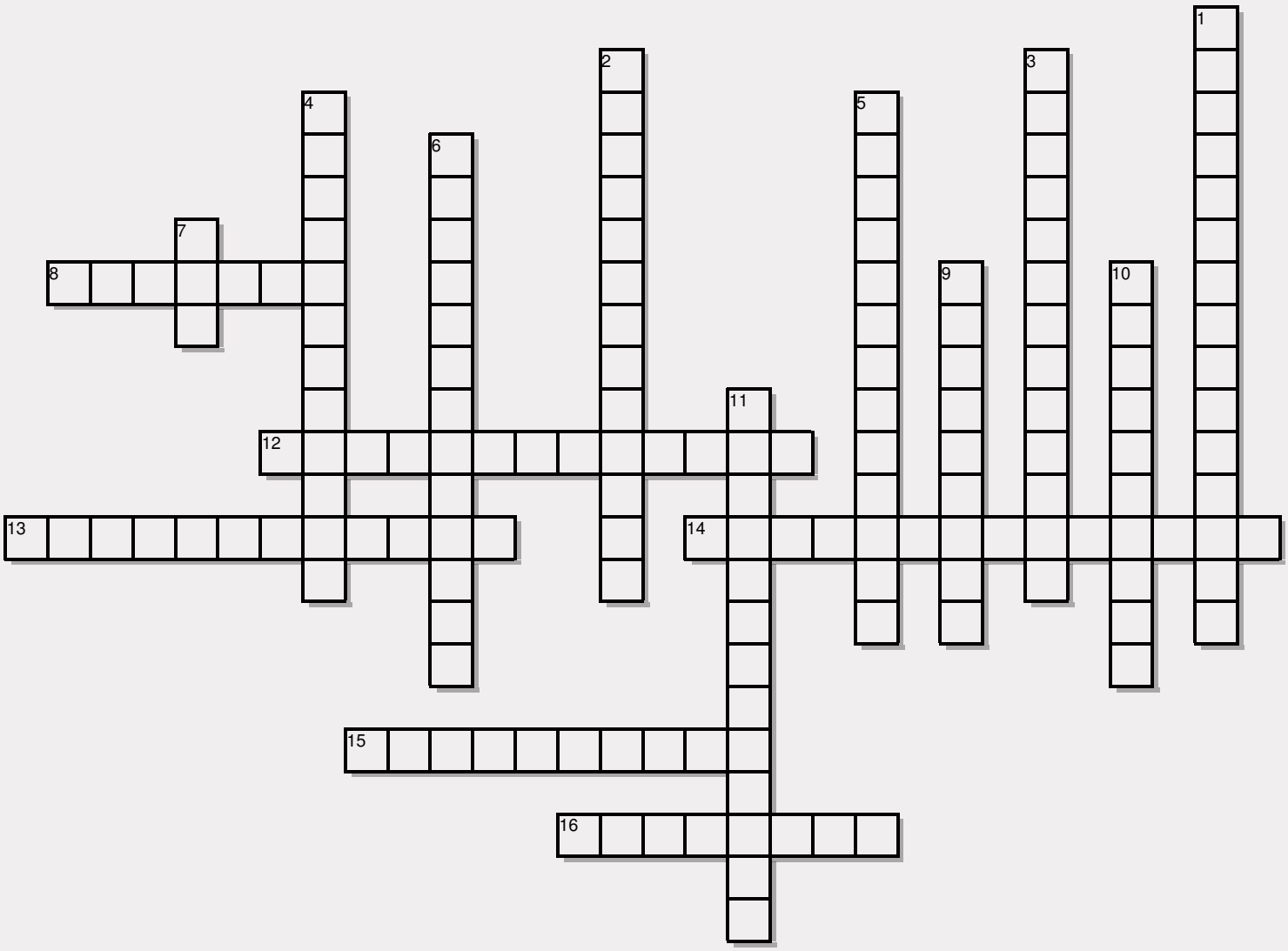
What do you wish candidates, voters or elected officials understood about incarceration? Tell us about one issue that feels urgent to you and how it affects your life or your family. If you could sit across a candidate for five minutes, what would you tell them about incarceration that they couldn't learn in any other way?

And if there's an election issue you wish you could follow more closely or understand better, tell us about that, too.


PASSMORE & BARTLEY
PeePs
Welcome Back
WELCOME BACK, SEAN!!!
It's okay, little brother... just have a seat.
Good to have you back, bro!
Real talk.
Um... according to the United Nations, being in isolation for 22 hours or more a day – with no meaningful human contact – for 15 days or more can lead to cognitive impairment.
Do you feel different?
You don't gotta tell us nothing. We already know.
I spent six years in solitary! And I came out different.
To be real, I'm probably not the same cause of it.
What they did to you was WRONG!
A harmless card for Women's History Month and they threw you in the CAN?
If MS. P were a man, I GUARANTEE that card never raises an eyebrow!


CHOMP CHOMP CHOMP GULP
RISE UP, BRETHREN! HOTEP!!!
One dude woke me up at 5am every morning with that!
...
Every morning?!
Every. Morning.
The guys living around me were OFF!
Then I had a neighbor who wanted to talk ALL DAY!
Man, I told him I needed a nap... and he FLIPPED on me!
What'd he do?
Used a sneaker on the thin metal wall between us.
Minutes... turned into hours.
This man did NOT get tired!
THUD THUD THUD THUD
And ANOTHER guy put feces on the sheet line we used to trade desserts and stamps between cells...
That's why they need to ADMONISH solitary confinement!
You mean abolish?
Ya tu sabes.
It's TORTURE... it should be GONE!
But if it was ABOLISHED, all those guys TORTURING Sean would be out here with us!
I dunno, I wouldn't wish solitary on anyone.
Weird or not...
And DON'T think I don't SEE you tryin' to steal MY cake, OG!
Whoops!
HA HA HA
7/26 BSP
END

Crossword



ACROSS

8 A nonprofit newsroom reporting on gender, politics, policy and power that partnered with The Marshall Project on a story in this issue. (2 words)

12 Incarcerated co-author of "Guide: How to Navigate Perimenopause and Menopause in Prison." (2 words)

13 Incarcerated author of "The Tragedy of True Crime: Four Guilty Men and the Stories That Define Us." (3 words)

14 A cluster of sites across three states that include 14 out of the 20 largest detention facilities in the country. (2 words)

15 "Under Trump, the U.S. increasingly sends ____ all over the nation with little warning, leaving families and attorneys unsure where they are." (1 word)

16 A hormone replacement therapy (HRT) that was prescribed to Kwaneta Harris. (1 word)

DOWN

1 "Corrections officers and medical personnel in jails are considered ____ _____..." (2 words)

2 The period of months or years that lead to menopause, aka "menopausal transition." (1 word)

3 Mayor of New York City (2 words)

4 The nationwide, nonpartisan initiative promoting the importance of open government and the public's right to access public records. (2 words)

5 Man executed in April 2026 after prosecutors used his rap lyrics as evidence to convict him of murder. (2 words)

6 Without ____ _____, uncovering the facts behind stories written by The Marshall Project would never happen. (2 words)

7 People are dialing this emergency number seeking help while being detained in local jails. (3-digit number)

9 "The last decade has seen a growing movement of artists, scholars and lawyers pushing to ban various uses of ___ _____ in courtrooms." (2 words)

10 Founding editor of The Marshall Project, and author of "What's Prison For: Punishment and Rehabilitation in the Age of Mass Incarceration." (2 words)

11 The NYC-based jail complex that is required by law to be shuttered by 2027. (2 words)

In the Spotlight

Andre Apparicio receiving the NAACP Dora Young Community Service Award in Dec. 2024.
PHOTO COURTESY OF ANDRE APPARICIO

Apparicio was present when Louisiana Gov. Jeff Landry signed a bill to start the Fatherhood Engagement Task Force in June 2026.
PHOTO BY RAMON TROTMAN

While incarcerated, I saw how many people were more imprisoned in their minds than by the walls around them. I didn't see reflections of myself in leadership or programs that spoke directly to my experience. Still, something inside me knew I was meant for more. When I came home, I knew I wasn't just walking into freedom, but into purpose.

I wrote "My Emancipation from Incarceration: Reform, Relearn, Re-entry," a self-help memoir and workbook created to help others shift their mindset before and after release. The book has been used in correctional facilities and classrooms to spark transformation from within.

When I became a father to twins, one of whom is currently watching over me from heaven (Forever A'sani) and one who fought through 148 days of the NICU, blood transfusions and open-heart surgery, everything I had been building took on deeper meaning. I founded Dad-A-Port, an organization that supports fathers in the early stages of parenthood while also advocating for inclusion and rights for all dads. I now create spaces where fathers — especially those impacted by incarceration — can be seen, heard and supported. I host workshops, build advocacy efforts like Dads Day at the Capitol, and work alongside hospitals and schools to ensure that fathers' voices are represented in early childhood spaces. I believe reentry is not the end of a sentence — it's the beginning of a new legacy.

Andre Apparicio was born and raised in Queens, New York, and now resides in Louisiana. He was released from prison on April 25, 2011. Apparicio is now the director of community partnerships and development at My TrainingGrounds, a New Orleans-based nonprofit dedicated to assisting families, educators and communities in strengthening the foundation on which children can succeed. He also co-founded It's A Process to support people navigating reentry with coaching, emotional support and community engagement rooted in lived experience.

instagram.com/dad_a_port
Asaniheartbeat.org
www.mytraininggrounds.org

If you are interested in being featured in "In the Spotlight," please mail your response to the address on the back of the magazine or send us an electronic message at newsinside@themarshallproject.org. If you are chosen to be featured, we will contact you to request a picture of you and discuss your response if needed.

? Thinking Inside the Box

Give these questions a try after you've read the stories in this issue. We'll include the answers in the next issue.

1 **T or F:** Earlier this year, some of the most famous rappers in the country — Travis Scott, Killer Mike, T.I., Young Thug, Fat Joe — filed briefs at the U.S. Supreme Court asking the justices to stop the execution of James Broadnax, arguing that his case exemplifies a larger problem in American courtrooms: the use of rap lyrics as evidence.

2 **T or F:** New York City Mayor Zohran Mamdani appointed Stanley Richards, a man who was once incarcerated at Rikers, to lead the city's Department of Corrections.

3 **T or F:** An investigation by The Marshall Project found that quick and repeated transfers have become more common in President Donald Trump's second term.

4 **T or F:** Menopause is diagnosed after someone has gone without a period for 12 months.

5 **T or F:** Perimenopause describes the period of months or years after menopause.

6 **T or F:** Reporters across the nation routinely request public records to illuminate systemic failings, abuse and corruption across all levels of government under a federal law known as the Freedom of Information Act (FOIA) or state open records laws.

7 **T or F:** John J. Lennon wrote his first book, "The Tragedy of True Crime: Four Guilty Men and the Stories That Define Us," while incarcerated.

8 **T or F:** From assaults to suicide attempts, 911 calls from inside can be a sign of problems that jails can't handle on their own emergencies.

Last Issue's Answers

1. Physical evidence and the testimony of multiple witnesses tied Larry Moses to the crime. **FALSE.** *Correct answer: No physical evidence tied Moses to the crime, and multiple witnesses testified that he had been with his family in another city when it was committed.* 2 Federal Medical Center Carswell is the only federal women's medical prison in the country. **TRUE.** 3 More than 70% of women in prison report experiences of intimate partner violence. **TRUE.** 4 Prosecutions related to pregnancy appear to have increased since the Supreme Court decision that overturned Roe v. Wade in 2022. **TRUE.** 5 The Chance for Life class, at G. Robert Cotton Correctional Facility, is taught by Department of Corrections staff. **FALSE.** *Correct answer: The Chance for Life class at G. Robert Cotton Correctional Facility is taught by incarcerated facilitators.* 6 In 2022, after years of legal battles, Donna Langan became the first federal prisoner ever to receive gender confirmation surgery. **TRUE.** 7 Only 27 states still allow the death penalty (along with the federal government and the U.S. military). **TRUE.** 8 Joseph Wilson fell in love with opera at Sing Sing Correctional Facility. **TRUE.** 9 For years, hundreds of car owners had their driver's licenses suspended in Lorain, Ohio, for minor tickets, such as parking too far from a curb. **TRUE.** 10 Mississippi is one of the few states where people can be jailed indefinitely without indictment, a critical step in sending a case to a judge or a jury. **TRUE.**

The Marshall Project

is a nonpartisan, nonprofit news organization that seeks to create and sustain a sense of national urgency about the U.S. criminal justice system. We achieve this through award-winning journalism, partnerships with other news outlets and public forums. In all of our work we strive to educate and enlarge the audience of people who care about the state of criminal justice.

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