

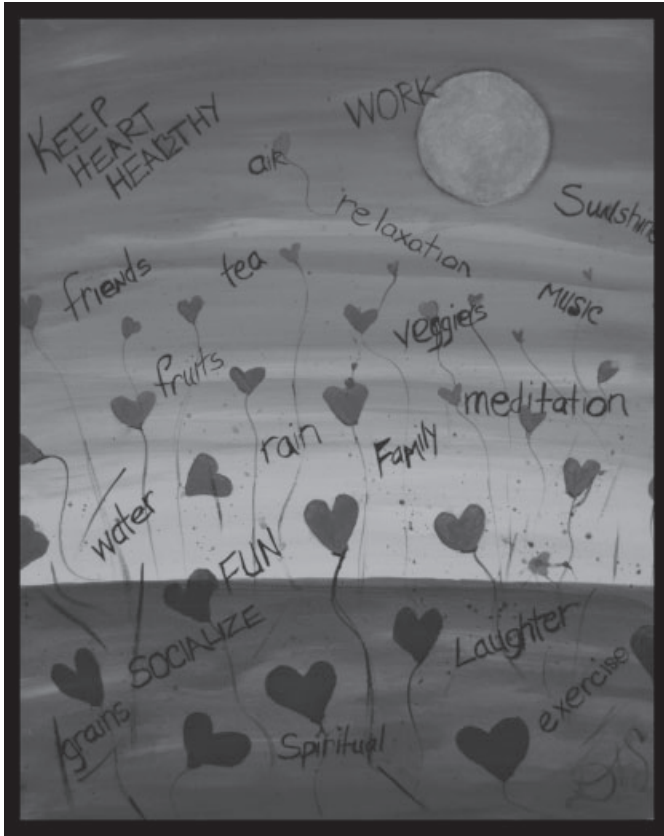
# The Fire Inside

Newsletter of the California Coalition for Women Prisoners

4400 Market Street, Oakland, CA 94608 [www.womenprisoners.org](http://www.womenprisoners.org)

## Peer Health Education Mentors – What We Do

*by Shawndra Boode*



Artist: Debbie Africa, released on June 16, 2018 after 39 years and 10 months of political imprisonment

I am currently a peer health education mentor at CCWF. My job requires me to teach classes on women's health topics such as STI's, Hepatitis A,B,C, the female body and birth control. We also give the Prison Rape Elimination Act (PREA) Presentation to the ladies who are coming into the prison and we spend a lot of time with the sick ladies in the Skilled Nursing Facility (SNF). We are the liaison between our population and the medical staff when there are changes in the way things such as flu shots are given. Also, when there are medical issues not being done properly, we can look things up and or call medical and try to get anyone the help they need.

A few months back, a lady came to us who was diabetic and had a port put in her chest. The port became infected and painful. This patient had been trying to get help from medical and was getting nowhere fast. She had even been taken out to the hospital late one night after calling a medical emergency, but the hospital refused to touch her because they said the port was put in backwards. By this time it had been over a week and she was turning septic. I called the Chief Nurse Executive to explain what had been going on and the symptoms I had seen. By 4 pm that night, she was on her way out to the hospital to have the port removed. It's not always that easy, but when it really counts we are able to help.

More times than not we are misdiagnosed. I don't know how many times I have gone to medical sick and they tell me, "oh, it's just allergies," when I ended up having to be treated for an upper respiratory infection. I had to be simultaneously coughing and throwing up, and have my roommates call medical emergency, for them to take me to the ER.

What really sucks in this place is that the good doctors we get don't last long. They do their job and then end up in other places in the prison, but not on the yards where we need them most. Then there is the \$5 copay we have to pay when we need to be seen.\* Most people just won't pay because they feel that it is a waste of their time and money to do so when medical won't help them anyways. \*As of March 1, CDCr eliminated co-pays for medical and dental after years of pressure from people inside and their advocacy organizations.

A lot has changed through the years and some for the better. But we still need a lot of help when it comes to us getting better medical care! ■



CCWP recibió a Tara Williams, liberada luego de recibir el alivio SB 1437, en nuestra oficina de Oakland en abril de 2019 / CCWP welcomed Tara Williams, (7<sup>th</sup> from the left) released after receiving SB 1437 relief, to our Oakland office in April 2019

El viernes 18 de enero del 2019, Adnan Khan, quien estaba cumpliendo una sentencia de cadena perpetua en San Quentin, fue la primera persona en ser liberada bajo el nuevo código penal SB 1437. El caso de Khan fue "la inspiración para SB 1437" según su abogada, Kate Chatfield, de Restore Justice. El 25 de enero, Daniela Guzmán, quien estaba sirviendo su sentencia en CCWF, fue liberada de la cárcel del condado de Alameda bajo SB 1437. El 20 de febrero Tara Williams, después de haber cumplido más de dos décadas en CCWF con una sentencia LWOP, fue liberada de la cárcel del condado de Los Ángeles bajo SB 1437. A Tara Williams se le anuló la sentencia LWOP en el 2018 a través de la petición hábeas corpus basada en el caso de Banks y ella también pudo obtener alivio bajo SB 1437.

Desafortunadamente, ha habido un retroceso en contra de la implementación de SB 1437 por parte de los Fiscales de Distrito(Das) en varios condados de California, incluyendo Los Ángeles, San Bernardino y San Diego. Se han opuesto a las peticiones de reevaluar las condenas y han desafiado la constitucionalidad de las disposiciones en SB 1437. Restore Justice ha respondido a estos desafíos judiciales, esperamos que los retrasos se resuelvan pronto.

También se han hecho preguntas si podría causar un problema con la Junta de Libertad Condicional (BPH) si un preso condenado a vida en prisión presenta una petición bajo SB 1437 y es rechazada. Según Restore Justice, esto aún no está claro. La petición de SB 1437 puede interpretarse como una indicación de que la persona no está asumiendo toda la responsabilidad por su delito, aunque se supone que no debe interpretarse de esa manera. Un representante de la BPH dijo de manera informal, que presentar una solicitud bajo el artículo SB 1437 no debería causar un problema, siempre que la persona asuma responsabilidad de su papel en el delito y presente la misma historia a la Junta que presenta al tribunal en su petición. Dado que nadie que ha presentado una petición de SB 1437 ha acudido a la Junta, todavía no hay una respuesta clara.

SB 1437 no afecta directamente a las personas que sirven LWOP a menos que puedan ser resentidos a través de una petición de Banks o Chiu antes de solicitar el alivio bajo SB 1437. Sin embargo, como escribió Joanne Scheer, fundadora del proyecto Felony Murder Elimination Project (FMEP) en su carta:

"La ley de circunstancias especiales es el corazón de la bestia y continúa permitiendo que las personas que no cometieron un asesinato sean condenadas a cadena perpetua sin libertad condicional o la pena de muerte por las acciones de otra persona, utilizando la doctrina del asesinato por delito grave. Seguiremos avanzando hacia nuevas estrategias y esfuerzos para abordar y extinguir esta sección severa y extrema del código penal de California ... También entendemos que muchas personas que están cumpliendo condena sin libertad condicional bajo el código penal de Felony Murder se sienten abandonados. Continuamos priorizando a ustedes y nos mantenemos resueltos en nuestra determinación de ver el fin de las circunstancias especiales de los delitos graves."

¡CCWP está comprometido a trabajar para alcanzar estos objetivos junto con FMEP! ■

On Friday, January 18, 2019, Adnan Khan, who had been serving a life sentence at San Quentin, was the first person to be released under SB 1437. Khan's case was "the inspiration for SB 1437" according to his lawyer, Kate Chatfield of Restore Justice. Then on January 25<sup>th</sup>, Daniela Guzman, who served time at CCWF, was released from the Alameda County Jail under SB 1437. And on February 20<sup>th</sup>, Tara Williams, after serving over two decades at CCWF with an LWOP sentence, was released from L.A. county jail under SB 1437. Tara had her LWOP sentence vacated in 2018 through a Banks habeas petition and consequently was able to get relief under SB 1437. Unfortunately, there has been push back against implementation of SB 1437 by District Attorneys in several counties across California, including Los Angeles, San Bernadino and San Diego. They have opposed petitions for resentencing and challenged the constitutionality of SB 1437's provisions. Restore Justice has responded to these court challenges and hopefully the hold ups will soon be resolved.

Questions have also been raised about whether it could cause a problem with the Parole Board if a life-term prisoner files a petition under SB 1437 and is rejected. According to Restore Justice, this isn't clear yet. The SB 1437 petition might be interpreted as an indication that the person is not taking full responsibility for their crime, even though it is not supposed to be interpreted that way. One representative from the Parole Board has said informally that filing under SB 1437 should not cause a problem as long as the individual takes responsibility for their role in the crime and presents the same story to the Board as they do to the court in their petition. Since no one who has filed a SB 1437 petition has gone to the Board, there is no clear answer to this question yet.

SB 1437 does not directly impact people serving Life Without Parole unless they can be resentenced via a Banks or Chiu petition prior to filing for relief under SB 1437. However, as Joanne Scheer, founder of the Felony Murder Elimination Project (FMEP) wrote in a recent letter, "Special circumstances law is the heart of the beast and continues to allow people who did not commit murder to be sentenced to life without parole or the death penalty for someone else's actions, using the felony murder doctrine. We will be moving on to new strategies and efforts to address and extinguish this severe and extreme section of California's penal code... We also understand that many people serving life without parole because of felony murder feel left behind. We continue to prioritize you and remain resolute in our determination to see an end to felony murder special circumstances." CCWP is committed to working towards these goals alongside FMEP! ■



Joanne Scheer and her husband, Steve, at the CCWP office

Joanne Scheer, founder of the Felony Murder Elimination Project ([www.endfmrnow.org](http://www.endfmrnow.org)), gave a deeply moving and educational talk at the CCWP monthly meeting in Oakland, CA in January 2019. Joanne shared the journey that her family has been on since her son, Anthony Vigeant, was sentenced to LWOP in 2007, convicted of felony murder with special circumstances, after being in the wrong place at the wrong time.

Joanne decided to take the need for action and change into her own hands. Starting in 2013, she and her husband Steve began to visit different state legislators, learning that most of them had no idea of the draconian nature and destructive impact of the Felony Murder Rule. In 2018, former Gov. Brown signed SB 1437 into law, allowing for some people

convicted on the Felony Murder Rule to apply for resentencing. While the struggle for justice is not over, we thank Joanne for all of her work! ■



## Medical Copays Ended!

CDCr announced that copays for medical and dental visits were eliminated on March 1, 2019. This is a positive step taken mainly due to pressure by many groups, including CCWP. The current legislative bill, AB 45, authored by Assembly member Mark Stone, which would abolish copays in all California prisons and jails, just passed through the Assembly Public Safety Committee and will continue through the legislative process.

“Copayments prevent incarcerated people from accessing critically needed healthcare,” said Assembly member Stone. “Although CDCr took the encouraging step of voluntarily eliminating copayments in state prisons last week, it is still essential that we keep AB 45 moving forward to set this change in statute and to eliminate this barrier to healthcare for the over 70,000 people incarcerated in CA jails.”

The ACLU of CA, CCWP, Ella Baker Center for Human Rights, Initiate Justice and Union of America Physicians and Dentists are co-sponsors of AB 45. We will continue our efforts to ensure copays are eliminated in all county jails and to ensure that they can't be reinstated in state prisons. ■

### ACA 6: Free the Vote!

Democracy is rooted in the idea that everyone's voice matters. California continues to lock many people out of the voting booth with nearly 50,000 people, disproportionately people of color, barred from participating in local, state, and

federal elections because they are on parole. These are people working, paying taxes, and raising families in our communities, yet they are denied a chance to help choose the representatives and policies that shape their daily lives. The Free The Vote CA coalition held a press conference in January 2019 to announce Assembly Constitutional Amendment 6 (ACA 6), the “Free The Vote Act,” which will restore voting rights to Californians on parole.

People convicted of a felony who are in prison or out on parole cannot vote. People serving felony sentences in county jail or on mandatory supervision can vote, a situation that leads to confusion where many people are not sure if they are able to vote. ACA 6 will make the situation clear: people incarcerated in prison = no vote. California citizens outside of prison = yes vote.

ACA 6 is sponsored by California Secretary of State Alex Padilla and jointly authored by Assembly members Kevin McCarty, Shirley Weber, Rob Bonta, Lorena Gonzalez, Ash Kalra, and Sydney Kamlager-Dove. The Free the Vote Coalition includes ACLU of CA, All of Us or None, Anti-Recidivism Coalition, CURB, Initiate Justice, League of Women Voters of CA, Legal Services for Prisoners with Children, People Over Profits, Vote Allies, and White People for Black Lives. CCWP supports the work to push this bill first through the Legislature and then to success on the 2020 ballot! ■



Artist: Leah Jo Carnine

Prisons are central in the state's strategies to police, surveil, and control communities of color, poor communities, and any other community seen as undesirable. CDCr\* uses medical indifference and the intentional denial of care as a mechanism for suppressing resistance and exercising carceral control\*\*. In 1995, Charisse Shumate alongside 23 others stood strongly against CDCr in the first-ever class action lawsuit filed by women prisoners to expose how CDCr's neglectful and violent health practices were killing people. Charisse Shumate lost her life to chronic illness and horrible medical care at the hand of CDCr in August 2001. The lawsuit resulted in substantial wins, including mandatory screening for certain disease, privacy of medical information, maintenance of prison medical equipment, and more. Charisse and others' fight spread light on the systematic denial of medical care and neglect within women's prisons. Their organizing led to the founding of CCWP as a collective of inside and outside advocates.

There is a particular gendered history of how women's bodies have been manipulated, abused, and ignored within the medical system that serves as the backbone for CDCr's present-day medical system. Healthcare institutions routinely dismiss women's pain, fail to take preventative measures regarding women's health, and divert resources from medical studies of conditions that most commonly impact women. Historically, healthcare has been used as a means to control women, particularly through sexual and reproductive healthcare. The US has a harrowing history of medical experimentation on Black and Native communities, including forced sterilization. People inside continue to experience egregious abuse. Controlling people's access to diagnoses, medical treatment, and other health needs remains one of CDCr's many tools to maintain control of the prison population. Further, prisons themselves are sick: built on toxic sites with contaminated materials and water; hosting unsanitary conditions and low-quality food; conducive to disease, viruses, and mold; and more.

The very act of caging people, including people in mental institutions, prisons, jails, and detention centers, depends upon the notion that society is

allowed to deem certain people "disposable". Both healthcare institutions and prisons serve to enforce the disposability of all of those society deems "other" or "deviant," including disabled, physically and mentally ill people, communities of color, trans\* and gender-nonconforming, poor, and unhoused people, and many others. Deliberate medical indifference within prison assures that more people will fall ill while incarcerated and attempts to prevent people from challenging their conditions. However, for as long as people in women's prisons have been getting sick and dying because of medical neglect, women, gender-nonconforming, and trans\* people have been finding ways to care for each other's physical, mental and spiritual health. Everyday acts of refusing neglect and isolation inside: acts of surviving; of caring for each other; of finding ways to support and ease the suffering of others, challenge the idea that anyone is disposable and are powerful forms of collective resistance and rebellion. It's not only about personal survival, but as Charisse Shumate aptly said, "it's not a me thing, it's a we thing." Charisse's words echo radical Black organizer, poet, and author of *The Cancer Diaries*, Audre Lorde, in her poem *A Litany for Survival*.

*So it is better to speak  
remembering  
we were never meant to survive*

On page 8 there is a map of barriers to health care compiled from reports from people in CA women's prisons. We hope that this image of medical abuse can serve as a tool to continue to organize for our collective survival and to recognize that collective survival is crucial to disrupting the power of the carceral machine.

\*We use a small "r" in "CDCr" to recognize that rehabilitation is not a priority of the prison system.

\*\*Carceral control refers to the mechanisms the government uses to enforce control. The carceral state includes all institutions of the criminal legal system, including jails and prisons, police, courts, probation and parole. It also includes the infrastructure that allows the state to maintain a particular social order, such as checkpoints, surveillance technology, border/immigration control, school security officers, and military operations. It can also include social programs, such as welfare and foster care, which work along with police to criminalize and control certain communities. ■

## Healthcare Legal Cases

**Plata:** Covers all general healthcare  
In 2001, CA prisoners sued CDCr in a federal class action lawsuit charging prison medical conditions to be in violation of the Eighth Amendment to the U.S. Constitution, including poor care contributing to 34 deaths. The inhumane conditions cited included: inadequate medical screening of incoming prisoners; delays in or failure to provide access to medical care, including specialist care; untimely responses to medical emergencies; interference of custodial staff with the provision of medical care; insufficient numbers of competent medical staff; disorganized and incomplete medical records; a lack of protocols to deal with chronic illnesses, including diabetes, heart disease, hepatitis, and HIV; and the failure of the administrative grievance system to provide timely or adequate responses to complaints concerning medical care.

The Plata suit was settled in 2002. A Federal Receiver was appointed by the courts to oversee CDCr compliance with this lawsuit. When the state failed to comply with the court's order, a Receivership to oversee prison medical care was established. The Receiver reports to the federal court, not the Governor or the CDCr. Mental and dental health are not under Receivership authority, but under CDCr.

**Coleman:** Covers people living with mental illness  
This civil rights class action lawsuit was filed on April 23, 1990. In 1994 the magistrate judge found that CDCr's delivery of mental health care to people in prison violated the Eighth Amendment. In 1995, the court issued a permanent injunction and ordered that a special master be appointed to monitor compliance with Coleman. **All CDCr institutions are still being monitored by the court-appointed special master in 2019. ANYONE who uses any mental health service—or is taking ANY mental health medication—is protected under Coleman. For Coleman complaints, people living at CCWF should contact the Prison Law Office. People living at CIW or FWF should contact Rosen Bien Galvan & Grunfeld.**

**Armstrong:** Covers people living with disabilities  
On June 29, 1994, disabled prisoners and parolees in California filed a lawsuit in the U.S. District Court of the Northern District of California

charging that CDCr and the Board of Prison Terms (BPT) were depriving disabled prisoners of benefits and accommodations provided to other prisoners or required by due process. In 1998, the class definition was amended to include "all present and future CA state prisoners and parolees with mobility, sight, hearing, learning, and kidney disabilities that substantially limit one or more of their major life activities." In 1999 prisoners and parolees with developmental disabilities were also included in protection under Armstrong.

**If you think your Armstrong rights are being violated, FIRST you must file a CDCr Form 1824 to request appropriate accommodations/remedy for your disability. If CDCr does not comply, then you must file a 602. Then contact Prison Law Office, which monitors CCWF, CIW, FWF and McFarland for Armstrong and Plata.**

**Prison Law Office**  
1917 5th Street  
Berkeley, CA 94710

OR

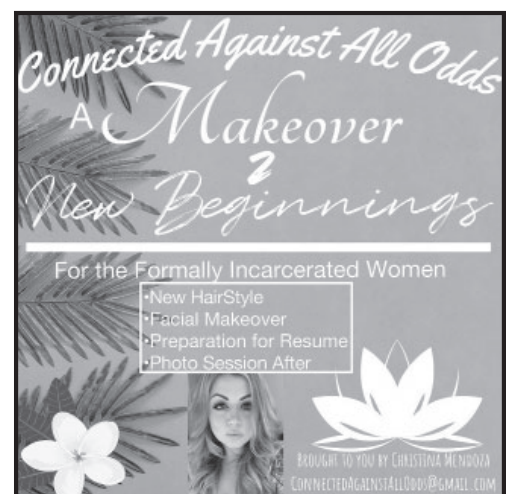
**Prison Law Office**  
General Delivery  
San Quentin, CA 94964

*Due to the large number of inquiries, PLO does not accept telephone calls from prisoners and their families.*

**Rosen Bien Galvan & Grunfeld LLP**

ATTN: Re: Coleman  
101 Mission St 6th Floor  
San Francisco, CA 94105  
(415) 433-6830

For more healthcare resources, see page 15. ■





## DROP LWOP Campaign Continues

In 2019, the DROP LWOP Campaign entered a new phase as Gov. Brown left office and Gov. Newsom began his first term. This transition builds off the unprecedented victories of the most ever people commuted by a CA Governor. In Dec. 2018, Gov. Brown granted 73 commutations for people with Life Without Parole (LWOP) sentences, 13 from women's prisons. The DROP LWOP Campaign celebrated these victories and remains steadfast in its commitment to ending the LWOP sentence. We understand the transition has left many wondering what is to come.

In March 2019, Gov. Newsom signed an executive order issuing a moratorium on the death penalty in CA, granting reprieves to all 737 people on death row. Calling the death penalty "ineffective, irreversible and immoral", he acknowledged the profound racial, economic, gender and disability factors that lead to significant sentencing disparities, noting that the death penalty has discriminated against people of color and people with mental illness. We ask Gov. Newsome to extend that justice lens to the other death penalty, LWOP. Over 5,200 people are serving this draconian sentence in CA prisons, a living death penalty. This population also reflects racial, economic, gender and disability disparities.

Before Gov. Brown left office, he issued an executive order transferring all pending pardon and commutation applications to the next governor. Gov. Newsom should have access to all commutation applications. The Governor's website for commutations and pardons ([www.gov.ca.gov/commutation](http://www.gov.ca.gov/commutation)) explains how to file new applications or refile previous applications. **Please write to CCWP to request copies of these documents. Those who applied in the last 3 years but weren't commuted or pardoned can submit a Re-application for Commutation/Pardon form so that the Governor's office can request their previous file and re-open it for review.**

Two delegations representing people serving LWOP met with representatives from Gov. Newsom's office in 2019. FUEL, FMEP and CCWP talked with aides about if and how people inside got help to file their petitions. The aides were also interested in criteria they should use in evaluating petitions. A group led by Asian Americans Advancing Justice (AAAJ) met

with Eliza Hersh and others from the governor's office to discuss AB 2845, the Pardon and Commutation Reform Act that went into effect in Jan 2019. Because of this bill, applicants are supposed to be notified when their application is received and if and when they are referred to BPH for investigation. The AAAJ-led delegation reported that the new administration needs more time to establish their process, and seems committed to continuing clemency.

In Feb 2019, Kelly Savage was hired as the DROP LWOP Campaign Coordinator. Kelly has been an integral member of CCWP for decades and helped develop a support community for those living with LWOP at CCWF. Kelly served 23 years of an LWOP sentence before being commuted by Gov. Brown in Dec 2017 and was released on parole in Nov 2018. In this new role, Kelly will develop the campaign's structure and help plan a statewide strategy session in Los Angeles in Sept 2019.

The DROP LWOP Campaign is also planning a town hall at CCWF, continuing the postcard campaign, and asking everyone to sign the open letter to the Governor demanding he commute all 5,200+ LWOP sentences and eliminate extreme sentencing.

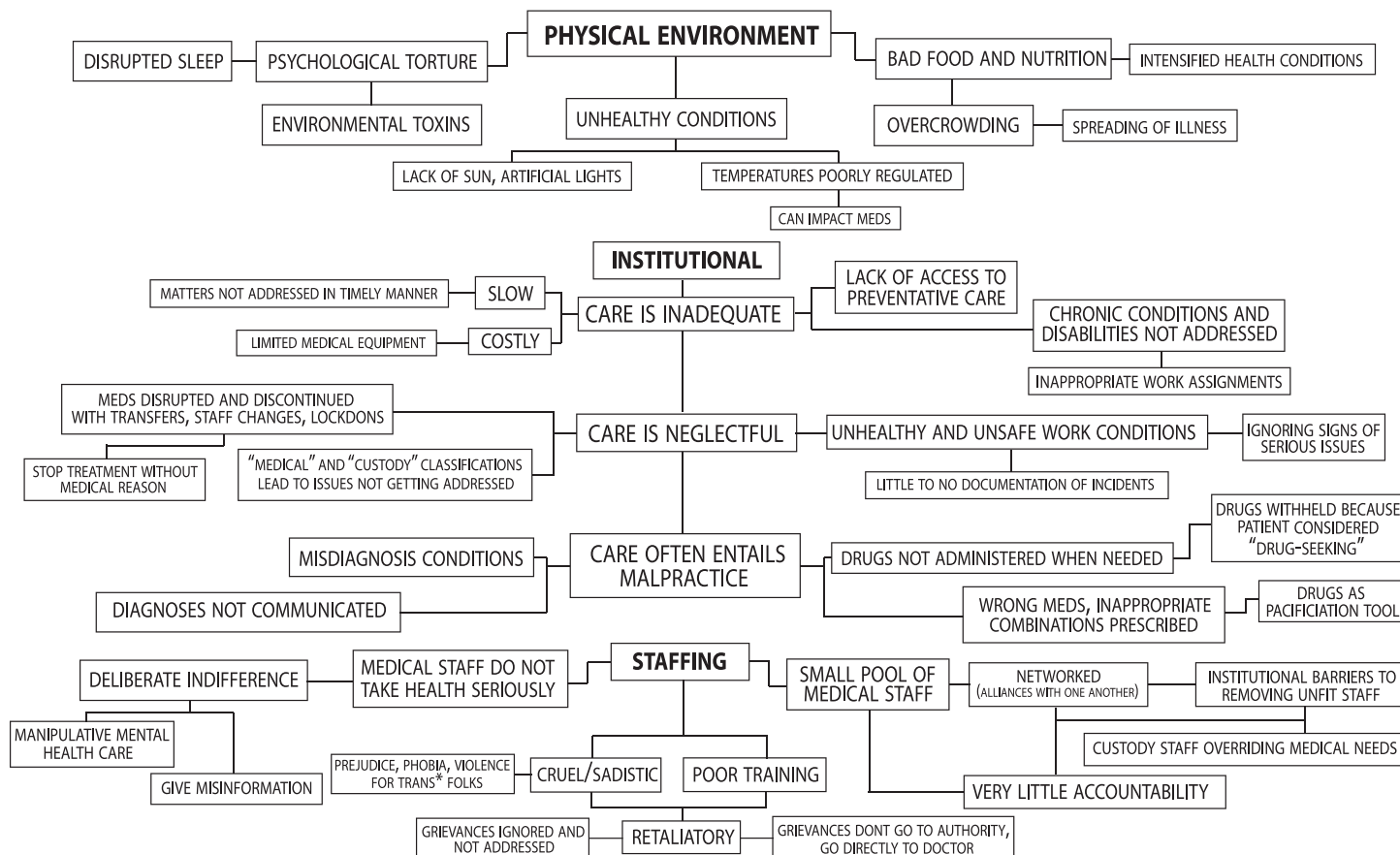
Finally, we know that this transition has been a stressful time, and want to assure everyone with an LWOP sentence that you are not alone and that all of us are fighting for your release and for justice.

*"When standing on the tight wire of hope it's hard to know which direction to lean. If you put yourself in a position of all-in, the spirit tends to suffer when the red tape of the system begins to slowly chip away at those hard won struggles. Every win is worth celebrating. Every win gets us closer to freedom. Don't doubt that!"*

*It may be hard to keep fighting, given feelings about letting down our loved ones or facing the endless time. Whatever the feelings may be, consider the alternative and start networking with others and know there are many people out here fighting for and with you. I can honestly say I understand the struggle and as I write this I am able to say that I fought every possible angle and spoke my release into existence. We will use that same drive fighting for all of you." -Kelly Savage ■*

# Health Care is a Human Right!

## BARRIERS TO HEALTHCARE INSIDE WOMEN'S PRISONS



## HEALTHCARE TESTIMONIALS FROM CCWF

**T**he medical treatment at CCWF is atrocious. Even if you have an emergency, like you can't breathe, pushing an emergency button will only get you on a list to be seen. Then you have to get yourself to another building and still wait there for attention.

I speak from experience. A day after putting a co-pay for an asthma pump I felt shortness of breath. I needed an asthma treatment to prevent an actual full-blown attack. The nurse in the med line told me to have housing staff refer me for treatment. Back in my unit the housing staff did request a treatment, but when I got back to med line I was told I will have to wait until all others have been seen. Because I could not breathe, my chest kept getting tighter. I started panicking. Eventually another nurse did help me, but the staff who should have helped me, whose job it is to help us, did not do her job.

I 602'ed about not getting timely treatment not just for me, but because such disregard for people affects everyone seeking help. I want this to change for everyone in here.

-Jessica Martinez



Asking for healthcare is risky. They discourage you at every turn, even if you are only trying to get help for your pain. I have many illnesses and have seen many CDCr doctors. At every primary care physician appointment, they just do the formalities: take your vitals, order blood or urine test, etc. They do not listen to me. I leave with the same problems I came in with. Only when I file a medical grievance can I get tests that can diagnose my disease.

I want to know what is going on with my health. I hope to go home soon and I don't want to put my family at risk of any illness I may not know I have. For example, I was roomed for 3 months with a person who had active TB!!! Only when she started coughing up mucus that looked like cottage cheese did they decide to quarantine her. They left us to clean up her area. We had to use our own bleach to do it.

Another time, a cancer patient was incontinent. It was not her fault, it was the disease. Again, we were expected to clean up the area with our own cleaning supplies. They didn't even give us red biohazard garbage bags to let the garbage crew know that this is contaminated garbage.

I am only one person. I would like my sisters to write their stories to let the world know how we are mistreated. All we're asking for is a healthy, friendly relationship with those whose job it is to help us.

-Rita Marie Lewis



Artist: Frizz Kid

When I fainted late last year, a nurse was called. She arrived, did not do anything, not even take my vitals, then left telling the custody staff that she could not help me because I did not answer her questions. I was laying on the floor, passed out. I could not respond to her questions.

I filed a 602. When it was reviewed it was explained to me that the nurse has the power to decide if a situation is an emergency. How could a non-responsive person be left on the floor with no attention at all from "medical" personnel?

-LW ■

## Comfort Care

by Tiffany Holmes

**T**his program was created to provide caring support for a prisoner during their last days. We comfort care volunteers fill the gap when their family, loved ones, and friends cannot be there. We are all trained hospice caregivers to ensure that no woman dies alone. We are there until the end on 24 hour shifts, two volunteers at a time. We read to them, sing, and pray, support them and let them know it is okay to let go and move on. Some will tell us they see spirits or angels and it is very bright. We let them know it is okay to leave us all behind and move forward to the next life.

At the end if they have family members, they are allowed to come say goodbye and spend time. The families feel better knowing we are there when they leave. They thank us, cry with us, and so on.

When a prisoner is told they have only so much time left in their life, the CDCr doctor will put a chrono in their medical file. If they have family who are willing to bring them home, the prisoner must let their counselor know they would like to have compassionate release and then the counselor must notify the doctors. Sometimes the doctor will then notify the counselor that they need to begin the paperwork. Most prisoners do not know what to do or even want to do all this. The file is sent from desk to desk and can just get lost. There is no deadline. No rush order. The paperwork and red tape usually take so long that the prisoner

dies before it is all completely signed off.

One of our last women who passed, her family had gotten a lawyer to help with the process. She had a hearing by the BPH, was cleared and was waiting on the last two signatures. She passed away two weeks after the hearing before those final signatures were gotten.

### RED TAPE

**CDCr Staff.** The Americans with Disabilities Act (ADA) counselor is in charge of all prisoners with disabilities in general population and also in the Skilled Nursing Facility (SNF). Most of the counselors who are assigned to ADA don't know anything regarding regulations or the process for compassionate release.

**Board of Parole Hearings (BPH).** If the prisoner is a "lifer" they must have a hearing. It is done in the SNF at bedside. Most of the time the prisoner does not know the outcome, unlike in a regular BPH hearing.

**Parole Agent.** There must be one assigned to the case and they must do a home visit to the place where the prisoner is going to spend their last days. That report has to be submitted and approved.

**The sentencing judge** for the person's case must sign off as well and any victim has to be notified.

**The warden** must do a file review and sign off. After all these sign offs, it is sent to Sacramento and signed by them. ■

## Compassionate Release

**C**ynthia Chandler is an activist lawyer, a co-founder of Justice Now, and provided legal representation to people applying for Compassionate Release (CR) for 20 years after helping create the statutory process. The Fire Inside asked her to reflect on two questions related to this work.

**Can you explain the value of Compassionate Release (CR) and having someone trained who can support the process?**

Compassionate Release is an essential tool for helping to ensure that people who become gravely ill or incapacitated while in prison receive appropriate end of life care. Many people hold fears about whether they will they die alone inside, or were the worst to happen, would anyone know they died and what would happen to their bodies, or would there be any chance of accountability were they are killed due to (cont. on page 11)



Rising from ashes, a drawing of Phoenix  
Reborn by Deonte Relford

(cont. from page 10) neglect or worse. I have always valued compassionate release advocacy as essential to help people inside and their loved ones bear and overcome the stress of those fears.

## **What were some of the roadblocks encountered in supporting people through the CR process and how did you overcome them?**

Each stage of the process has its own frustrating, insufferable barriers. Here are a few general points that I have found helpful in navigating the system (these hints cannot and do not replace individualized legal representation.)

1. **The squeaky wheel gets the grease:** CR can be initiated by a prison doctor, warden or by the head of the CDCr. If you think you or your loved one fits the criteria of having 6 months to live or less or being unable to tend to basic tasks of taking care of oneself, let these people know what you think through daily calls, emails and letters and demand evaluation. Also try calling or emailing your state senator and assembly person and asking them to help by demanding evaluation. Get your church, family and other community involved, too. Make sure the CDCr and prison knows the community is aware of how sick the person is and they want that person to come home. Once you or your loved one are evaluated medically, you must be evaluated by the CDCr, the Parole Board if you are a lifer, and then the sentencing court. At each step of the way, make sure that the office reviewing suitability knows that many people are eagerly awaiting the evaluation
2. **Don't be a hero:** To win compassionate release, people inside need to demonstrate that they are so weak or incapacitated that they do not physically pose a threat. Prison conditions can encourage people to stand strong in the face of struggle, and some folks can come across as less ill than they really are. Be prepared to really talk about how serious the illness is. It's not the time to act brave.
3. **Don't make light of a serious situation:** To qualify for compassionate release, a person must be proven to have 6 months or less to live or be permanently and totally incapacitated, AND not pose a threat. Always make sure that anyone advocating for compassionate release not make light of the commitment offense. ■

## **Never Forgotten**

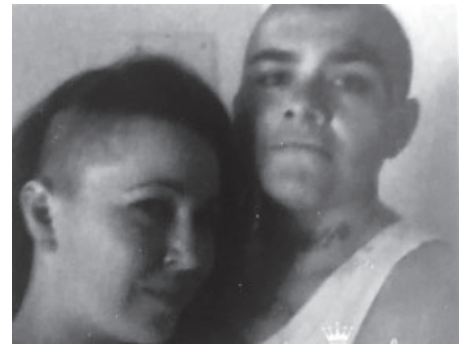
*by Casey Michelle Coglianese*

*I've gone through all the stations  
I've listened to all those songs  
I've read your words over and over  
Trying to make sense of what  
Feels so wrong  
Sometimes I've thought  
I saw a glimpse  
Of you passing by  
I could have sworn I heard your voice  
And even once call out my name  
I remember you through  
so many things  
That should be normal  
on any given day  
But you came to me  
through everything  
Throughout each and every way  
A song, a joke, a word  
only you'd make up  
A story, a face only you would make  
The food you would love to eat  
The quirky ways only you'd play*

*The genuine caring you'd show to  
Someone everyone else shuns away  
Since you've been gone, I've searched  
For some way to bring  
you back and feel  
Your arms around me once again  
I've been "out of my mind" and lost  
All my sanity...  
I've struggled to accept  
your death as reality  
You were so much a part of me  
That I didn't know how to live  
I'd lay in bed searching for myself  
Somewhere lost within  
It's been a long hard year  
since you've been gone  
Everyday I wonder if I will ever  
Really get to see you again...  
Without you the world  
just seems wrong  
Jaylene Ho, you'll never be forgotten!  
Your memory lives on. If only you*

*knew we would all hurt this bad  
with you being gone. I don't believe  
you'd risk the loss of your life and  
the future you really wanted, would  
never be so blinded because of these  
prison walls. You were and are so  
much more than this place. Your  
heart was too big to be contained  
inside any cell or any cage.*

*I will love you forever.  
Your wife, Casey Michelle Coglianese  
March 2019 ■*





## Poetry

by Sherie Jarvies

### Dear Understanding

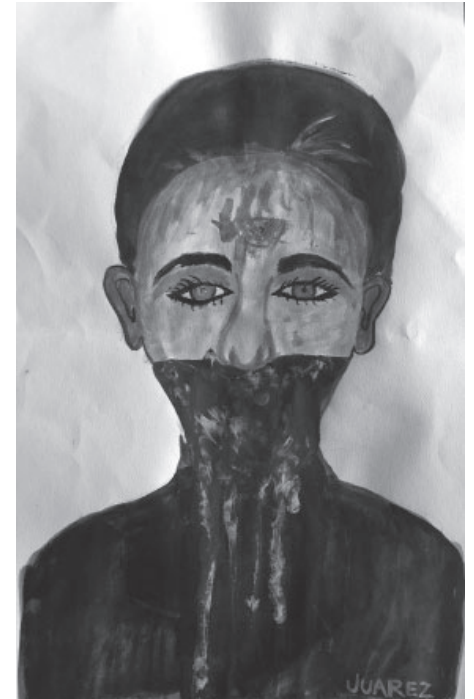
Where are you when I need you. You run so far away. So far I can't reach you. I need you here today. Help me understand why I'm a dying breed in a cold world where no one understands me. Where nothing's free. Motives in front, morals you never see. Kids with no mothers. Him is a her and a him is a she. You can find love for a very small fee. Nothing keeps it real not even your family tree. WAKE THE FUCC UP there's no us, there's no we. I'm in this race alone, nothing but G.O.D.

### AdSeg

What a nut house, a mental ward. Death Row in a lil small cage. People yelling and screaming content, like it's the last stage. Sometimes I can get it when you feel nothing's left but death. When you look around and everything's dead and you wanna take your last breath. A few doors down a girl hung herself. Sometimes I wish it were me. I'm too scared and too weak but RIP J cuz now you're finally free.

### Peace

Thank you for staying by my side. What would I do without that beautiful smile that comes along with you, that vibe that no one can kill or steal cuz you're peace. ■



Artist: Valerie Juarez

### Certain Days Highlights Health/Care

The Certain Days: Freedom for Political Prisoners calendar ([www.certainddays.org](http://www.certainddays.org)) is a fundraising and educational project between organizers in Montreal, Hamilton (NY) and Baltimore (MD), in partnership with David Gilbert, a current political prisoner held in NY, and two recently released political prisoners, Robert Seth Hayes and Herman Bell. The 2019 calendar is about health/care and features essays and artworks created by prisoners and outside organizers that depict collective care, lack of nutrition inside prisons, prison medical centers' negligence toward gender-non conforming and transgender people, disability justice, elder care, and the need to resist oppressive systems and build healthy alternatives. It also highlights the enormous impact that leaders in prison have had on the HIV/AIDS crisis, the Hepatitis C crisis, increasing access to healthy food in prisons, and demanding that prisoners receive the dignified healthcare they deserve.



Artist: Leah Jo Carnine

The Certain Days collective writes, "health in all its dimensions - physical, mental, emotional, spiritual, environmental, community - remains fundamental to liberation... Without our health, without a sense of self-worth, how are we to confront the systems actively working to oppress us?" We hope you enjoy some of the calendar's featured artworks in this issue (pages 1, 4, 9, and 12).

Certain Days: % QPIRG Concordia, 1455 de Maisonneuve Blvd. O. Montreal, QC. ■

# Lifer's Life-Long Search for Suitability

by Jane Dorotik, CIW

Nine long years ago, I wrote "Part 1" of this essay, published in the SJRA Advocate in April 2010 ([www.sjra1.com/index\\_files/advocatepdf/VOL%202%20ISSUE%202-APR%202010.pdf](http://www.sjra1.com/index_files/advocatepdf/VOL%202%20ISSUE%202-APR%202010.pdf)). Since then, many articles have been written, research undertaken, studies published, all concluding how difficult it is for a lifer to be released from prison in the U.S., and especially in California.

Some things have changed in the last nine years. The parole suitability rate was 5%, and now has increased to an average of 30%. Governor reversals have also changed, from about 75% in 2009 to less than 10% currently, thanks to Gov. Jerry Brown. But perhaps the most telling statistic is quoted in a 2017 report from the Washington, D.C.-based Sentencing Project: "In California... state records reveal that more lifers with murder convictions died in prison than were paroled between 2000 and 2011."

While I applaud the progress made, there is much work to be done. Costs of incarceration have increased to an average of \$72,000/year; if you are a woman age 55 and up the cost is \$160,000 per year. The state could send 3 young people to Harvard for a year for that same amount spent to keep an elderly woman in prison!

Statistics only go so far in capturing the whole story. Let me tell you about LG, a woman who is now 71 years old, gets around with the help of a walker, and still manages to work at a prison job. [CDCr has no policy for "retirement while incarcerated." Everyone must continue to work until physically unable to do so.] She keeps working despite her physical limitations and significant health problems out of fear of being shipped up north (from CIW to CCWF), away from her prison family and friends. LG has been in prison for 33 years on a 25 to life sentence. She had no prior criminal history and has never had a violent disciplinary rule infraction. In fact, her only rule infraction was 26 years ago for "taking food out of the chow hall." Her prison file documents over 35 completed self-help, vocational and educational programs. LG has been to the parole board (BPH) five times, yet



Lisa and Susan Bustamante Celebrate Their Freedom

she remains part of the 71% denied parole. Denial rollovers used to be one to five years, but thanks to Marsy's Law, an individual denied parole will have to wait between 3 to 15 years to go before the BPH again. A 15 year rollover for a 71 year old may as well be a whole new life sentence!

The incarcerated elderly population is increasing, despite having an almost 0% recidivism rate. After 30+ years, does BPH really think 5 more years will make a critical difference and expect a 70 year old to better articulate insight and remorse than at age 65?

Here is a stunning statistic to end on. In Germany, 92% of prison sentences are for 2 years or less; in the Netherlands it is 95% [Vera Institute, 2013 report]. Perhaps CA should take a lesson. ■



Susan, Deirdre, Lisa and Adrienne Reconnect



## ICE Denies Healthcare

The U.S. Immigration and Customs Enforcement (ICE) was condemned in two different reports for horrible conditions in ICE detention centers in California (CA). These conditions violate federal and CA state standards for safety, human rights and health of the people in their care. One report issued in February 2019 by CA Attorney General Xavier Becerra, confirmed that people are: confined up to 22 hours per day in cells; denied prompt and adequate health care, including mental health services; and many are denied access to interpreters and legal representation. The other report, issued by the Global Environment Justice Project of the University of California, Santa Barbara (UCSB, [www.es.ucsb.edu/gejp](http://www.es.ucsb.edu/gejp)), documented toxic contamination at a series of ICE detention centers, causing both immediate and potentially long-term serious health effects.

In 2017, the CA Legislature passed AB 103, a law that requires the state Justice Department to inspect immigration detention centers and speak with staff and people incarcerated in them to assess conditions for 10 years. The Feb. 2019 report, the first issued under AB 103, documented the conditions of the almost 74,000 people detained in CA by ICE in the past three years. The ICE centers inspected included the West County Detention Center in Richmond, CA –now closed—that had been run by the Contra Costa Sheriff’s Dept. (see story in FI #57, page 7). The investigators found especially poor conditions for women detained by ICE, including being denied access to bathrooms, so women were forced to use biohazard bags to urinate and defecate. The report noted that federal authorities had not been properly monitoring conditions at the centers.

The UCSB report, issued in January 2019, exposed severe toxic contamination at ICE centers throughout the US, including an ICE center at the Federal Correctional Center (FCC) in Victorville, CA. They found alarmingly high levels of toxic chemicals used in farming (pesticides, mercury) and dangerous chemicals used at the former Air Force Base that is now the FCC. Chemical contamination found in both water and soil—including benzene, lead and trichloroethylene—can cause nerve, heart, liver and kidney damage, as well as cancer and serious skin diseases. One of the solutions this report calls for is the immediate reinstitution of the Family Case Management Program previously run by ICE. Under this program, people are not detained while waiting for court hearings to resolve their immigration status, but instead are monitored in the community by case managers. There is no justification for ICE to put people in harm’s way while awaiting their legal hearings. ■

## Palestinian Women Protest Prison Surveillance Cameras



Artist: Roger Peet

Israeli Prison Authority conceded to a number of their demands. It isn’t clear yet whether the cameras will be eliminated. ■

In October 2018, Palestinian women prisoners launched a series of protests after surveillance cameras were installed in the prison recreation yard. Cameras have also been installed in the corridors leading to the rooms where they wash, cook and pray. In response women refused to go out for their recreation time for over 34 days. They accused the Israeli prison system of denying their access to air, sun and exercise and impacting their personal privacy and freedom. Palestinian men prisoners have joined in solidarity with their actions against the cameras. In February 2019, Khalida Jarrar, a Palestinian member of parliament who had been held in prison for 20 months without charge or trial was released. She spoke of the deteriorating conditions that Palestinian women face in Israeli prisons, “The occupation is trying to transfer the prisoners to make them begin their struggle from a zero point, but the prisoners continue to maintain their unity and cohesion and demand a change in their circumstances.” From April 8<sup>th</sup> to April 15<sup>th</sup>, Palestinian prisoners went on hunger strike to protest the terrible conditions in the prisons, including the surveillance cameras. The strike ended when the



## More Healthcare Resources

*California Correctional Health Care Services (CCHCS)* provides statewide care that includes medical, dental and mental health services. Contact them to request medical records.

### **California Correctional Health Care Services**

P.O. Box 588500  
Elk Grove, CA 95758  
(916) 691-3000  
Lifeline@CDCr.ca.gov

Families can report medical care concerns via the CCHCS Inmate Health Care Inquiry Line at (916) 691-1404. Concerns can also be reported to the warden or chief medical officer.

*CDCr Ombudsman's Office* works independently as an intermediary to provide individuals with a confidential avenue to address complaints and resolve issues at the lowest possible level. The office proposes policy and procedural changes when systemic issues are identified. The new Chief Ombudsperson, Sara L. Smith, oversees CCWF, CIW, FWF, and McFarland.

CDCr Office of the Ombudsman  
1515 S Street  
Sacramento, CA 95811  
(916) 324-5458 or (916) 445-1773  
Sara.Smith@CDCr.ca.gov

*ACLU Prison Project* provides general assistance to disability prison issues.

Contact them at:

**Susan Mizner, Disability Counsel**  
**American Civil Liberties Union**  
39 Drumm St.  
San Francisco, CA 94111  
(415) 343-0781 / smizner@aclu.org  
[www.aclu.org](http://www.aclu.org)

### **Claudia Center, Senior Staff Attorney, Disability Rights**

39 Drumm Street  
San Francisco, CA 94111  
(415) 343-0762 / ccenter@aclu.org

### **Linda D. Kilb, Disability Rights Education and Defense Fund, Inc.**

3075 Adeline Street Suite 210  
Berkeley, CA 94703  
(510) 644-2555, ext. 243  
lkilb@dredf.org  
[www.dredf.org](http://www.dredf.org)

### **Michigan Women Sue for Health Care**

On April 11, 2019, after over two years of suffering from an untreated scabies epidemic affecting hundreds of women incarcerated in Huron Valley Correctional Facility, women filed a class action lawsuit to force the Dept. of Corrections to provide decent healthcare. Named plaintiff Rebecca Smith asserted that the highly contagious skin disease caused by a microscopic mite started in 2017. The DOC did not publicly acknowledge the epidemic and take steps to treat those affected until 2019, when they were forced to temporarily close the prison to visitors. ■

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California Coalition for Women Prisoners invites and encourages all women and transgender people who have been or are inside women's prisons to send us your writing, letters, artwork, or poetry.

**Our next issue, *Fire Inside* #60, will include updates on many of the CCWP campaigns, including: #MeToo Behind Bars, the Sterilization Reparations Bill, and DROP LWOP, as well as the others. Please send us your art, poetry and articles for publication.**

- ☐ We will not use your name unless you check the box below:  
I want my name to appear in the newsletter

Name: \_\_\_\_\_

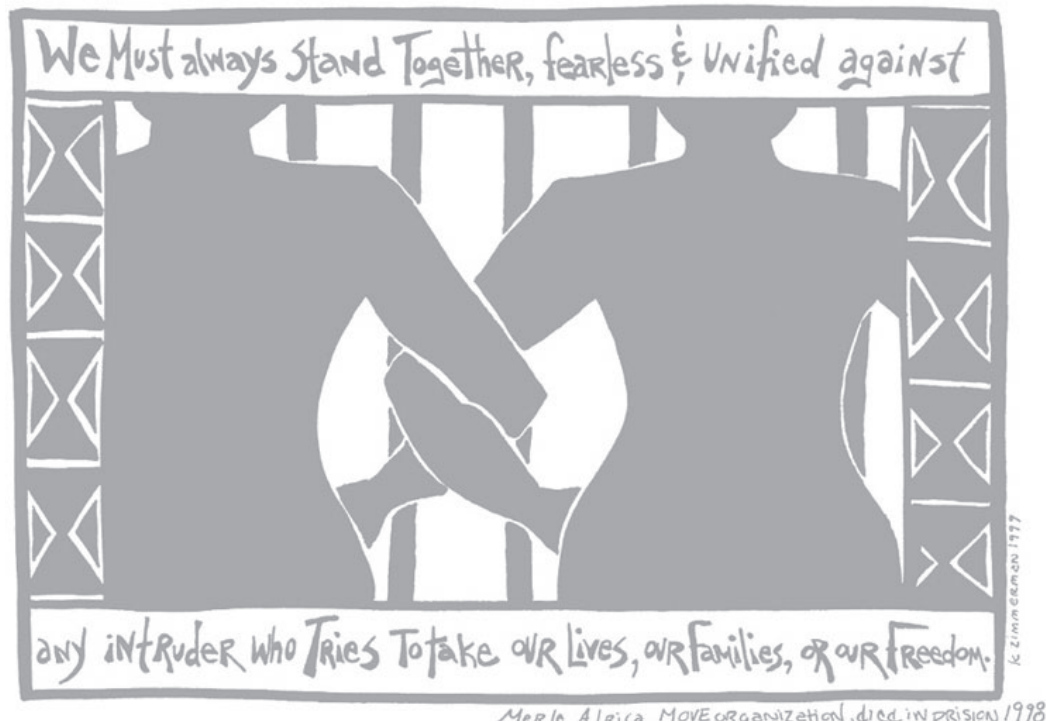
Mail to: \_\_\_\_\_

- ☐ I would like to get the next issue of *The Fire Inside*

Network on Women in Prison  
California Coalition for Women Prisoners  
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Oakland, CA 94608

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CCWP SF Bay Area  
4400 Market St.  
Oakland, CA 94608

CCWP Los Angeles  
PO Box 291585  
LA, CA 90029

(415) 255-7036 x4  
www.womenprisoners.org  
info@womenprisoners.org

## CCWP Mission

CCWP is a grassroots social justice organization, with members inside and outside prison, that challenges the institutional violence imposed on women, transgender people and communities of color by the prison industrial complex (PIC). We see the struggle for racial and gender justice as central to dismantling the PIC, and we prioritize the leadership of the people, families and communities most impacted in building this movement.

Funded in part by: Alcibie Alliance, Bafrayung Fund, Ben & Jerry's Foundation, CJI/Solidago, Formerly Incarcerated & Convicted People and Families Movement (FICPFM), Kindle Project, Mary's Pence, Old First Presbyterian Church, People's Life Fund, RGHR Giving Circle, Tides Dignity & Justice Fund, Universalist Unitarians, Vanguard Charitable Fund

## Yes, I want to support women prisoners!

- ☐ Please contact me to volunteer
- ☐ Enclosed is \$25 contribution to help send a newsletter subscription to a woman in prison
- ☐ Enclosed is my contribution of \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Please make checks payable to: CCWP/LSPC, 4440 Market St., Oakland, CA 94608