

Dignity Denied

The Price of Imprisoning Older Women in California

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Legal Services for Prisoners with Children

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This report is dedicated to the memory of Imogene Jones, incarcerated at Central California Women's Facility, who contributed to this report but did not live to see its publication. We are grateful to her, and to all of the incarcerated women whose input shaped our understandings of what it's like to grow old in prison. We are deeply thankful for their courage and perseverance.

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Cover Photo Courtesy of **Myrtle Green** - Ms. Green has served more than 16 years in prison and reports that between January and July 2005 she was hospitalized twice at taxpayer's cost of \$32,000 bringing to the total cost of treatment related to old age near \$2.5 million.

[Contents]

Executive Summary	5
Introduction	11
Chapter 1: Findings	15
Activities of Daily Life	16
Housing	21
Work and Programming	26
Health Care	29
Abuse	36
Support, Surviving and Thriving	39
Growing Old Behind Bars	46
Chapter 2: Responding to the Crisis	49
Chapter 3: Geriatric Prisons: Not a Solution	55
Chapter 4: Recommendations	59
Endnotes	67
Appendix	75
General Demographics of Survey Respondents and Summary of Statistical Data	



Executive Summary

[Executive Summary]

This report examines the conditions of confinement for older women imprisoned in California, documents their health and safety concerns and discusses strategies to improve their health and well-being. The findings are based on data derived from 120 surveys of women prisoners aged 55 and older as well as a series of semi-structured interviews with older women prisoners, their families and friends. The findings address activities of daily life, housing, work and programming, health care, abuse and social support for older prisoners. The last three chapters examine current efforts nationally to respond to the crisis generated by the graying of the prison population, explore the questions surrounding the development of geriatric prisons, and make recommendations for ways California policymakers might address the issues.

The continued incarceration of frail elders – who represent the smallest threat to public safety but the largest cost to incarcerate – embodies failed public policy. California policymakers have an opportunity to create meaningful solutions to this crisis by taking measures to ensure the rights and dignity of older prisoners and create community-based alternatives to their incarceration. Such measures are in accordance with a social commitment to ensuring that society’s elders live out their lives in dignity, and are ultimately in interest of building a safer California.

Scope of the problem

More Californians are growing older in prison than ever before: The state now incarcerates approximately 7,550 persons over the age of 55. It is estimated that by 2022, more than 30,000 older persons will be incarcerated in California.

Executive Summary

The California Department of Corrections and Rehabilitation (CDCR) has been incapable of providing the level of medical care to prisoners required by law. In June 2005, Federal Judge Thelton Henderson placed the prison health system under federal receivership, citing the CDCR's "incompetence and outright depravity in the rendering of medical services."

The annual cost of incarcerating an older prisoner is nearly double that of a younger prisoner, approximately \$70,000 a year.

Older prisoners have the lowest rates of recidivism of any segment of the prison population and have the highest rates of parole success.

Older prisoners face a unique set of health and safety concerns as they grow old in a system not designed to address their specific needs.

Findings

Prisons are not geared to the needs and vulnerabilities of older people. Older prisoners must contend with prison rules that require them to drop to the ground for alarms, climb onto top bunks and undress for strip searches. Additionally, the built environment (for example, the limited number of bottom bunks, cells without handrails and long-distance walks to the dining hall) contributes to making life difficult for older people. More than half of respondents report that they fell at least once in the last year; two out of five respondents report being injured while performing a daily prison routine.

Current CDCR housing issues put older and disabled prisoners at risk. Most prisoners are housed eight to a cell with only minimal consideration for an individual's age, health status or physical limitations. While many older women articulate the frustrations of overcrowding, noise, lack of privacy and intergenerational tensions, they also reaffirm the importance of maintaining social relationships with younger prisoners. At least one

Executive Summary

out of four women reported feeling unsafe in their cells; another one out of four reported difficulty in getting help in an emergency.

There is no retirement age in the CDCR; all but the most ill and disabled prisoners are required to work or participate in a prison program. Failure by prison staff to adequately consider an individual's age, abilities, health status and physical limitations when issuing job assignments routinely puts older prisoners at risk for injury.

The CDCR's systemic failure to provide humane medical care was a prominent theme in the surveys. Respondents cited several issues: the barrier to care imposed by the \$5 co-pay, long delays in receiving treatment, difficulties in obtaining medication in a timely manner, lack of preventative care, inadequate nutrition and lack of mental health services.

Older women reported a pervasive fear of abuse, from both fellow prisoners and staff. Two out of three of respondents reported personally experiencing verbal abuse by staff; one out of three reported experiencing physical abuse by another prisoner. The vast majority of respondents feel that prison medical staff are not sensitive to their needs as aging prisoners.

Nearly half of older women responded "yes" to questions that are indicators of depression. The majority identified outside support of family and friends as their greatest source of emotional support during their incarceration.

Recommendations

This report offers two categories of recommendations: measures to reduce the number of older prisoners and short-term recommendations to ameliorate the conditions of confinement faced by older prisoners. Geriatric prisons are not a recommended solution because of CDCR's troubled history of providing specific and specialized care to its most vulnerable prisoners. Highlighted recommendations follow.

Executive Summary

Reducing the numbers of older prisoners:

Implement the Legislative Analyst's Office (LAO) recommendation to save the state more than \$9 million dollars in a single year by releasing all nonviolent prisoners over 55 on parole.

Expand the Compassionate Release law to include older and disabled prisoners.

Establish a home-monitoring program for older prisoners to serve the remainder of their sentences in home confinement.

Reform current parole policies to ensure release for eligible prisoners serving indeterminate sentences.

Repeal California's "Three Strikes Law" to curb the exponential increase of the elderly prisoner population.

Improving the lives of older prisoners:

Establish training for correctional staff on working with older prisoners.

Appoint an ombudsperson who reports directly to the legislature about CDCR's progress in enforcing new policies aimed at meeting the specific needs of older prisoners.

Establish a yearly comprehensive geriatric assessment for prisoners over 55.

Establish an "over 55" status affording older prisoners age-specific consideration and assistance regarding housing, programming and activities of daily life.

Designate a certain number of cells within the general population housing units as "over 55" cells.

Executive Summary

Establish a retirement policy for prisoners.

Work with community volunteers and organizations to establish age-appropriate programs and activities specially geared to seniors.

Conduct health education classes available to prisoners on aging that include information about the unique health and psychosocial issues faced by older people.

Eliminate the \$5 co-pay prisoners are required to pay for medical visits.

Establish case managers to coordinate pre-release planning and post-release services designed to address the specific concerns of elderly parolees.

Introduction

California legislators currently face an urgent fiscal crisis generated by the graying of the state's prison population. Because of "tough on crime" policies such as mandatory minimum sentences, the "Three Strikes" law and a general reluctance to release long-term prisoners on parole, more Californians are growing older in prison than ever before. In 1993, 2,432 prisoners over the age of 55 were incarcerated in California state prisons.⁽¹⁾ As of December 2004, that number rose to 7,550.⁽²⁾ Unless California changes its sentencing laws, the state will incarcerate an estimated 30,000 "Three Strikes" prisoners by 2026.⁽³⁾ The vast racial disparities in the criminal justice system mean that African-American and Latino communities generally suffer most from these policies.⁽⁴⁾



Elinora Francis

Prisons are alien and intimidating to the sensitivities and vulnerabilities of old age and illness. In short, providing care in prison settings poses significant challenges to ethical and effective medical practice.

– National Institute of Corrections⁽⁵⁾

Nationally, the annual cost of incarcerating an older prisoner averages \$70,000, nearly double that of a younger prisoner.⁽⁶⁾ The California Legislative Analyst's Office (LAO), a nonpartisan organization that provides fiscal and policy advice to the California State Legislature, estimates that by 2022, California will incarcerate more than 30,200 prisoners over 55, or 16 percent of the total prisoner population.⁽⁷⁾ Extensive research shows that increasing age is one of the most reliable predictors of low recidivism and that

older prisoners are the least likely to return to prison.⁽⁸⁾ Despite this evidence, California continues to hold people well into old age instead of exploring cost-saving early release options and creating alternatives to incarceration for all the elderly.

The fiscal crisis represents only one part of the problem. Even though the California Department of Corrections and Rehabilitation (CDCR) doubled its budget for correctional health care over the last seven years to almost \$1.1 billion, it has continued to demonstrate an inability to provide constitutionally mandated medical care to its prisoners.⁽⁹⁾ As a result, California taxpayers foot the bill for a system that was meant to ensure public safety but in actuality costs prisoners their health, and in some cases their lives. After decades of litigation, in June 2005 federal Judge Thelton Henderson charged the CDCR with “incompetence and outright depravity in the rendering of medical services,” and ordered the prison health department placed under federal receivership – an unprecedented move in California’s history.⁽¹⁰⁾

Concerned by this situation, Legal Services for Prisoners with Children (LSPC), an advocacy organization that investigates conditions of confinement in California prisons, undertook an initiative to document health and safety concerns of older women prisoners. Specific objectives of this investigation included examining the conditions of confinement for older women, identifying barriers to their health and safety, and developing strategies to improve their health and well being. This report focuses on the particular situation of incarcerated women because LSPC knows this population best; however, many of the issues explored in this report apply to men as well.

This report documents the many ways incarceration puts elders at risk and diminishes their health. It also questions the wisdom of putting punishment before rehabilitation and reconciliation. We hope this report induces lawmakers to examine the consequences of decades of failed policies that yield little in the way of public safety, but put an

undue burden, both fiscal and social, on the community. This moment of crisis creates an opportunity for the development of new models of public safety – models that protect health and minimize harm done to both prisoners and the community.

Methodology

As of June 30, 2004, the CDCR incarcerated approximately 353 female prisoners over the age of 55.⁽¹¹⁾ In August 2004, LSPC sent a comprehensive 50-item questionnaire on health status and living conditions to 203 female prisoners thought to be 55 or older and known to the organization through prior legal advocacy work. Of the 203 questionnaires sent, 29 were not completed because the women had been paroled or discharged and four were not completed because the questionnaire was sent to the wrong address. This resulted in 170 questionnaires sent to eligible women, of which 101 (59 percent) were completed. LSPC then obtained an additional 19 questionnaires from women who were referred by other prisoners and who met the age eligibility requirement, resulting in a total of 120 respondents.

Respondents were evenly distributed from each prison. The mean age was 62 (range 55-82 years); nearly half of them had been in prison for more than 15 years. Three-quarters of sentences were either 15 years-to-life or life without possibility of parole. Survey responses closely paralleled the racial/ethnic demographics of the women's prisons for this age group: 68 percent were white, 13 percent black, and 6 percent Latino.⁽¹²⁾

In addition to the surveys, a subset of 18 semi-structured interviews were conducted with incarcerated women 50 and older. The interviews were guided by questions about the experiences of older women in prison (e.g., “What are your greatest concerns about getting older in prison?” “How do you think staff members regard older prisoners?” “How do you think other prisoners regard older prisoners?”). Interviews were taped, transcribed and coded for themes. LSPC also solicited input through semi-structured interviews with six family members and friends of older prisoners. All prisoners gave

Introduction

informed consent to participate in these confidential legal interviews. Personal identifying information of the survey participants was de-identified through a coding process known only to LSPC staff; data is kept in a locked filing cabinet. All interview participants were given the option of retaining their anonymity or being identified by name in the report. All qualitative interview responses are similarly protected; identifying information is only made public through specific informed consent for release.



Chapter
1

Findings

For older people who frequently contend with multiple functional impairments and complex medical issues, prison routines and activities of daily life represent a significant safety issue. While many aging prisoners share the same challenges faced by elders in the outside community (such as bathing, dressing, using the bathroom, and getting in and out of bed), older prisoners must also contend with prison rules which require them to drop to the ground for alarms, climb onto top bunks and undress for strip searches. Additionally, the built environment (for example, the limited number of bottom bunks, cells without handrails and long walks to the dining hall) contributes to making life difficult for older people. Many prisoners report they don't get the help they need from either medical or prison staff. Those who do receive assistance report that this help most often comes from other prisoners.



Theda Rice

Staff says all inmates are to be treated just alike.
There is no differentiation, whether you're old, crippled
or whatever.

Myrtle Green, 73⁽¹³⁾

Built Environment

Many older prisoners experience serious difficulties and injuries getting in and out of top bunks. Fifty-seven-year-old Sheila Jones, incarcerated more than 20 years, reported that she broke her arm and tailbone as a result of falling off a top bunk.⁽¹⁴⁾ Eliza Brown, 62, incarcerated for more than 20 years, suffers from arthritis. She has a history of falls and reports that she tore a tendon in her left foot after falling from a top bunk.⁽¹⁵⁾ For elderly prisoners, other potentially dangerous aspects of the built environment include a lack of hand rails (especially in wet, slippery showers) and heavy

cell doors. Describing the difficulty of opening her cell door, one prisoner said that the cell doors are “very heavy ... [My] door was keyed by [a correctional officer], when I went to push it open my wheelchair flipped out from under me.”⁽¹⁶⁾

Prisoners must often walk great distances from their housing units to their places of work, dining halls, medical clinics and visiting rooms. Similarly, they must stand for multiple daily counts, wait in long lines to eat and get their medications, and endure lengthy waits to be processed for visits. Describing her difficulties getting around in her daily life, 73-year-old Bonnie Myers, who suffers from arthritis and lower back

More than half of respondents report falling at least once in the last year.

problems, says, “Now I can walk just a short distance and then I have to stop. And if I have an hour or two to get there – so that I can stop between times – then I could make it. I could get back. But there are some places that I have to be at, like my job, and I need to get back.”⁽¹⁷⁾

Prison Routines and Rules

Routines of daily prison life often prove difficult and potentially injurious for older prisoners. Discussing the challenges of waiting in line for medications, Nona Lewis, 74, says, “You have to stand in a long line out there and standing is about the hardest

thing I have to do. My hip joints are giving out. I have a chrono [permission slip] saying I shouldn't be on my feet for more than five minutes, but that doesn't help because there is nowhere to sit. There are some poles in the shade and I lean on those and it helps."⁽¹⁸⁾ Jane Dorotik, 57, further explains, "For many women, they have to take meds, and they're what's called 'hot meds,' meaning they're dispensed by the nurse instead of kept in your possession. Then very often they have to wait 45 minutes in line, and then if it's hot, that's a risk."⁽¹⁹⁾ One recently released older woman, Delores Garcia, 55, reports that even "women with 'no-standing' chronos are forced to stand in the heat or cold, and cannot sit down."⁽²⁰⁾

- * The top three prison routines characterized as "very difficult" include getting on the top bunk (58%), getting down for alarms (57%), and being strip searched (50%).
- * More than half of respondents report that they fell at least once in the last year.
- * 43% of respondents report being injured while performing a daily prison routine. Among the most common reasons for injuries were getting on the top bunk (37%), standing in line for count (18%), and the "get down" for alarms (14%).

Other routines of prison life, like shopping at the commissary and doing laundry, can be especially difficult for aging women. Regarding the process for signing up to shop at the commissary, Nona Lewis says, "When the unit is called, they usually call for the shoppers and we go up and pick up our lists and then you go stand in line. And then you wait until they finally call you, and you check in and then you wait again for an hour or two and then they call you again. They let me go in there and sit so I don't have to stand up. ... But I can't carry anything. I can't carry any weight."⁽²¹⁾ Delores Garcia reports that "I would sit out in the heat or the rain and then become sick afterwards [after shopping] ... [T]hey don't consider health conditions."⁽²²⁾

An activity as routine as doing laundry can also pose significant challenges for older prisoners. Jane Dorotik says, “The way the system goes is once a week, the laundry slots are signed up for. ... It’s first come, first served ... so everyone in the hallway will run and literally sometimes knock someone else over. ... And then they’re worried, ‘am I clean enough? If I can’t wash my clothes this week am I gonna be clean enough? Are my cellmates gonna be angry at me?’”(23)

Security-related prison rules are frequently difficult and dangerous for older prisoners. Some older prisoners have difficulty hearing alarms. Similarly, elderly prisoners with hearing loss report difficulty hearing announcements and commands over the intercom system and need to rely on others to repeat announcements. Many prisoners also complain about the difficulties of obtaining hearing aids from health staff. Ethel Dedmon, 66, who suffers from significant hearing loss in both ears, reports, “I had a lot of problems because without my hearing aids ... I can’t hear nothing. I can’t hear the alarms go off. ... If there’s a fire, I’m stuck because I can’t hear the fire alarms or nothing like that without the hearing aid.”(24)

In their own words

[She’s] 82 and she’s lost. She’s lost. ... She’s real smart on some things, and on other things, she’s just, ‘What do I do? Where am I at?’ I had to put a sticker on her door so that she could find her door, because all the doors look alike, even though they have numbers. She goes to other housing units, trying to go home and doesn’t even know where she lives. [I] put a little foam heart with a magnet on it; put it on her door so she could find her room, here in the institution, in her unit.

– Daisy Benson, 56(25)

Several women described the difficulties of the “get down” policy, which requires prisoners to drop to the ground when alarms sound. Beatrice Smith-Dyer, 55, explains, “Let’s say an emergency comes up. Me, I have deteriorating bone disease, and so if there is an emergency and the buzzer goes off, I have to get down. I cannot get down. ... My hips are locked, and so I can’t bend.”⁽²⁶⁾ Daisy Benson, 56, also experiences problems getting on the ground for alarms: “This ‘get down’ thing is so hard. They had an officer, ordered me out of my wheelchair, to get on the ground when the alarm was going on. I looked at her and said, ‘Are you telling me to get out of my wheelchair and get on the ground?’”⁽²⁷⁾ LSPC interviewers witnessed prisoners at CIW having to sit in puddles of rainwater for an extended period of time during a “get down” period. Darlene Walker, 61, noted, “No matter where you are, no matter if there is a ‘lake’ right there, you have to sit in it.” According to Ms. Walker, these emergency procedures are imposed frequently, sometimes two or three times a day, and prisoners can be required to “get down” from 10 to 45 minutes at a time.⁽²⁸⁾

Housing issues rank among the top concerns of women prisoners surveyed. Current CDCR policies put older and disabled prisoners at risk and diminish their health and well-being. These policies include housing most prisoners eight to a cell with only minimal consideration for an individual's age, health status or physical limitations. While many older women articulate the frustrations of overcrowding, noise, lack of privacy and intergenerational tensions, they also reaffirm the importance of maintaining social relationships with younger prisoners. Similarly, many older women also express a fear of living in a separate, geriatric prison cut off from other prisoners who can provide emotional support and much-needed assistance with the activities of daily living.



Evelyn K. Miller

I just get all jittery inside because it is so loud . . .
I just can't take it .

Nona Lewis, 74⁽²⁹⁾

Inadequate Assessment of Housing Needs

The CDCR provides only minimal assessment of an individual's needs regarding age, health status and physical limitations when determining housing placements. Security levels and housing availability seem to represent the main criteria for housing designations. Rickie Blue-Sky, 58, who uses a wheelchair, reports, "In this prison, there is no compatibility to housing whatsoever. If you request to live with someone, they're going to make sure that you're far away ... I go to college and I know other persons who go to take college courses ... and there's bullies in the room who won't let them turn on a light. So how are you supposed to get your studying done? You can't. There aren't that many hours available for the library, so we end up being behind."⁽³⁰⁾ Jane Dorotik adds,

“Somebody looks on a list and says, ‘well, room one has one opening, room three has two openings, room five has one’ and they just go down and fill them in on that level.”⁽³¹⁾

Overcrowding

The CDCR currently houses the vast majority of its women prisoners in eight-person cells. Confinement in a small space with so many people would prove difficult for anyone, but it is especially burdensome for older people who have a greater need for peace and quiet. Veronica Allen, 57, explains, “You’ve got one person over here playing music loud and somebody is trying to watch TV over here and everybody is outdoing each other with the volume.”⁽³²⁾ Ethel Dedmon describes what life is like in

23% of respondents don't feel safe in their cells.

her crowded cell: “[Younger prisoners] have these boom busters ... and they’ll turn ‘em on full blast. You’re trying to sleep. They don’t care. ... All day. All night. There’s nothing you can do about it. I mean, just blaring, blaring, blaring.... I’m so tired I could drop.”⁽³³⁾

Overcrowding often creates hazardous conditions, especially for prisoners with mobility issues. The eight-person cells have one toilet, one shower and two sinks to accommodate eight women, which often proves inadequate for prisoners with physical disabilities who may have specific needs regarding personal hygiene. Rickie Blue-Sky shares,

“Three of us have wheelchairs – the other person has a walker. So try and park all that when you hardly have any room at all.”⁽³⁴⁾

Personal Safety

Besides the psychological stress of living in crowded conditions, many older prisoners (23 percent) report feeling unsafe in their cells. In the experience of Nona Lewis, “Some of them get in physical fights, like in my room, for instance. And they get over by my bed and I’m there not knowing if they are going to get on me and I am going to get involved.”⁽³⁵⁾ Older prisoners endure both psychological as well as physical intimidation. Nona Lewis reports that “There are times that they try to give me consid-

In their own words

I think if you’re around old people all the time, that’s what you’re going to be; that you’re never gonna experience “new.” I have to tell you that I get great joy out of mentoring and facilitating different classes and things going on here, with these women. ... In many different ways, I’m involved in dealing with younger people and I like that. ... I would not want to live with just older people; not at all. I don’t feel old inside. I know my body’s tired. I know my mind is tired, but I don’t feel old and tired yet. ... I’m ready to do whatever it is that I need to do to get on with my life and education.

– Daisy Benson, 56⁽³⁶⁾

eration, and other times they forget. And when it's my turn to clean the room, they want it done – boom, boom, boom – real fast! And I have to sit down and rest, and they'll blast me for that.” Several older prisoners report having their belongings stolen from them inside their cells. “I had so many things stolen from my locker and inside my locker. I had one time put a sign that said, “The Lord said thou shalt not steal. That means you,”” explains Gloria Doheny, 72..⁽³⁷⁾

Intergenerational Tensions

Many older women prisoners identify intergenerational tensions as a defining aspect of their lives in prison, specifically because conditions of confinement demand complex levels of negotiation for survival. Gloria Doheny says:

My problems are not great big ones; they are little ones that make the life very, very hard for an elderly person. ... You have to be very pliable. And you know, when elderly people get old they are not as pliable. But you have to learn, it's a very hard lesson for us, you have to be very pliable because you have to put up with noise, with inconvenience, with energy, literally energy that these youngsters have. And many times that energy is very negative because that's all they have known in their lives. And so they take it out on the elderly; there's nobody else.⁽³⁸⁾

Bonnie Meyers says:

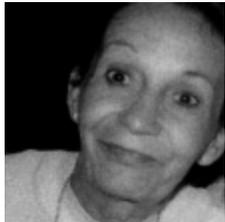
I am one of the oldest prisoners here. I get along with the youngsters! They give me a lot of respect, I have to give them credit for that. They give me respect. But its kind of a known fact that youngsters a lot of time are afraid of older people. They're afraid to touch. They're afraid they'll hurt. A lot of them are afraid. They don't know how to help an older person. ... And if they haven't been brought up around older people, I guess it would be kind of frustrating.⁽³⁹⁾

Especially noteworthy was the desire to find ways to work together with younger prisoners to change these dynamics. Many of the older prisoners wanted to look for situations where older and younger women could share their strengths to create a different environment within the prison.

- * Respondents identified housing issues as their third biggest concern about growing older in prison.
- * One out of four respondents reported difficulties getting help in an emergency.
- * Common housing complaints were cells that were either too hot or too cold (73%), lack of privacy (59%), or feeling unsafe in cells (23%).

Fear of Geriatric Prisons

While many older women prisoners repeatedly articulate the desire for peace and quiet, many also fear the idea of living in geriatric prisons entirely separated from younger people. Older women underscore the importance of intergenerational relationships. Ethel Dedmon says simply, “We need the young ones in our lives. We really do.”⁽⁴⁰⁾ Describing the role of younger prisoners in her life, Myrtle Green, who has been incarcerated more than 16 years, says, “[I don’t want to be] separated from peers, some of them, younger, who have grown to be friends. These are our family, and to be isolated simply because you’re old is, I feel it’s totally unfair. ... There was a consensus among us older women: ‘Leave us in general population, do not isolate us.’”⁽⁴¹⁾ Similarly, older and disabled prisoners greatly rely on younger prisoners for physical assistance as well as social support. “How is one crippled person going to help another? Even if housing us alone gave us a room by ourselves, what if something happened in the middle of the night?” asks Green.⁽⁴²⁾ Rickie Blue-Sky suggests, “I think that a mixed housing unit would be best ... but I think that the people who are the younger people, that they should not have an in-prison violent history.”⁽⁴³⁾



Caroline Homan

There's no consideration because of their age that maybe it's time for them to stop working. You know, they just work till they parole or drop dead.

...Jane Dorotic, 57⁽⁴⁶⁾

The lack of a retirement age, inappropriate job assignments, and dangerous working conditions are all significant safety concerns for older prisoners. The CDCR requires all but the most ill and disabled prisoners to work or participate in a prison program as a condition of their incarceration.⁽⁴⁴⁾ Failure to work means prisoners potentially face disciplinary action or longer prison sentences. The CDCR has no retirement age policy, forcing many older prisoners to work well into old age without relief.⁽⁴⁵⁾ Similarly, prison staff often fail to adequately consider an individual's age, abilities, health status and physical limitations when issuing job assignments. These policies and practices routinely put older prisoners at risk for injury. Additionally, the CDCR also lacks any program to provide older people with meaningful and age-appropriate activities as an alternative to laboring in potentially harmful jobs. The practice of requiring prisoners

to work beyond their physical abilities, regardless of age, represents an additional form of punishment and puts people at risk of serious harm. At the same time, denying prisoners the right to stay active by participation in safe and appropriate activities can lead to the equally cruel reality of forced idleness, isolation and depression.

No Retirement Age

The CDCR’s requirement that nearly all prisoners work affects older people in unique ways. Prison officials do not consider age as a distinct measure of ability when making decisions about work assignments. Because no retirement age exists for prisoners, many work well into their 70s. Gloria Doheny points out that “Job-wise, it doesn’t matter how old you are. They could give you a difficult job.”⁽⁴⁷⁾ Jane Dorotik emphasizes that “There’s no consideration because of their age that maybe it’s time for them to stop working. You know, they just work till they parole or drop dead.”⁽⁴⁸⁾

Two out of three respondents report being assigned to a prison job difficult to perform. These jobs include janitorial positions, yard crew and kitchen duty.

Staff Ignore Medical Limitations (“chronos”) when Assigning Jobs

As a matter of policy, prisoners with disabilities must be afforded accommodations to meet their specific needs.⁽⁴⁹⁾ The CDCR rules require consideration of these limitations (outlined on forms called “chronos”) when determining job assignments, yet many respondents reported frequent violations of those policies. Examples of chronos include “no heavy lifting,” “no bending” and “no walking more than 50 feet.” Beatrice Smith-Dyer explains, “My friend with the carpal tunnel has ‘light duty,’ ‘no lifting,’ ‘no repetitive moving,’ and yet they have her in the kitchen, cutting onions all day.”⁽⁵⁰⁾ Describing her post-operative experience, Veronica Allen says, “I had surgery a couple of years ago, and I came out of the infirmary room and I still had staples. And because I did not have a lay-in,⁽⁵¹⁾ they had released me from the infirmary – and I still had to

report to my job assignment, even though they knew I'd just had surgery. I'd even showed the man the staples and he said, 'I can't do nothing about that.' ”⁽⁵²⁾

While many older women report myriad problems from inappropriate work assignments, many also indicate a strong desire to stay active and productive while serving time and express deep pride in doing a good job. Jane Dorotik suggests that “There are all kinds of things, problems that older people have with working. Either they can't walk so far, or they have to sit down. Any number of things that physically impairs them makes it difficult for them to function in a particular job. ... There are still lots of things they could offer. Again, my biggest thing is having them be able to do something that they feel is fulfilling, that they feel is important.”⁽⁵³⁾ When asked about her job as a teacher's aide, Bonnie Meyers says, “I love it! ... It's something I can do. It's something that I can do without having to stand. And I take pride in saying this: ... I've never missed a day's work. I've never gotten a 115 [disciplinary write-up], I've never gotten a write-up.”⁽⁵⁴⁾

Respondents gave detailed accounts that corroborated reports of the CDCR's systemic failure to provide humane medical care. Factors which contribute to this substandard care for older prisoners include the barrier to care imposed by the \$5 co-pay, long delays in receiving treatment, difficulties in obtaining medication in a timely manner, insufficient preventative care, inadequate nutrition and lack of mental health services. The vast majority of respondents feel that prison medical staff are not sensitive to their needs as aging prisoners.

The \$5 co-pay – A Barrier to Care

California's co-pay system requires most prisoners to pay \$5 in order to access medical services. Five dollars represents a significant expense as most prisoners lack a steady income from outside friends and family. The \$5 co-pay policy forces many prisoners to choose between accessing medical care and purchasing needed items such as hygiene goods and food. A similar trend was found in a study of seniors in the community



Louise Thomas

I am not asking for every stubbed toe and broken fingernail to be treated . . . if they just took the time to treat people humanely.

. Brenda Chubine, 53⁽⁵⁵⁾

who, when faced with financial hardship, frequently chose to restrict their access to medical services.⁽⁵⁶⁾ Commenting on the co-pay burden, Darlene Walker remarks, "It comes out of my little \$36/month. Yeah, \$5 out of \$36 is quite a lot of money. It's shampoo, a conditioner and deodorant."⁽⁵⁷⁾ Andrea Mims, 63, comments, "40 percent of any money many of us receive is taken for restitution. Then \$5 for each co-pay.

So if we earn or receive over \$5 a month, we don't get any indigent [package]⁽⁵⁸⁾, and if we owe for a wheelchair, eye glasses or dental plates, money is taken off our account until it is paid for.”⁽⁵⁹⁾

In a report issued in January 2000, California State Auditors recommended the elimination of the co-pay policy, concluding it, “has not generated the expected revenue, nor has the department analyzed the program to assess whether it actually has reduced [medical] visits sufficient to offset the operating costs.” When the co-payment program was proposed, the CDC (California Department of Corrections, the predecessor to the CDCR) estimated that the cost to run the co-payment program (\$3.2 million) would exceed the anticipated revenue from it (\$1.7 million). Actual revenues averaged \$654,000 annually for the four years before the report. “Because it cannot demonstrate that its inmate co-payment program is cost-effective, we recommend that the department eliminate it.”⁽⁶⁰⁾

Treatment Delays

More than half of older prisoners surveyed report delays from health staff in getting treatment and monitoring of chronic illnesses. As Ethel Dedmon, whose health problems include arthritis, asthma and hypertension, explains, “If we get sick ... it might be a month or two months before they call us down. Once in awhile it's faster but as a rule it takes three, four, or five weeks to get in to see a doctor.”⁽⁶¹⁾ Bonnie Meyers also complains about long delays: “I think one of the main concerns is that we don't get our needs taken care of when we really need it. Maybe six weeks down the line we may get called in for something, but by that time maybe the medical issue has gotten smaller, perhaps larger.”⁽⁶²⁾

Prisoners suffering from certain chronic illnesses are enrolled in a Chronic Care Program (CCP) and required to meet with a physician at least once every 90 days. Prisoners report great difficulty in getting in to see a CCP doctor if they need a change in medication within that time period. Many older women reported that

during these CCP appointments, the treating CCP physician allows prisoners to speak only about one specific health issue and often refuses to evaluate patients for other non-CCP health issues. Nona Lewis explains, “According to the rules, you are in there for one specific thing, or at the most two, and you don’t bring up anything else. And to get good medical care you have to be able to talk about more than one aspect of your health. You can’t just talk about one.”⁽⁶³⁾

Two out of three respondents fear not getting proper medical care.

Difficulties with Medication

Many older prisoners experience delays in getting their medications refilled. As Jane Dorotik describes her experience, “I’m on thyroid [medication]. Very often I will be off thyroid [medication] for seven to 10 days while they’re waiting to renew it. No matter what I do, how much I put in the [medication] request ahead, very often they screw it up. ... Or they’ll give me someone else’s meds entirely. The level of medication error here is phenomenal, just horrifying.”⁽⁶⁴⁾ Additionally, prisoners often have to put in co-pays when reordering their medications. Describing the fear she experienced when she ran out of medications, one former prisoner says, “I have seizures when I don’t get my medications. I almost died two times in the OHU [Outpatient Housing Unit]. It is a scary place.”⁽⁶⁵⁾

Older prisoners face difficulties waiting in long pill lines – often for lengthy periods of time, in inclement weather, with no place to sit. Speaking about the challenges of waiting in the pill line during summer, Beatrice Smith-Dyer says, “We have 102-degree

heat, and I'm out blood pressure meds in one of 'em. And if I was a person who really didn't take care of myself, if I ate a lot of salt or whatever I would probably stroke out [have a stroke]."⁽⁶⁶⁾

Lack of Preventative Care

Data from survey results suggests that aging female prisoners do not receive the standard of preventative care for older women. Brenda Clubine, a survivor of breast, uterine and cervical cancer, remarks, "I've been here seven-and-a-half years, I've had two [mammograms]."⁽⁶⁷⁾ Contrary to guidelines regarding breast cancer screening, 29 percent of respondents reported they had not received a mammogram in the past two years.⁽⁶⁸⁾ Similarly, 50 percent of respondents did not receive the recommended

- * Three out of four respondents believe that prison health staff are insensitive to the needs of aging prisoners.
- * Two out of three respondents reported delays in getting their prescription medications.
- * 43% of respondents experience difficulties paying the \$5 co-pay.

screening test for colon cancer.⁽⁶⁹⁾ Only 48 percent of women over 65 reported that they had received the recommended pneumonia vaccine.⁽⁷⁰⁾ Recommendations by the Centers for Disease Control and Prevention state that people 65 and older should receive an influenza vaccine every year;⁽⁷¹⁾ however, only 68 percent of survey respondents in this age category received the vaccine.

Nutrition

Access to a healthy, age-appropriate diet remains a top concern for many older women. According to Brenda Clubine, “Diet plays a big part in our day. If you’re not fed right and your nutrition isn’t right, everything else is affected – mentally, emotionally, physically – everything gets affected.”⁽⁷²⁾ Older prisoners have specific nutritional requirements and benefit from food that is easy to chew and swallow. Bonnie Meyers explains, “Yes, older people do have dietary needs. Some can be caused by dental problems – not being able to chew the food. It could be food that we get that doesn’t digest properly or even foods that some people should not be eating, like the diabetics.”⁽⁷³⁾ Respondents report that diet choices are quite limited in prison, and prisoners not housed in special medical units don’t get diabetic diets.

Respondents shared many complaints about the quality of prison food. “The diet here is horrible. It’s just not enough fruits and vegetables. No matter how hard you try and eat healthy ...it’s just not offered. Everything is cooked to death. ... There’s lots of Jell-O and corn syrup additions to things,” reports Jane Dorotik.⁽⁷⁴⁾ Darlene Walker explains, “The diet here is horrible. They call it a ‘heart healthy’ diet, but yet they serve these ground-up chicken patties ... They bread it and then stack them about three high, put them on a big platter, and stick them in the oven. It’s really disgusting, really disgusting. If you take a paper towel and keep patting, you’ll never get all the oil out.”⁽⁷⁵⁾

Additionally, prison rules create unique problems for elderly women. Women reported that they are not given sufficient time to eat. Ethel Dedmon reports, “They give you 15 minutes to eat. If you don’t get to eat, if you even try to go get some juice or anything like that, they take it away from you and make you dump it on the ground. They won’t let you have it.”⁽⁷⁶⁾

Inadequate Mental Health Care

Forty-three percent of respondents answered “yes” when asked if they were “sad most or all of the time.” Many women report not getting adequate mental health care. Gloria Doheny, who reports that she suffers from depression, fatigue and sleep problems, reports, “I find that psychologists here are not a help at all. If you go to a psychologist and bring your problems, the first thing they want to do is medicate you. And if you say, ‘I don’t want any medicines’ ... they don’t want to see you.”⁽⁷⁷⁾

Fear of Retaliation

Despite the current publicity about the disastrous state of medical service inside California prisons, people suffering medical neglect often pay a high price for standing up for their rights and speaking out about inadequate care. Former prisoner Delores Garcia experienced retaliation for insisting on her right to get health care and filing grievances to obtain it. She says, “When I was transferred to VSPW, I was greeted by the nurse with ‘so you are the troublemaker’ and I was treated no better than a dog. ... [N]o human being should ever be thrown into a room like I was and left there for hours at a time without anyone checking on you. No human being should be talked to like a dog because they fight for better conditions and human rights.”⁽⁷⁸⁾

In their own words

Describing her experience trying to get glasses, 66-year-old Ethel Dedmon says, “I put in a co-pay to see the eye doctor. They charge me for the co-pay. They made my glasses and charged me \$72 for them. But he admitted when they came back that these were not the prescriptions for me. ... But he still charged me \$72 for them. I 602’d ‘em ⁽⁷⁹⁾ three times before I could get back in there to get something done about my glasses. What did they do? They made me another pair of glasses, but I can’t even see through them, period. And they charged me \$68 for them. ... They freeze your books. Like I said, I’m a porter and I get paid \$13.40 a month. ... I can’t get the indigent kit because I’ve \$13.40 a month coming in and so I’ve got nothing left for my hygienes, for soap, shampoo, toothpaste, nothing. You cannot buy your hygienes and pay \$5 or \$10 a month for co-pay.”

(Ms. Dedmon endured a year-long battle to get batteries for her hearing aid. After paying \$6 to obtain the batteries, she discovered they didn’t work because they were rusted. It took her five months to get batteries that worked.⁽⁸⁰⁾

The women surveyed frequently described feeling unsafe and living in fear much of the time. Respondents reported a pervasive fear of abuse, from both fellow prisoners and staff. Types of abuse range from neglect and insensitivity to active physical and verbal abuse. Living in a climate that normalizes abuse of older women creates a constant, ongoing stress that becomes increasingly difficult to deal with as people age.

An Unsafe Place for Older People

It appears that older women who are new to prison are more susceptible to abuse and intimidation than those older women who have already spent substantial time inside.

“If you just got here, you don’t really know anybody, and so what happens is you see a

36



Marylenn Cassidy

[Older prisoners'] general health would be a lot better if they didn't have to live under such certain stress, and the major stress is violence.

Rickie BlueSky, 58⁽⁸¹⁾

lot of older women with black eyes,” explains Beatrice Smith-Dyer. The overcrowded housing conditions often foment conflict. According to Smith-Dyer, “Some older women can’t take care of themselves, so to be in a room with eight women and to be in a room with aggressive women to me is not a very safe place for them to be.”⁽⁸²⁾

One woman in her 70s described a threatening situation with a cellmate:

[She got] right up in my face, and she kept saying she was gonna hit me. She went on that just because I was old and then she went on describing all my wrinkles. ... She didn't hit me that day but I expect it will happen sometime. If you start telling the officers what happens they turn right around and go to that person and say, “she said such and such” and “what's this about?” and you’re in worse shape.⁽⁸³⁾

Ethel Dedmon reports:

I mean, anytime these girls can come up and knock you flat on your back. At 66 your bones are kinda brittle. I feel that we need better supervision in the units. ... You can get hurt at any time. A lot of the girls, I have to admit, are really respectful, but then there's some in there that don't care.⁽⁸⁴⁾

Failure to Protect

While some older women reported feeling protected by staff because of their age, the majority of respondents described an attitude prevalent among staff of being unwilling to honor legitimate requests based on the specific needs of older women, in the name of “treating everyone the same.” Staff reluctance to provide what might be considered “special treatment” to anyone is especially troublesome when it translates into failing

More than half of respondents reported that domestic violence played a role in their commitment offense.

to prevent abuse of this extremely vulnerable population. Many women describe prison staff as generally reluctant to intervene and prevent abuse of older prisoners. For example, women prisoners report that correctional staff often refuse to attempt to ward off impending fights when they are alerted about mounting tensions. Some prisoners report incidents in which staff belittle prisoners, but the dominant feeling expressed by older women prisoners was the perception of being ignored by staff. Veronica Allen comments, “I think that [staff] don't like to show their compassionate side in front of anybody.”⁽⁸⁵⁾

While prison policy allows prisoners the right to file grievances against staff, fear of retaliation often keeps vulnerable prisoners from exercising this right. Widespread refusal by prison guards to report infractions by colleagues, coupled with CDCR's frequent reluctance to hold staff accountable for negligent and abusive behavior, creates a situation in which the abuse of older prisoners becomes normalized, and prisoner-on-prisoner abuse becomes commonplace. Disrespect and neglect of elders thus becomes just another part of prison life.

- * Two out of three respondents report personally experiencing verbal abuse by staff.
- * One out of three respondents report personally experiencing physical abuse by another prisoner.
- * 83% believe that prison staff do not help to ensure that older prisoners are not abused by other prisoners.

A defining theme expressed by older women prisoners includes the central role played by informal networks of social support, both among women prisoners and in the outside community. Contrary to popular assumptions that regard prisoners as antisocial by nature, respondents reveal a world of strong human connections. These surface both in the day-to-day ways prisoners support each other in the face of deprivation and adversity, and in the critical role played by family and friends in supporting their loved ones through long years of separation. Women prisoners demonstrate a great deal of wisdom, compassion, resilience and humor when discussing the ways older women survive prison’s harsh and dehumanizing environment.



Ronda White with Geri Becker

Inside, we support each other.

. Daisy Benson, 56⁽⁸⁶⁾

Networks of Social Support

While the prison system provides the basics of housing, three meals a day and some access to medical care, older prisoners need more than the minimal “three hots and a cot.” Respondents identified many basic activities that they could not do without assistance: cleaning cells, walking, reading, doing laundry, writing, putting on socks and shoes, bathing and showering, getting in and out of bed, dressing, eating and using the bathroom.

When asked to identify who helped them with these needs, only one respondent identified staff as her primary source of assistance. Nearly half of the respondents reported fellow prisoners as their main source of assistance. In the experience of Bonnie Meyers, “Most of the time, some roommate will be gentle enough or curious enough to help the person. It’s the roommates that help one another, basically.”⁽⁸⁷⁾

While acknowledging that abuse from fellow prisoners is a reality, many prisoners also witness a great deal of compassion from other prisoners. In the opinion of Jane Dorotik, “The inmate population is more sensitive to the elderly. Maybe it’s because they think, you know, ‘I’ll be there soon’ or whatever, but I think generally there is sort of a camaraderie and a supportiveness among the inmates and a protection toward the elderly.”⁽⁸⁸⁾ Beatrice Smith-Dyer works in the prison hospice unit, and spends a great deal of time comforting dying women. She reports, “I’ve been able to see a lot of therapy, one-on-one therapy.”⁽⁸⁹⁾

The impoverishment of incarcerated elders parallels the poverty of many seniors in the free world. Prisoners doing life sentences or very long sentences often suffer from diminishing financial and social support as friends and family members grow old, die or become burdened with their own failing health. In Myrtle Green’s experience, “The people who do not have money live at the indulgence of their peers...and that is how older people get along, is with the help of their friends. Many have nothing except what somebody gives them, and you know we’re not supposed to give anybody anything.”⁽⁹⁰⁾ Bonnie Meyers says, “Every time I go shopping, I buy a couple of bottles of antibacterial soap for a girl that lives with no family... I will buy a few things for two three different people. Little things, you know ... toothpaste, or something, that I know they won’t have if someone doesn’t help them. And you will find that a lot of the women do that. We do help one another.”⁽⁹¹⁾

Outside Support

There are many dehumanizing and degrading aspects of incarceration, but being cut off from family and friends is frequently described by prisoners as the most painful punishment they endure. The emotional support of family and friends remains vital for prisoners, and the hope of reunification – sometimes sustained for decades – often

allows people to psychologically survive incarceration. Daisy Benson says, “I want to get back to my grandchildren. I’ve got three grandchildren that I’ve never seen. My grandson, I seen him the day I was being brought to prison. I seen him the day he was born, and the day I went to prison ... He’ll turn 18 in April. I have two granddaughters that I’ve never seen. ... I have a life that I need to go catch up to, find my grandchildren and my children.” Discussing the impact of a new prison policy requiring prisoners to limit their personal property, Benson adds, “[The CDCR staff] tell us that we have to get rid of our pictures ... so I’ve spent the last few days touching, looking, remembering things that mean a lot to me, and returning them to the people who sent them to me. ... I want to give them back to the people who loved me enough to send them to me.”⁽⁹²⁾

- * Two out of five respondents answered “yes” to questions that are indicators of depression.
- * Three out of four respondents identified outside support of family and friends as their greatest sources of emotional support during their incarceration.
- * One out of three respondents receive visits at least once a month, but 13% had no visits within the last five years.

Older prisoners rely in particular ways on the support of family and friends to survive the challenges of prison life. Just as elders in the community become increasingly dependent on their families as they grow more frail, prisoners require more support with age. However, the realities of prison make it more and more difficult to sustain that support over time. “There is just no way you’d make enough money in here to support yourself,” says Bonnie Meyers. “And if I didn’t have my family, I’d be doing without TV, or clothes ... things you really need. And I think that there is a fear there, that when we get older and we have nobody to take care of us, what’s gonna happen?”⁽⁹³⁾ Ethel Dedmon, who suffers from significant hearing loss, shares, “I finally met this woman from out on the street from the church and she sent me in a package of

batteries. Then they weren't gonna let me have them. We had to turn around and 602 the medical staff to get the batteries for my hearing aid. If it wasn't for the church ... I wouldn't have nothing."⁽⁹⁴⁾

Older prisoners face myriad challenges in maintaining family ties, challenges that increase over decades of incarceration as both prisoners and members of their families grow older. Beatrice Smith-Dyer remarks that “there are so many concerns that older lifers have because half the people are dead that you know out there. ... Or they're getting sicker out there. ... The people in my life who have been really supportive of me — might even have sent me a few dollars — passed away.”⁽⁹⁵⁾ Several prisoners spoke of a kind of “social death” that happens to people doing long sentences that keep them away from their communities for decades. Myrtle Green explains that “You are treated as if you are dead because ‘when you're out of sight, you're out of mind.’”⁽⁹⁶⁾ According to Rickie Blue-Sky, “It's almost like, you're alive in prison but you've really died when you came to prison, especially for a long stretch. But as far as the family maintaining ties is really, it is really difficult because you've been away from them so long, the younger members of the family don't even know me, you're somebody that everybody talks about.”⁽⁹⁷⁾

Some of these barriers are tied to the extremely long sentences becoming more common under the mandatory minimum sentences and “Three Strikes” laws. However, many barriers result from internal CDCR policies. Exorbitant costs of phone calls and restrictive visiting policies in particular contribute to an unnecessary isolation of elders that strikes the authors as cruel and inhumane. In the words of Jane Dorotik, “[Prison officials] do all kinds of subtle little things to keep visitors away. From reducing the visiting days down to two, to making [visitors] stand much longer in line for visiting processing, to making it so that it's difficult to get the food here. Just, all kinds of things. Now there's a new process whereby they have to renew their visitor approval basically whenever [the CDCR] wants, but at least every two years.”⁽⁹⁸⁾

Perspective of Family and Friends

When an individual is incarcerated, there are collateral consequences for family, friends and the wider community. Policymakers frequently ignore these complex networks of social support and establish policies that institutionalize systemic barriers to maintaining family ties. Additionally, society often sees a prisoner first and foremost as a prisoner, denying people their identities as mothers, sisters, wives, friends and grandmothers.

Overwhelmingly, respondents identified many obstacles to staying in touch with family and friends: difficulty in traveling long distances to the prison (71%); extremely high cost of phone calls (70%); deaths of many family members and friends (59%); and difficulty of maintaining contact with the passage of time (57%).

Semi-structured interviews with family and friends of older women prisoners mirrored many of the ideas expressed by their incarcerated loved ones who were surveyed. These interviews were poignant reminders of the struggles family members face when trying to maintain their ties, often over many years and great distances. Many described the pain and loss created by the absence of their loved ones. Audra Speights was a young mother, working and going to school, when her mother, Beatrice Smith-Dyer, was sentenced to 17-years-to-life for killing her abusive husband. Audra stepped up to care for her three younger siblings in her mother's absence. "Our family is really strong, but with my Mom not being here, it's been really hard," says Speights. "[It] has put a great strain on our family ... I'm OK, but I really miss my mother."⁽⁹⁹⁾

Everyone interviewed spoke about the obstacles they must overcome to remain in contact with their loved ones. People spend long hours driving, incur huge hotel costs, and pay exorbitant phone bills to keep in contact. “I think the system makes it impossible for people to maintain contact, deliberately,” says Sharon Stevens, friend of Daisy Benson.⁽¹⁰⁰⁾ Marta Patterson, friend of 60-year-old Helen Sweet, described the visiting area as “awful and awkward.”⁽¹⁰¹⁾ Bob and Moira Fitch recounted what they go through every time they go to visit their friend and former employee Elizabeth Ozerson, incarcerated for 18 years. They make a 180-mile round trip to visit her as often as they can. Moira says, “To me, the days that we visit her are the most difficult days of my life.”⁽¹⁰²⁾ But these tremendous difficulties do not deter people from maintaining their ties, building support for their loved ones and preparing for the day they will hopefully return.

In their own words

[S]he had her bumps and bruises. He would beat her up. And at the time it happened, her life was in danger ... and it’s wrong what she did, but that was the only thing she had left to do to protect herself really ... and I forgive her.

- Charles Dyer, brother of the man Beatrice Smith-Dyer was convicted of killing.⁽¹⁰³⁾

Themes about transformation, forgiveness and reconciliation were prominent in interviews with family and friends. For Charles Dyer, the brother of the man Beatrice Smith-Dyer was convicted of killing, Beatrice has been important to his family and community, and his own ability to forgive her. Speaking of his brother, Dyer says, “He was a troubled individual... there was a lot of mental and physical abuse that went on ... she had her bumps and bruises, he would beat her up.”⁽¹⁰⁴⁾

While it is undoubtedly true that some elderly prisoners lack family support upon release, the families and friends interviewed revealed a heartfelt desire to see their loved ones come home. Describing his efforts to win Elizabeth Ozerson’s release, Bob Fitch says, “I started a campaign in our church: Project Elizabeth. And people are willing to write letters... [there are] friends who have kinda rallied behind her ... one of these days, I’m going to stand up in church and say ‘this is Elizabeth!’ Some day, it’s going to happen.”⁽¹⁰⁵⁾ Audra Speights also imagines the joy of her mother’s homecoming, saying, “We’ll have a big old party for her, a nice little family gathering with everybody... we’d just embrace her; let her know how much she was missed.”⁽¹⁰⁶⁾

Older women prisoners express many of the same fears about aging as those articulated by their counterparts outside. Recurrent themes included fears of physical deterioration, loss of independence and becoming a burden on family and friends. In the words of Myrtle Green, “Your fear of just being older, just being old. ... Everyday that one lives, you survive on your memories, you survive by what you used to be.”⁽¹⁰⁷⁾

Old age often represents a time of reflection on life, and the desire to know that one’s life has had meaning and purpose. Older prisoners often deal with the fact that they are in prison for actions that brought harm to others. During interviews, women raised questions about making amends, and the search for justice, healing and compassion. Many women express regret at the impacts of their crimes on the community, as well as their desire to make amends for harm done. In the words of Beatrice Smith-Dyer, “What I did I can’t say was a mistake; some things are more than mistakes. But I know that in my heart of hearts, nothing ever in my life will turn me from the direction I’m already in.”⁽¹⁰⁸⁾



Josephine Moore

“The only fear I’ve got is dying in prison.”

. Martha Roberts, 82⁽¹⁰⁹⁾

Older prisoners often spoke about their desires to give back to the community and to lead purposeful, meaningful lives. As Veronica Allen reflects, “I think I was 50 when I got here. I just thought, ‘Oh my God, this is the end’, you know? I think of all the things I haven’t done that I could have done. Now I see that maybe I might have that chance after all. Even if I have to do it from here, I can still do it.”⁽¹¹⁰⁾ Andrea Mims

says, “I’ve been doing the best I can to heal, recover and become a better person. I work on myself every day and continue to work on myself and be productive until the day I die. I want to give something back to society.”⁽¹¹¹⁾

Fears about Growing Old in Prison

Many women expressed fears of medical neglect in a prison system that has shown itself incapable of providing decent medical care. “But my fear even of being here even five more years, even two more years, is ending up in a wheelchair and having to depend on people that can care less whether I lived or died,” said Brenda Clubine. “And having to survive like that. How do you survive like that? What makes you want to get up in the morning like that?”⁽¹¹²⁾ Veronica Allen adds, “One thing I don’t want to do is die in here because of their neglect.”⁽¹¹³⁾

- * Top three concerns of respondents regarding release: finding a job (49%), securing housing (44%), and accessing health care upon release (32%).
- * Top three fears about growing old in prison: obtaining adequate medical care (64%), personal safety and abuse (32%), and living conditions/housing (29%).

Many women feared becoming totally invisible and vulnerable because no one is there to listen to them or advocate on their behalf. Gloria Doheny explains that “[O]ne of the biggest problems that we fear is that [prison officials] forget us and they don’t take care of us ... As you get older, what are they going to do with us, stick us in some hospital and let us die somewhere? I don’t think they know what to do with us. ... Let us go somewhere ... we have served enough time in here. We’re no longer a threat to society, why are you holding us?”⁽¹¹⁴⁾

Perhaps the most poignant descriptions were about the fear of never paroling and dying in prison, without the comfort of friends and family. As Bonnie Meyers shares, “There’s a lot of fear in growing old here and, of course, we all fear the unknown. It would be wrong for me to say that I don’t fear getting older here. Because I do. That’s my main concern. And ... I just have to pray daily that God will give me strength enough that I can maintain. That’s all. I don’t ask for anything extra. You just let me maintain.”⁽¹¹⁵⁾



Sonja Marcus

"Above all, I think I should be able to age with dignity."

—Anonymous

Fears about Leaving Prison

While many women were afraid of finishing their lives in prison, many had fears about how they would survive if released. Rickie Blue-Sky, who has been incarcerated for more than 20 years, says, “You have the very real fear that a lot of your family is gone by the time you get out ... every time I get on the phone [to my mother] on Sunday, I kinda have an anxiety, a fear, you know.”⁽¹¹⁶⁾ As previously noted, several women had substantial family support available to them, but some were unsure about how they would make their way when they were released. Among the top concerns regarding release expressed by respondents were finding a job, securing housing and meeting health needs. Sadly, these fears are realistic given the drastic cuts in social services and the multiple barriers to re-entry faced by prisoners coming home.⁽¹¹⁷⁾



Chapter
2

Responding to
the Crisis

Chapter
[2]

Responding
to the
Crisis

California's Response to Date

The CDCR has failed to develop and implement policies that adequately address the needs of aging prisoners. In 1999, the CDC (California Department of Corrections, the predecessor to the CDCR) published a comprehensive report about aging prisoners, acknowledging that the system lacked comprehensive procedures and policies to meet the needs of older prisoners. The report recommended that the CDC establish a task force to look at aging issues, such as training guards on how to handle prisoners with Alzheimer's, providing age-appropriate meals for elderly prisoners and hiring gerontologists. The report also suggested that the CDC explore options such as early release and home detention for some older prisoners.⁽¹¹⁸⁾ Yet the CDC, and more recently the CDCR, have failed to follow up on any of the suggestions offered in this internal report. In recent years, prison administrators have asserted that budget cuts prevented the department from implementing the report's suggestions.⁽¹¹⁹⁾

Legislative attempts to address the issue of aging prisoners often meet with resistance or fail to significantly ameliorate the problem. In 1999, Calif. Assemblymember John Longville introduced AB456, which included the establishment of a geriatric home monitoring program.⁽¹²⁰⁾ Despite the potential cost-saving projections, the bill died on the Assembly floor. On Feb. 25, 2003, California State Senators John Vasconcellos, Gloria Romero and Bruce McPherson hosted a Senate hearing on the subject of aging prisoners.

Following the hearing, in October 2003, Vasconcellos introduced SB549 and saw it successfully passed into law. This legislation permits the CDCR to contract with public or private entities to establish skilled nursing facilities (SNF) meant to incarcerate prisoners in need of assistance with activities of daily living. The law states that the CDCR must provide security for the facilities and specifically bars the State Long-Term Care Ombudsman from advocating on behalf of, or investigating complaints from residents of, any SNF operated by the CDCR. As of 2005, it remains unclear if the CDCR has initiated any such contracts. Given the CDCR's history of providing substandard care to vulnerable populations, the idea of placing older prisoners in locked nursing homes absent oversight from the Department of Aging is not an idea that Legal Services for Prisoners with Children can endorse. ⁽¹²¹⁾

Elder prisoners are costly to care for, yet research indicates that many of these older inmates represent a relatively low risk of reoffending and show high rates of parole success.

— Legislative Analyst's Office, 2003⁽¹²²⁾

The California Penal Code includes a “compassionate release” law, which allows terminally ill prisoners to apply for early release.⁽¹²³⁾ Several states have expanded this law to allow prisoners to apply for release based on age. California legislators regularly introduce such legislation, recognizing the potential cost-saving benefits of expanding this law. However, they continue to meet with stiff resistance from both governors and the powerful California Correctional Peace Officers Association (CCPOA). In 2001, Assemblymember Carole Migden gained bipartisan support for AB675, which sought to streamline the cumbersome process that applicants undergo when applying for

compassionate release.⁽¹²⁴⁾ In 2003, State Sen. Denise Ducheny authored SB278, which aimed to permit a “medical parole” for permanently incapacitated prisoners.⁽¹²⁵⁾ In February 2004, Assemblymember Darrel Steinberg introduced AB1946, which sought to expand the “Compassionate Release” law to allow prisoners within 12 months of death, as well as prisoners deemed permanently physically incapacitated, to apply for an early release.⁽¹²⁶⁾ The Assembly Appropriations Committee estimated that if passed, AB1946 could save the state millions in expensive medical bills derived from caring for terminally ill and permanently disabled prisoners.⁽¹²⁷⁾ Unfortunately, each of these promising attempts failed due to vetoes from successive governors who apparently feared appearing “soft on crime.”

Finally, the California Legislative Analyst’s Office (LAO), a nonpartisan organization that provides fiscal and policy advice to the California State Legislature, included a section on elderly prisoners in its analysis of the 2003-04 CDCR budget. In this report, the LOA recommends instituting an early release policy for nonviolent elderly prisoners (specifically calling for nonviolent prisoners over 55 to be paroled), which it estimates would save the CDCR in excess of \$9 million dollars in a single year without negatively impacting public safety.⁽¹²⁸⁾

Responses Nationwide

Several states offer some potentially promising approaches to address the specific needs of older prisoners, including both age-specific programs and geriatric parole laws. Many states have also opted to funnel substantial resources into the establishment and operation of entire geriatric prisons, a policy alternative not supported by the authors of this report. Obtaining evaluative data on how these various policies and programs play out in practice in other state correctional systems was beyond the scope of this report. However, a few policy components deserve mention.

Recognizing the need for specific geriatric health assessments, 29 states and the federal system offer prisoners an annual comprehensive health assessment based on age. California is not included in this list.⁽¹²⁹⁾ At one prison in Ohio with a large population of older prisoners, correctional staff receives specialized training in working with older prisoners.⁽¹³⁰⁾ Illinois offers older prisoners some flexible scheduling of meals, use of commissary and barbershop services, and special access to the law library and chaplaincy.⁽¹³¹⁾ Similarly, some older prisoners in Minnesota are allowed to go to meals before the general prison population.⁽¹³²⁾ In Massachusetts, the Bay State Correctional Center, which incarcerates a large percentage of older prisoners, created “The Greenhouse Project,” through which prisoners grow and distribute vegetables for local seniors.⁽¹³³⁾

Some older inmates may be good candidates for community placement. Perhaps some who committed murder a long time ago truly no longer pose a threat to society.

— California Department of Corrections, 1999⁽¹³⁴⁾

Several states also have laws that allow older prisoners to apply for geriatric parole. Missouri law includes a provision that allows prisoners in need of long-term nursing home care to apply for an early release.⁽¹³⁵⁾ New Mexico state prisoners may apply for geriatric parole if they are 65 years of age or older and suffer from chronic infirmity, illness or a “disease related to aging.”⁽¹³⁶⁾ Beginning in 1997, Texas began paroling “special needs parolees,” which included elderly prisoners in need of 24-hour nursing care, to a community-based nursing home run by the Department of

Human Services.⁽¹³⁷⁾ Virginia law permits prisoners over 60 who have served at least 10 years of their sentences, and prisoners over 65 who have served at least five years, to petition the parole board for geriatric release.⁽¹³⁸⁾ In the District of Columbia, older prisoners can apply for release if they are 65 years of age or older, suffer from certain health problems and show that they pose a low risk to the community.⁽¹³⁹⁾

Another promising approach for early release includes the nationally recognized Project for Older Prisoners program (POPS). Established in 1989 by Tulane University law professor Jonathan Turley, POPS partners with local law schools to provide individual case evaluations of older prisoners in an effort to push for appropriate alternatives to incarceration. POPS suggests that prisoners over a certain age who have served a specified percentage of their sentences, been deemed a low risk for recidivism and have a solid post-release plan should be eligible for early release. The POPS program emphasizes the importance of comprehensive pre-release planning for elderly prisoners. Turley testified before a California senate hearing in 2003 that POPS would be willing to work with law schools and the California prison administrators to start a similar program in California.⁽¹⁴⁰⁾



Chapter
[3]

Geriatric Prisons:
Not a Solution

Geriatric Prisons: Not a Solution

California's prison system has repeatedly demonstrated a poor track record of caring for vulnerable prisoners, compounding a lack of basic care with isolation in segregated units or facilities. Examples include children incarcerated in youth facilities, pregnant women housed in special units, and prisoners with disabilities and chronic illnesses frequently housed in special correctional medical facilities.

Department of Health Services (DHS) investigations of prison medical facilities have exposed patterns of inadequate care and substandard conditions. In 2002, DHS found numerous violations at a Skilled Nursing Facility located on the grounds of the Central California Women's Facility: Patients were denied necessary care and grooming supplies, were verbally abused and were housed in an unsanitary facility. Over all, DHS concluded that prison health staff failed to treat patients with dignity and respect and failed to report alleged or suspect abuse as required.⁽¹⁴¹⁾

A 2002 investigation of the General Acute Care Hospital located at Corcoran State Prison found that health staff ignored a physician's order to allow a quadriplegic patient to have a wheelchair as well as an adaptive spoon to allow the patient to feed himself. Additionally, nursing staff failed to ensure this patient was allowed out of his bed daily as required by policy and instead only allowed him out of his bed twice a week for baths. DHS investigators also discovered a bed frame set up with stained and soiled five-point leather locking cuff and belt

Chapter 3 Geriatric Prisons: Not a Solution

restraints in a cell located in an unlicensed area of the hospital. Two other such bed frames were later found in a hallway. Finally, DHS investigators observed a nude patient on suicide watch in isolation in a bare cell left alone for eight hours, contrary to the policy, which mandates such patients be checked on hourly.⁽¹⁴²⁾

Court monitors in the *Plata v. Schwarzenegger* medical class action lawsuit reported that the Outpatient Housing Unit (OHU) at San Quentin State Prison “should be closed because patients are not safely or humanely housed and treated there. Routine medical care is replete with numerous errors resulting from both systems failures as well as physician mistakes.” *Plata* experts further criticized the medical care afforded prisoners housed in Correctional Treatment Centers (CTC) at Folsom and Salinas Valley, saying, “Experts believe that patients are being harmed by inappropriate and incompetent care... this matter is serious enough that experts recommend hiring physicians(s)



Velma Henderson

[T]he facility failed to ensure that residents were treated with dignity and respect....

— California Department of Health Services, 2002⁽¹⁴⁴⁾

through the court to manage patients with complicated disease at those facilities.”⁽¹⁴³⁾ When faced with the option of opening specialized geriatric facilities, California lawmakers in particular should remember CDCR’s troubled history of providing specific and specialized care to its most vulnerable prisoners. Policymakers must consider long-range solutions that don’t rely solely on pouring tax dollars into expanding a failing prison system – a system that has repeatedly come under fire for poor management, widespread guard corruption and rampant abuse of prisoners. Establishing costly geriatric prisons to continue incarcerating a low-risk and vulnerable aging population will not lead to increased public safety.



Chapter
4

Recommendations

Chapter [4]

Recommendations

Given the failed medical system, the enormous cost to the state, extremely low recidivism rates and the numerous violations of basic human dignity that remain part and parcel of the imprisonment of elderly persons, the primary recommendation of this report centers on reducing the number of older prisoners in California through a combination of early release programs and expansion of community-based alternatives to incarceration.

60



Lanie Greenberger

"I think as a society we will eventually get there. We'll see that [mass imprisonment] is creating much more havoc than it's ever even dreamed of solving. And I think we'll get there, but how long and how many people have to suffer until we do?"

Jane Dorotic, 57⁽¹⁴⁵⁾

Releasing older prisoners and caring for them in the community could potentially save the state millions by reducing the hefty custodial costs associated with guarding incarcerated elders. Additionally, the state could save money because many released seniors could access federally funded services such as Medicare and Social Security.

This report also offers some short-term policy suggestions. In the past, the CDCR has developed some useful policies that it has failed to implement.

Any changes to prison procedures must include enforcement and oversight provisions in order to ensure that the policies materialize in the day-to-day practice of prison operations. While these short-term policies may ameliorate some of the day-to-day hardships facing incarcerated seniors, in the opinion of the authors they are Band-Aid solutions that don't address the fundamental issue of over-incarceration.

Strategies to Reduce the Number of Older Prisoners

Implement the Legislative Analyst's Office recommendation of releasing nonviolent prisoners over 55 on parole.⁽¹⁴⁶⁾

Expand the class of prisoners eligible to petition for release under California's current compassionate release law (Cal. Penal Code section 1170(d)) to include older, disabled and permanently incapacitated prisoners.

Establish a home monitoring parole program allowing older prisoners to petition for release to serve the remainder of their sentences on home confinement or in community-run nursing homes.

Reform current parole policies to ensure release for those prisoners serving indeterminate sentences who: (1) have a comprehensive parole plan including housing, financial stability and community support; (2) have reached their minimum eligible release date; and (3) been deemed low risk.

Expand the class of prisoners eligible for release under California Penal Code section 1473.5, which allows prisoners convicted of crimes related to domestic violence to petition the courts for release.

Repeal California's "Three Strikes" law to curb the potentially exponential increase of the elderly prison population.

Short-term Strategies to Improve the Lives of Older Prisoners

Standards of Treatment for Older Prisoners

Appoint an ombudsperson who reports directly to the legislature about CDCR's progress of implementing and enforcing new policies aimed at meeting the specific needs of older prisoners. Additionally, this ombudsperson would respond to complaints from older prisoners.

Ensure that the Department of Health Services conducts regular unannounced visits to correctional health facilities to ensure full compliance with all laws governing the operation of prison-run medical facilities, such as skilled nursing facilities, correctional treatment centers and acute care hospitals.

Establish training programs for correctional staff on working with older prisoners. The Standards for Jail and Prison Health of the American Public Health Association (APHA) recognize that medical staff have a protective role, as well as a therapeutic one, in regard to incarcerated populations. APHA standards require that medical staff address "any physical or mental illnesses or defects which may hamper a prisoner's rehabilitation" and further mandate human rights training for all medical staff to prevent abuse in penal settings.⁽¹⁴⁷⁾

Assessment of Needs

Establish a yearly comprehensive geriatric assessment for prisoners over 55, involving both medical and custody staff, to evaluate that an older prisoner is: (1) housed appropriately (e.g., access to hand-rails, geriatric beds and chairs, lower-bunk assignment, etc.); (2) receiving all necessary chronos; and (3) placed in an appropriate program or job assignment that does not conflict with any chronos or require the prisoner to perform tasks that risk injury.

Assistance with Daily Living Activities

Establish an “over 55 helper” job assignment in which younger prisoners provide assistance with daily living activities to older prisoners. Duties may include assisting older prisoners in the dining hall, helping prisoners dress and use the toilet, clean their rooms, etc. This position should be paid, and prisoners with recent disciplinary histories should be screened out.

Establish an “over 55” chrono affording older prisoners age-specific consideration and assistance regarding housing, programming, and activities of daily life. For example, this chrono could potentially allow older prisoners to receive extra time to eat, allow them to move to the front of the pill line, exclude them from getting down for alarms, afford them a lower-bunk chrono and provide them extra hygiene supplies.

Change the current “indigent prisoner” program, which currently allows only the most destitute prisoners (with \$5 or less on their books) to receive free hygiene and other supplies. The CDCR should ensure that all prisoners in need of basic living supplies (soap, toothpaste, shampoo, etc.) receive an adequate supply.

Housing

Designate a certain number of cells within the general population housing units as “over 55” cells, which may also include prisoners identified as needing assistance with daily living activities. Placement in one of these cells could be based on a prisoner’s self-reported needs and/or at the suggestion of a prison physician.

Prior to issuing housing assignments, screen potential cellmates of elderly prisoners – not by crime classification, but by disciplinary history – to ensure that they are free of serious infractions, such as extortion and assault.

Establish a policy ensuring that no prisoner over 55 receives an upper bunk without specifically requesting it.

Work and Programming

Establish a retirement policy that specifies an age at which a prisoner is afforded some discretion as to whether or not to continue participating in program or work assignments.

Work with community volunteers and organizations to establish age-appropriate programs and activities specially geared to seniors. These may include support groups specific to the needs of older prisoners, arts and crafts, physical activities for elders, gardening and grief counseling.

Health

Conduct health education classes on aging that include information about the unique health and psychosocial issues faced by older people.

Follow the recommendation made by the California State Auditor to eliminate the \$5 co-pay, which consistently represents a barrier to care for all prisoners and especially older prisoners, who often have an increased need for health services.⁽¹⁴⁸⁾

Ensure that CDCR policies and practice provide prisoners over 55 with a community standard of care regarding preventative health, including provisions for the unique health needs of older women.

Establish a salad bar to ensure that prisoners receive adequate nutrition.

Support

Establish a slot for an older prisoner representative on the Men's and Women's Advisory Committees (MAC and WAC) to ensure that the needs of this population are represented through these prisoner-led organizations.

Establish peer-led programs that include involvement from community groups to improve intergenerational relationships such as oral history writing workshops, conflict resolution classes, participation in orientation programs, multigenerational support groups, etc.

Establish support groups on aging for prisoners over 55 that address the unique issues faced by older people aging behind bars.

Establish a “prison match” program which partners incarcerated elders with community volunteers for correspondence and visits.

Re-entry Services

Establish case managers to coordinate pre-release planning and post-release services designed to address the specific concerns of elderly parolees.

A New Vision

Policymakers have an opportunity to envision new ways for California to respond to the crisis generated by the graying of its prison population. The degraded conditions which many incarcerated elders endure flies in the face of society’s stated commitment to protecting older citizens from abuse and needless suffering. California prisons are ill-equipped to meet the needs of older prisoners, prison medical care is acknowledged to be substandard and the environment is often unsafe for this vulnerable population.

Recent news reports suggest a shifting mood among Californians regarding increasingly harsh treatment for prisoners.⁽¹⁴⁹⁾ Many who once supported “tough on crime” policies are beginning to recognize that these policies do not translate into safer communities. Californians are also increasingly reluctant to foot the bill for a massive prison system when education and social welfare programs are being cut dramatically. The continued incarceration of frail elders – who represent the smallest threat to public safety but the largest cost to incarcerate – embodies failed public policy.

Chapter [4] Recommendations

California policymakers have an opportunity to create meaningful solutions to this crisis by taking measures to ensure the rights and dignity of older prisoners and create community-based alternatives to their incarceration. Such measures are in accordance with a social commitment to ensuring that society's elders live out their lives in dignity and are ultimately in interest of building a safer California.

[Endnotes]

(1) California Department of Corrections, An Internal Planning Document for the California Department of Corrections, Older Inmates: The Impact of an Aging Inmate Population on the Correctional System, Chris Cummings, 1999, (8).

(2) California Department of Corrections, Data Analysis Unit, Prison Census Data as of December 31, 2004, Ref. No. CEN-SUS1, February 2005, Table 5.

(3) Ryan S. King and Marc Mauer. Aging Behind Bars: “Three Strikes” Seven Years Later, The Sentencing Project, 2001, (4).

(4) California Department of Corrections, Data Analysis Unit, Prison Census Data as of December 31, 2004, Ref. No. CEN-SUS1, February 2005, Table 4.

(5) U.S. Department of Justice, National Institute of Corrections, Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill and Terminally Ill Inmates, NIC No. 018735, February 2004, (48).

(6) U.S. Department of Justice, National Institute of Corrections, (11).

(7) Legislative Analyst’s Office, Analysis of the 2003-4 Budget Bill, Judiciary and Criminal Justice, Department of Corrections, February 2003.

(8) Jonathon Turley. Statement of Professor Jonathan Turley: California’s Aging Prison Population, Before a Joint Hearing of the Senate Subcommittee on Aging and Long Term Care, Senate Committee of Public Safety, and the Senate Select Committee on the California Correctional System, February 25, 2003.

(9) James Sterngold, “Poor facilities, bad doctors prompt push for private providers or court takeover,” San Francisco Chronicle, April 14, 2005.

(10) Mark Gladstone, “State prison health care taken over,” The Mercury News, July 1, 2005.

(11) California Department of Corrections, Data Analysis Unit, Prison Census Data as of June 30, 2004, Ref. No. CEN-SUS1, September 2004, Table 5.

Endnotes

68

(12) The racial demographics for the population of older women prisoners vary considerably from the demographics of the female prison population as a whole. Over the last three decades, the majority of California prisoners have come from communities of color, largely due to the War on Drugs.

(13) Myrtle Green, interview by Heidi Strupp, tape recording, California Institution for Women, Corona, California, January 28, 2005.

(14) Not her real name, Survey #53.

(15) Not her real name, Survey #237.

(16) Survey #107.

(17) Bonnie Meyers, interview by Leyla Mujkic, tape recording, Central California Women's Facility, Chowchilla, California, July 23, 2004.

(18) Nona Lewis, interview by Heidi Strupp, tape recording, Central California Women's Facility, Chowchilla, California, July 23, 2004.

(19) Jane Dorotik, interview by Leyla Mujkic, tape recording, Central California Women's Facility, Chowchilla, California, July 23, 2004.

(20) Delores Garcia, email to authors, July 18, 2005.

(21) Lewis, interview.

(22) Garcia, email.

(23) Dorotik, interview.

(24) Ethel Dedmon, interview by Heidi Strupp, tape recording, Central California Women's Facility, Chowchilla, California, July 23, 2004.

(25) Daisy Benson, interview by Heidi Strupp, tape recording, California Institution for Women, Corona, California, January 28, 2005.

(26) Beatrice Smith-Dyer, interview by Heidi Strupp, tape recording, Central California Women's Facility, Chowchilla, California, July 23, 2004.

(27) Benson, interview.

(28) Darlene Walker, interview by Heidi Strupp, tape recording, California Institution for Women, Corona, California, January 28, 2005.

(29) Lewis, interview.

(30) Rickie Blue-Sky, interviewed by Karen Shain, tape recording, Valley State Prison for Women, Chowchilla, California, October 15, 2004.

Endnotes

(31) Dorotik, interview.

(32) Veronica Allen, interview by Donna Willmott, tape recording, Valley State Prison for Women, Chowchilla, California, October 15, 2004.

(33) Dedmon, interview.

(34) Blue-Sky, interview.

(35) Lewis, interview.

(36) Benson, interview.

(37) Gloria Doheny, interview by Molley Kovel and Heidi Strupp, tape recording, Valley State Prison for Women, Chowchilla, California, October 15, 2004.

(38) Doheny, interview.

(39) Meyers, interview.

(40) Dedmon, interview.

(41) Green, interview.

(42) Ibid.

(43) Blue-Sky, interview.

(44) Prisoners identified as unable to work because of a health and/or disability condition, are often put on “medically disabled status” for an indefinite period.

(45) In a letter to authors dated November 12, 2004, from Central California Women’s Facility Warden, Gwendolyn Mitchell states that “Regarding employment or education opportunities, the [CDCR] does not discriminate against inmates based on age.” She further explains, “inmates cannot be ‘medically disabled’ based solely on their age.”

(46) Dorotik, interview.

(47) Doheny, interview.

(48) Dorotik, interview.

(49) Mitchell, letter.

(50) Smith-Dyer, interview.

(51) A lay-in is a medically authorized excuse from work.

(52) Allen, interview.

(53) Dorotik, interview.

(54) Meyers, interview.

Endnotes

70

(55) Brenda Clubine, interview by Donna Willmott, tape recording, Valley State Prison for Women, Chowchilla, California, October 15, 2004.

(56) Michael A. Steinman, MD et al, "Self-restriction of Medications Due to Cost in Seniors without Prescription Coverage," Journal of General Internal Medicine, December 2001, (793-9).

(57) Walker, interview.

(58) Only those prisoners with less than \$5 in their account for 30 consecutive days qualify to receive an "indigent kit," which includes minimal hygiene and other supplies (soap, deodorant, shampoo, toothpaste, 20 sheets of paper, etc.).

(59) Andrea Mims, letter to authors, July 18, 2005.

(60) California State Auditor, Bureau of State Audits, California Department of Corrections: Utilizing Managed Care Practices Could Ensure More Cost-Effective and Standardized Health Care, Ref. No. 99027, January 2000.

(61) Dedmon, interview.

(62) Meyers, interview.

(63) Lewis, interview.

(64) Dorotik, interview.

(65) Garcia, letter.

(66) Smith-Dyer, interview.

(67) Clubine, interview.

(68) U.S. Preventive Services Task Force, U. S. Department of Health and Human Services, "Screening for Breast Cancer," February 2002, available at <http://www.ahrq.gov/clinic/uspstf/uspsbrca.htm> , (accessed August 29, 2005).

(69) U.S. Preventive Services Task Force, U. S. Department of Health and Human Services, "Screening for Colorectal Cancer," July 2002, available at <http://www.ahrq.gov/clinic/uspstf/uspscoco.htm> , (accessed August 29, 2005).

(70) Centers for Disease Control and Prevention, Department of Health and Human Services, "Pneumococcal Polysaccharide Vaccine: What You Need to Know," July 29, 1997, (accessed August 29, 2005).

(71) Centers for Disease Control and Prevention, Department of Health and Human Services, "Key Facts About Flu Vaccine," August 12, 2005, available at www.cdc.gov/flu/prospect/keyfacts.htm, (accessed August 29, 2005).

(72) Clubine, interview.

(73) Meyers, interview.

Endnotes

- (74) Dorotik, interview.
- (75) Walker, interview.
- (76) Dedmon, interview.
- (77) Doheny, interview.
- (78) Garcia, letter.
- (79) A “602” is an administrative appeal.
- (80) Dedmon, interview.
- (81) Blue-Sky, interview.
- (82) Smith-Dyer, interview.
- (83) Lewis, interview.
- (84) Dedmon, interview.
- (85) Allen, interview.
- (86) Benson, interview.
- (87) Meyers, interview.
- (88) Dorotik, interview.
- (89) Smith-Dyer, interview.
- (90) Green, interview.
- (91) Meyers, interview.
- (92) Benson, interview.
- (93) Meyers, interview.
- (94) Dedmon, interview.
- (95) Smith-Dyer, interview.
- (96) Green, interview.
- (97) Blue-Sky, interview.
- (98) Dorotik, interview.
- (99) Audra Speights, interview by Caitlin Jennings, tape recording, Oakland, California, July 18, 2005.
- (100) Sharon Stevens, interview by Caitlin Jennings, tape recording, San Francisco, California, July 12, 2005.
- (101) Marta Patterson, interview by Caitlin Jennings, tape recording, San Francisco, California, July 13, 2005.

Endnotes

72

(102) Bob and Moira Fitch, interview by Caitlin Jennings, tape recording, San Francisco, California, July 12, 2005.

(103) Charles Dyer, interview by Caitlin Jennings, tape recording, Oakland, California, July 18, 2005.

(104) Dyer, interview.

(105) Fitch, interview.

(106) Speights, interview.

(107) Green, interview.

(108) Smith-Dyer, interview.

(109) Martha Roberts [pseudo.], interview by Karen Shain, tape recording, California Institution for Women, Corona, California, January 28, 2005.

(110) Allen, interview.

(111) Mims, letter.

(112) Clubine, interview.

(113) Allen, interview.

(114) Doheny, interview.

(115) Meyers, interview.

(116) Blue-Sky, interview.

(117) See report issued by The Little Hoover Commission, Breaking the Barriers for Women on Parole, December 2004.

(118) California Department of Corrections, An Internal Planning Document for the California Department of Corrections, Older Inmates: The Impact of an Aging Inmate Population on the Correction System, Chris Cummings, 1999.

(119) Jennifer Warren, "The Graying of the Prisons." Los Angeles Times, June 9, 2002.

(120) John Longville, Assembly Bill 456: An Act to add Section 3052.5 to the Penal Code, relating to corrections. Introduced February 16, 1999.

(121) Special Facilities, Inmates and long-term care in skilled nursing facilities, Cal. Penal Code Section 6267.

(122) Legislative Analyst's Office, Analysis of the 2003-4 Budget Bill, Judiciary and Criminal Justice, Department of Corrections, February 2003.

(123) California Compassionate Release Statute, Cal. Penal Code Section 1170(d).

(124) Carole Migden, Assembly Bill 675: An act to amend Section 1170 of the Penal Code, relating to sentencing. Introduced February 22, 2001.

Endnotes

(125) Denise Ducheny, Senate Bill 278: An act to amend Section 3041 of, and to add Section 2654 to, the Penal Code, relating to prisoners. Introduced February 18, 2003.

(126) Darrel Steinberg, Assembly Bill 1946: An act to amend Section 1170 of the Penal Code, relating to sentencing. Introduced February 11, 2004.

(127) Assembly Committee on Appropriations, AB 1946 Assembly Bill Analysis, Analysis prepared by Geoff Long, April 2004.

(128) Legislative Analyst's Office, Analysis of the 2003-4 Budget Bill, Judiciary and Criminal Justice, Department of Corrections, February 2003.

(129) U.S. Department of Justice, National Institute of Corrections, Correctional Health Care: Addressing the Needs of Elderly, Chronically Ill and Terminally Ill Inmates, NIC No. 018735, February 2004, (70 – 71).

(130) Kevin Bryan, Department of Rehabilitation and Correction, State of Ohio, email to authors, July 15, 2005.

(131) California Department of Corrections, An Internal Planning Document for the California Department of Corrections, Older Inmates: The Impact of an Aging Inmate Population on the Correction System, Chris Cummings, 1999, (15).

(132) Ibid.

(133) “Bay State Correctional Center,” available at <http://www.mass.gov> under Public Safety (accessed August 24, 2005).

(134) California Department of Corrections, An Internal Planning Document for the California Department of Corrections, Older Inmates: The Impact of an Aging Inmate Population on the Correctional System, Chris Cummings, 1999.

(135) State of Missouri, Department of Corrections, Board of Probation and Parole, “Rules & Regulations Governing the Granting of Paroles, Conditional Releases & Related Procedures,” available at <http://www.doc.missouri.gov/division/prob/prob.htm> (accessed August 24, 2005).

(136) New Mexico Corrections Department Rules, CD-050401 “Parole of Geriatric, or Permanently Incapacitated, Terminally Ill Inmates.” Revised/Reviewed February 16, 2005, available at <http://corrections.state.nm.us/policies/policycypnp.html> (accessed August 24, 2005).

(137) Texas House of Representatives, House Committee on Corrections, Interim Report 2000.

(138) Virginia Code Ann Section 53.1-40.01 (2004).

(139) District of Columbia Code, Division IV, Title 24, Chapter 4, Subchapter III, Section 24-463 - section 24-465. “Board of Parole Authority” & “Conditions for Geriatric Release” (2005).

Endnotes

74

(140) Jonathon Turley. Statement of Professor Jonathan Turley: California’s Aging Prison Population, Before a Joint Hearing of the Senate Subcommittee on Aging and Long Term Care, Senate Committee of Public Safety, and the Senate Select Committee on the California Correctional System, February 25, 2003.

(141) California Department of Health Services, Statement of Deficiencies and Plan of Correction, Paris Lamb Health Center , Central California Women’s Facility, Chowchilla, California, surveys completed 3/27/02, 7/17/02, 7/23/02, 10/10/02.

(142) California Department of Health Services, Statement of Deficiencies and Plan of Correction, Corcoran State Prison Hospital, Corcoran, California, survey completed 10/17/02, (1-4).

(143) Joe Goldenson, MD. et al, letter to Honorable Thelton Henderson, “Medical Experts Report re: *Plata v. Schwarzenegger*, 2nd Report, Part 1 ,” July 9, 2004.

(144) California Department of Health Services, Statement of Deficiencies and Plan of Correction, Paris Lamb Health Center , Central California Women’s Facility, Chowchilla, California, survey completed 10/10/02, (2).

(145) Dorotik, interview.

(146) Legislative Analyst’s Office, Analysis of the 2003-4 Budget Bill, Judiciary and Criminal Justice, Department of Corrections, February 2003.

(147) American Public Health Association Task Force on Correctional Health Care Standards, Standards for Health Services in Correctional Institutions, 2003, (10).

(148) California State Auditor, Bureau of State Audits, California Department of Corrections: Utilizing Managed Care Practices Could Ensure More Cost-Effective and Standardized Health Care, Ref. No. 99027, January 2000.

(149) James Sterngold, “California’s Prison Crisis,” The San Francisco Chronicle, July 3, 2005.

[Appendix]

**Appendix 1. General Demographics of Survey Respondents
55 years of age or older (N=120)**

	N (%)
Age Range	
55 – 59	55 (46%)
60 – 64	34 (28%)
65 – 69	18 (15%)
Over 70	13 (11%)
Gender	
Identify as female	119 (99%)
Identify as transgender	1 (1%)
Race/Ethnicity *	
White	82 (68%)
African American	16 (13%)
Latino	7 (6%)
Other	15 (13%)
Length of Sentence	
Determinate	30 (25%)
Indeterminate ("Lifer")	76 (63%)
Life Without Parole	14 (12%)
Time Served	
Less than 5 years	25 (21%)
Between 6-15 years	39 (33%)
More than 16 years	56 (46%)
Identify domestic violence as factor in offense	61 (51%)

* The racial demographics for the population of older women prisoners vary considerably from the demographics of the female prison population as a whole. Over the last three decades, the majority of California prisoners have come from communities of color, largely due to the War on Drugs.

Appendix 2. Summary of Statistical Data
55 years of age or older (N=120)

Problems with Activities of Daily Living	
Bathing	6 (5%)
Transferring	6 (5%)
Dressing	17 (14%)
Eating	5 (4%)
Toileting	2 (2%)
Prison Routines Identified as "Very Difficult"	
Getting on top bunk	69 (58%)
Dropping to the ground for alarms	68 (57%)
Strip searches	60 (50%)
Standing in line	56 (47%)
Going to the dining hall	37 (31%)
Injuries	
Injured performing prison routine	51 (43%)
Fell within the last year	61 (51%)
Common Housing Problems	
Cell is too hot/cold	88 (73%)
Lack of privacy	71 (59%)
Noisy cellmates	40 (33%)
Getting help during emergencies	33 (28%)
Don't feel safe in cell	27 (23%)

Appendix 2. Summary of Statistical Data (Cont.)

55 years of age or older (N=120)

Common Health Problems

Arthritis	88 (73%)
Hypertension	77 (64%)
Vision impairment	70 (58%)
Hearing impairment	62 (52%)
Asthma/COPD	39 (33%)
Heart disease	37 (31%)
Memory loss	33 (28%)
Mobility impairment*	33 (28%)
Incontinence	26 (22%)
Diabetes	19 (16%)
Stroke	15 (13%)
Cancer	14 (12%)

Accessing Health Services

Medication delays	80 (67%)
Treatment delays	78 (65%)
Trouble paying \$5 co-pay	51 (43%)

Work Issues

Required to work to maintain current housing	51 (43%)
Identified fulltime work as "very difficult"	37 (31%)
Assigned to a job difficult to perform	73 (61%)
Work between 21 and 40 hours	76 (63%)

Abuse

Experienced verbal abuse by prison staff	74 (62%)
Experienced physical abuse by prison staff	14 (12%)
Experienced verbal abuse by other prisoners	84 (70%)
Experienced physical abuse by other prisoners	41 (34%)
Believe staff don't protect older prisoners from abuse	99 (83%)

* Mobility Impairment defined as needs help with walking and/or use of a wheelchair.

Appendix 2. Summary of Statistical Data (Cont.)
55 years of age or older (N=120)

Support

Family/friends = main source of social support	87 (73%)
Receive visits at least once a month	41 (34%)
No visits in more than 5 years	16 (13%)

Fears about Aging in Prison

Accessing health care	77 (64%)
Personal safety/abuse	38 (32%)
Living conditions/housing	35 (29%)
Separation from family/community	25 (21%)

Post-release Concerns

Finding a job/financial stability	59 (49%)
Securing housing	53 (44%)
Accessing health care/health benefits	38 (32%)
Getting sent back to prison	21 (18%)

Our Mission

The mission of Legal Services for Prisoners with Children is to advocate for the civil rights and empowerment of incarcerated parents, children, family members and people at risk for incarceration through responding to requests for information, trainings, technical assistance, litigation, community activism and the development of more advocates. Our focus is on women prisoners and their families, and we emphasize that issues of race are central to any discussion of incarceration.

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