BREAKING THE SILENCE:

CIVIL AND HUMAN RIGHTS VIOLATIONS RESULTING FROM MEDICAL NEGLECT AND ABUSE OF WOMEN OF COLOR IN LOS ANGELES COUNTY JAILS

Dignity & Power NOW

CURB

Breaking the Silence: Civil and Human Rights Violations Resulting from Medical Neglect and Abuse of Women of Color in Los Angeles County Jails

A REPORT BY

Dignity & Power NOW

Los Angeles, California, U.S.A

IN PARTNERSHIP WITH

PREPARED BY THE FOLLOWING STUDENTS OF THE UCLA SCHOOL OF LAW INTERNATIONAL HUMAN RIGHTS CLINIC:

Alejandro Caceres-Monroy

Ariane Nevin

Jasmine Phillips

Sandeep Prasanna

SUPERVISED AND EDITED BY:

E. Tendayi Achiume

WITH SPECIAL THANKS TO:

California Coalition for Women Prisoners (CCWP)

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Justice Now

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Youth Justice Coalition (YJC)

Antoinette Bedros

Alexis Gardner

Jennifer Gunnell

Jessica Temple

Kristina Ronnquist

ENDORSEMENTS:

California National Organization of Women Chapter of Greater Los Angeles

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All of Us or None

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Executive Summary and Recommendations

Women of color with mental health conditions in LA county jails and California prisons are exceptionally vulnerable to medical neglect and abuse that violate domestic civil rights law and regional and international human rights law. This Report by Dignity and Power Now ("DPN") documents how jail and prison officials violated the rights of seven women of color, and highlights the mental health consequences of the medical neglect and abuse these women suffered. It relies on the testimonies of these women, interviews with two former CRDF psychiatric social workers, and a growing literature on the unlawful treatment of incarcerated populations with mental health conditions across the United States of America. Although this Report's focus is the Century Regional Detention Facility ("CRDF"), an all-female facility operated by the Los Angeles County Sheriff's Department ("LASD"), it includes violations against women at the LASD's Twin Towers facility and at the California Institution for Women ("CIW"), an all-female state prison.

This Report documents how LASD Deputies and other personnel—including Los Angeles County Department of Mental Health personnel working in detention facilities—systematically denied the women interviewed vital mental and physical health care services. These officials forced women suffering from mental health conditions such as bipolar disorder, schizophrenia and depression to suffer—sometimes for months—without access to necessary medication. These Deputies verbally abused these women and rarely permitted them to leave their cells. These officials forced these women to lie in their own filth for days, and denied them access to adequate reproductive hygiene products such as tampons or pads, leaving these women to bleed on themselves. Women interviewed for this Report recounted how Deputies shackled pregnant women, and punished women with mental health conditions by placing them in solitary confinement. The experiences of these interviewees also reveal how, by medically neglecting and abusing women of color, Deputies and other personnel increased these women's risk of suicide.

These abuses are unacceptable by any measure. That they occur at the hands of public employees entrusted with the humane care of these women — some of whom are our communities' most mentally and physically vulnerable — is heinous. In addition to detailing these women's stories, this Report demonstrates that the medical neglect and abuse of incarcerated women of color by LASD and other public officials violates domestic civil rights law, regional human rights law, and international human rights law.

The violations this Report documents make clear the human cost of the growing trend of incarceration of women, a trend that is by no means mitigated by so-called gender responsive incarceration. In 2007 some California legislators proposed the construction of more incarceration facilities for women, and used a need for gender responsiveness as a justification for this expansion.[1] A report by Californians United for a Responsible Budget, also released that year, explained that so-called gender responsive incarceration proposals used "the grave needs of people in women's prisons to manipulate public sentiment in favor of rehabilitation and services to expand a failing system."[2] Even today, building more facilities will not prevent the gross human rights violations incarcerated women endure in Los Angeles County, or anywhere else in the United States.

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1 Californians for a Responsible Budget, How "Gender Responsive Prisons" Harm Women, Children, and Families, A Special Report on Reducing the Number of People in California's Women's Prisons 5-6 (2007) available at *http://curbprisonspending.org/wp-content/uploads/2010/11/CURB-Gender-Responsive-Prisons-Report.pdf* (last visited June 30, 2015).

2 Id. at 8.

In light of the above, DPN urges the LASD and the Los Angeles County Board of Supervisors to:

1. End immediately the medical neglect and abuse of incarcerated women in LA County detention facilities by:
   a. Increasing incarcerated women's access to physical and mental health professionals;
   b. Eliminating the over- and under-medication of incarcerated women with mental health concerns;
   c. Eliminating over-reliance on psychotropic drugs and making alternative therapies available for the treatment of incarcerated women with mental health conditions;
   d. Eliminating the solitary confinement of incarcerated persons with mental health conditions;
   e. Increasing incarcerated women's access to basic hygiene products, including sanitary pads and tampons;
2. Establish an effective institutional mechanism for monitoring the mental health of incarcerated women, with the authority to divert women with mental health conditions from jails to community-based mental health care programs;
3. Begin immediately the collection of disaggregated, comprehensive, publicly accessible data on LA County detainees' race, gender and mental health status;
4. Reduce the population of all incarcerated persons with mental health conditions by increasing the availability of community-based mental health resources and jail and prison diversion programs;
5. Adopt the Bill of Rights for Children of Incarcerated Parents so that parents and their children are better prepared to reunite.;
6. End immediately further construction of jails and prisons, especially construction that occurs at the expense of community-based mental health care services; and
7. Protect the dignity and restore the power of incarcerated individuals, their families, and their communities by systematically phasing out incarceration and redirecting funds toward effective jail and prison diversion programs.

Methodology

DPN commissioned students of the UCLA School of Law International Human Rights Clinic ("the IHCR") to research and draft this Report, under DPN's close supervision. This Section describes the methodology DPN and the IHRC used to produce this Report.

A. Data Collection

DPN and the IHRC worked closely with formerly incarcerated women of color in order to document their individual stories and experiences in custody. The research team conducted detailed interviews with seven women of color formerly incarcerated in the Century Regional Detention Facility (CRDF), some of whom were also incarcerated in the California Institute for Women (CIW), and at Twin Towers. At least four of these women have since committed themselves to fighting for an end to human rights violations against incarcerated persons, and are now active members of community-based coalitions in Los Angeles with this mission.

CRDF, sometimes referred to as "Lynwood" because of its location in Lynwood, a city in southeastern Los Angeles County, is a jail operated by the Los Angeles County Sheriff's Department. It is an all-female facility that can house up to 2,100 incarcerated persons.[3] CIW is an all-female prison run by the State of California, located in Chino, a city in San Bernardino County.[4] Twin Towers is a jail operated by the Los Angeles County Sheriff's Department and located in the City of Los Angeles. Both men and women are kept at Twin Towers, the world's largest jail as well as the world's largest mental health facility.[5]

Although this Report focuses primarily on CRDF, it includes women's experiences in CIW and Twin Towers to illustrate that medical neglect and abuse are by no means unique to CRDF. Instead, medical neglect and abuse arguably characterize all institutions of mass incarceration.

3 Los Angeles Sheriff's Department, About CRDF, http://shq.lasdnews.net/pages/PageDetail.aspx?id=1255 (last visited June 29, 2015).

4 California Department of Corrections and Rehabilitation, Prison Facilities: California Institution for Women, http://www.cdcr.ca.gov/Facilities_Locator/CIW.html (last visited June 29, 2015).

5 Los Angeles Sheriff's Department, Twin Towers Correctional Facility, http://shq.lasdnews.net/pages/tgen1.aspx?id=ttc (last visited June 29, 2015).

The research team worked closely with two former CRDF psychiatric social workers to learn more about custodial practices, incarcerated women's access to clinicians, administrative limitations, bureaucracy, retributive behaviors by leadership, and the firsthand and vicarious trauma that clinicians and doctors experience in these facilities.

Finally, the research team was able to obtain some cross-sectional data from the Los Angeles County Sheriff's Department regarding the racial composition of LA County jails, and the number of incarcerated persons diagnosed with mental health conditions. Unfortunately, these data provide an inadequate account of the racial breakdown of women with known mental health conditions incarcerated at CRDF. They nonetheless gives some insight into the heightened vulnerability of women of color to medical neglect in the jails.

Although this Report focuses on women, DPN rejects a binary approach to gender, which obscures the unique vulnerabilities and violations that transgender and other gender non-conforming individuals face in jails and prisons.[6] This Report does not address these vulnerabilities and violations, but DPN emphasizes the need for research and advocacy on the needs of gender non-conforming incarcerated persons.

B. Intersectionality

This Report focuses on medical neglect and abuse of incarcerated women of color, with an emphasis on the mental health implications of this neglect. On account of their race and gender, women of color are at heightened risk of abuse relative to men and to white women, yet very little data exists documenting their experiences. Women of color with mental health conditions are even more vulnerable to medical neglect and abuse, which further compound their mental distress. Furthermore, medical neglect and abuse can interact with other conditions of incarceration to harm women of color physically and mentally.

6 For an analysis of the vulnerability of queer and trans individuals to abuse in their interactions with the criminal justice system of the United States see Joey L. Mogul, Andrea J. Ritchie, and Kay Whitlock, Queer (In)justice: The Criminalization of LGBT People in the United States (2011).

Portraits from DPN's Freedom Harvest Project outside of Men's Central Jail. Photographer: Tani Ikeda

This Report adopts an "intersectional" analysis in order to provide a full account of how the race and gender of women of color *together* make these women more vulnerable to medical neglect in violation of international, regional and domestic law. Too often, lawmakers, courts and law enforcers treat discrimination as occurring on a single axis, or on the basis of a single social category such as race *or* gender.[7] Yet discrimination also occurs at the intersection of multiple classifications, and when it does, it can result in different and often greater harm than discrimination on the basis of a single social category.[8]

7 Kimberlé Crenshaw, Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory, and Antiracist Politics, 140 U. Chic. Leg. F. 139-140.

8 Id.

Women of color are thus multiply disadvantaged on account of their race and gender together, in ways that are qualitatively different and worse than the discrimination faced by white women or men of color, for example.[9]

Failure to recognize the intersectional nature of discrimination results in the omission of research into the specific experiences of women of color in jails and prisons, and to an erasure of their experiences. This erasure in turn hinders efforts to recognize and address discrimination against women of color, thereby maintaining the increased vulnerability of these women to abuse and neglect by prison and jail personnel.

9 Id.

I. Understanding the Vulnerability of Incarcerated Women of Color to Medical Neglect and Abuse

Nina's Story

"I wanted to see a doctor and couldn't. That's why I jumped."

—Nina

In September 2014, Nina,[10] a forty-seven year old African-American woman, was detained at the Century Regional Detention Facility ("CRDF"). After two weeks at CRDF, she attempted suicide by jumping off of a second-story balcony.

Prior to her incarceration, Nina had been diagnosed with bipolar disorder, schizophrenia and depression. During her incarceration at CRDF, Deputies denied Nina access to any medical professionals and to any medication. For those two weeks, they confined her to her cell for all but 30 minutes a day. Nina had no access to basic hygiene products such as soap and toothpaste. Deputies regularly denied her access to showers, except on a handful of occasions. Deputies verbally abused her — sometimes on the basis of her race, and sometimes because of her mental state. Her depression worsened. She asked to see a psychiatrist or a clinician every day, and in response the Deputies responsible for her care systematically ridiculed and denied her requests.

Unable to take any more abuse, Nina saw what she considered a way out of her misery when a medic came to her cell to check her blood pressure. She managed to escape her cell, and hoping finally to silence the voices in her head she jumped from a second story balcony at CRDF.

Nina survived the fall, but the medical neglect and abuse that drove her to it continued. Deputies transferred her to St. Francis Medical Center in Lynwood, a public hospital a short drive away from CRDF, where she was placed on suicide watch. She was kept there for another two weeks, handcuffed to her bed. Although medical professionals treated her foot, blood pressure, and bipolar disorder, Nina was forcibly confined to her bed. Staff forced her to relieve herself in a bedpan in front of a male guard, despite her repeated protests. Staff also forced her to lie in her own filth—a nurse washed her only once in two weeks. Weakened, humiliated, and depressed, Nina lost the will to eat for almost a week.

After her hospital stay, Deputies handcuffed Nina to a gurney and transferred her to Twin Towers Correctional Facility. No doctors consulted with her at Twin Towers. Instead, officials fed her a generic painkiller and an anti-anxiety drug known as Clonazepam or Klonopin, which these officials said would stop Nina from complaining about her treatment. Deputies, mostly men, regularly called her crazy and systematically denied her requests to see a doctor, a psychiatrist, a physical therapist, or a clinician of any kind.

Occasionally, these Deputies would hurl racial slurs at her or the other incarcerated persons. Nina recalled that the lights in her cell were on all day and the stench of unwashed filth was excruciating. Because of her foot injury, Nina required a wheelchair in order to move. However, Nina's access to a wheelchair was severely limited—if another woman used a wheelchair to go to court, Nina would be bedridden for the day. If she had to use the bathroom, she would have to crawl, on her hands and knees, on the filthy floor to get to the toilet. If Deputies permitted Nina a wheelchair, they only allowed her out of her cell for an hour, sometimes less, sometimes not at all, and never outside in the open air. Nina reported that twice she was forced to miss a court date because she had no access to a wheelchair.

This abuse and neglect lasted for seven and a half months.

Today, Nina walks with a severe limp and requires comprehensive physical and mental therapy. She speaks quietly and sadly about her time at CRDF and Twin Towers. Her hope now is to begin to repair the deep physical and psychological wounds that her incarceration inflicted on her.

10 IHRC, Interview with Nina, April 5, 2015. All details in this Report attributed to Nina or regarding Nina's experiences while incarcerated are taken from this interview. The name "Nina" is a pseudonym used to protect the privacy of this interviewee.

Nina's story is tragic and horrifying but it is not unique. Interviews conducted for this Report indicate that women of color in LA County detention facilities undergo medical neglect of the worst order, compounded not only by their mental state but also, in many cases, by their race and gender. This Report gives voice to these women, who are subjected to brutal and humiliating abuse at the hands of the Los Angeles County jail system and its Deputies. In addition to making these women's stories public, this Report shows that medical neglect and abuse of incarcerated women of color by LASD Deputies violates domestic civil rights law, and regional and international human rights law.

Although this Report focuses on medical neglect and abuse of women of color, it is important to note that many other equally disturbing violations of human rights characterize the experiences of men and women of all races incarcerated in LA County. The LA County jail system, one of the largest in the world, is renowned for its poor treatment and extreme abuse of incarcerated individuals. For example, in 2011, the American Civil Liberties Union (ACLU) released a scathing report detailing widespread and systemic verbal and physical abuses committed by LASD Deputies and officials against persons incarcerated in LA County jails.[11] To produce this report the ACLU reviewed thousands of detainee complaints, obtained eyewitness and victim accounts, and consulted jail experts. According to the ACLU report, Deputies routinely subjected incarcerated persons to beatings, confinement under inhumane circumstances, and a lack of protection from violence committed by other incarcerated persons. The ACLU observed that the jails were run by "gang-like groups of deputies" operating under a "long-standing and pervasive culture of deputy violence."[12]

In response to these and other reports, the Los Angeles County Board of Supervisors formed the Citizens' Commission on Jail Violence (CCJV), an independent committee it tasked with investigating abuses committed by Deputies against prisoners and recommending corrective reform. The CCJV's final report, released in 2012, outlined "troubling indicia of a force problem,"[13] including "numerous instances in which LASD personnel used force when no threat was present, used force disproportionate to the threat posed, used force after the threat ended, or enabled inmates to assault other inmates."[14]

Medical neglect and abuse of women of color must be understood in this broader context of excessive use of force and other forms of abuse in LA County detention facilities. This neglect and abuse must also be understood as emblematic of a national pandemic of abuse of incarcerated populations with mental health conditions in the United States. A 2015 report found that: "Across the United States, staff working in jails and prisons have used unnecessary, excessive, and even malicious force on prisoners with mental disabilities such as schizophrenia and bipolar disorder."[15]

A. The Gendered Impact of Incarceration on Mental Health

The United States has expanded its jail and prison population tremendously over the past four decades,16 and between 1980 and 2011 "the number of women in prison increased at nearly 1.5 times the rate of men[.]"17 A 2006 Department of Justice Report found that incarcerated women "had higher rates of mental health problems than male inmates (State prisons: 73% of females and 55% of males; local jails: 75% of females and 63% of males)". [18] Yet state governments have at the same time defunded psychiatric facilities and failed to honor promises to support community-based treatment options for persons with mental health conditions. The nation-wide consequences of these shifts have been devastating for persons with mental health conditions funneled into jails and prisons, which are currently functioning as "new asylums."[19] This shift has

11 American Civil Liberties Union, Cruel and Unusual Punishment: How a Savage Gang of Deputies Controls L.A. County Jails, Sept. 2011, available at https://www.aclu.org/files/assets/78162_aclu_jails_r2_lr.pdf (last visited June 29, 2015).

12 Id. at 22.

13 Report of the Citizens' Commission on Jail Violence, Executive Summary 1 (Sept. 2012), 1, available at http://ccjv.lacounty.gov/wp-content/uploads/2012/09/CCJV-Executive-Summary.pdf (last visited June 29, 2015).

14 Id at 6.

15 Human Rights Watch, Callous and Cruel: Use of Force Against Inmates with Mental Disabilities in US Jails and Prisons 1 (2015).

16 American Civil Liberties Union, Human Rights at Home: Mental Illness in U.S. Prisons and Jails 2 (Sept. 2009), available at https://www.aclu.org/files/images/asset_upload_file299_41188.pdf (last visited June 29, 2015).

17 The Sentencing Project, Incarcerated Women Fact Sheet 1 (Dec. 2012) available at http://www.sentencingproject.org/doc/publications/cc_Incarcerated_Women_Factsheet_Dec2012final.pdf (last visited June 29, 2015).

18 Doris D. James and Lauren E Glaze, Mental Health Problems of Prison and Jail Inmates 1, United States Department of Justice Bureau of Justice Statistics Special Report 1 (Sept. 2006) available at http://www.bjs.gov/content/pub/pdf/mhppji.pdf (last visited June 29, 2015).

19 Treatment Advocacy Center, The Treatment of Persons with Mental Illness in Prisons and Jails: A State Survey 6 (April 2014),

contributed to the Los Angeles County Jail system becoming the "US's largest psychiatric ward."[20] Given this context, medical neglect and abuse are concerns that must be at the forefront of any attempts to reform jails and prisons in LA County.

Jail and prison expansion and the lack of mental health services have had a graver impact on women than on men. Researchers find that nationally "female offenders report greater incidence of mental health problems and serious mental illness (SMI) than do male offenders" in addition to higher rates of substance dependence and histories of sexual abuse.[21] Jails and prisons, which are inherently punitive settings, cannot meet the needs of these women. Instead, incarceration exacerbates mental health issues—lack of support services and abusive law enforcers re-traumatize incarcerated women with prior histories of trauma.

B. The Heightened Vulnerability of Black Women and other Women of Color as a Result of Intersectional Discrimination

"You can feel it. Certain things that [deputies] would say or do."

—Charlene, when asked about racial hostility in CRDF

Among incarcerated women, women of color are especially vulnerable to various human rights violations and trauma due to the stereotypes that law enforcers and service providers possess regarding women of color, and the overrepresentation of women of color in incarcerated populations.[22]

Among women of color, Black women are the most vulnerable. The treatment of Black women under chattel slavery and during the post-Civil War era continues to shape the ways in which society stereotypes Black women and how lawmakers and law enforcers deploy the penal system against these women.[23] Stereotypes of Black women as masculine, bad mothers, dangerous, and sexually deviant, increase their vulnerability to excessive punishment while they are incarcerated.[24] Law enforcers deem Black women to be hyper-aggressive, dishonest, and immoral.[25]

These harmful and pervasive stereotypes help to explain the disproportionate incarceration of Black women and their vulnerability to ill treatment in jails and prisons.[26] The perception of Black women as masculine constructs them as gender deviant and in need of greater discipline.[27] In CRDF, Black women make up approximately 31% of the jail population[28] even though Black women constitute approximately 9.9% of *all* women in Los Angeles County.[29] On the other hand, White and Asian/Pacific Islander women, for example, are underrepresented relative to their demographic representation in Los Angeles County. White women constitute approximately 24% of CRDF,[30] and 34.2% of all women in LA County.[31] Asian/Pacific Islander women in Los Angeles County constitute 14% of all women,[32] while Asian/Pacific Islander women make up only approximately 0.04% of the CRDF population.[33] In contrast, Latina women make up approximately 41% of the CRDF population,[34] and constitute approximately 42% of all women in LA County, Los Angeles County.[35]

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available at http://www.tacreports.org/storage/documents/treatment-behind-bars/treatment-behind-bars.pdf (last visited June 29, 2015).

20 Dina Demetrius, Inside the US's Largest Psychiatric Ward, the LA County Jail (July 28, 2014), available at: http://america.aljazeera.com/watch/shows/america-tonight/articles/2014/7/25/l-a-county-jail-psychiatricward.html.

21 Sharon M. Lynch et al, Women's Pathways to Jail: Examining Mental Health, Trauma, and Substance Use 1 (March 2013), available at: https://www.bja.gov/Publications/WomensPathwaysToJail.pdf (last visited June 29, 2015).

22 Monique W. Morris, Stephanie Bush-Baskette, and Kimberlé Crenshaw, Confined in California: Women and Girls of Color in Custody 20.

23 Priscilla Ocen, Punishing Pregnancy: Race, Incarceration, and the Shackling of Pregnant Prisoners, 100 Calif. L. Rev. 1240, 1245 (2002).

24 Id. at 1259.

25 See, e.g., id. at 1281-82..

26 Id. at1272.

27 Id.

28 Los Angeles County Sheriff's Department, Custody Division Daily Briefing (Mar. 2, 2015) [hereinafter "LASD Custody Briefing, March 2, 2015"] The LASD provided this data to the UCLA International Human Rights Clinic following a letter of request.

29 Los Angeles County Department of Public Heath and Office of Health Assessment and Epidemiology, Health Indicators for Women in Los Angeles County 4 (Feb. 2010), available at: http://publichealth.lacounty.gov/owh/docs/Health-Indicators-2010.pdf (last visited June 29, 2015).

30 LASD Custody Briefing, March 2, 2015.

31 Los Angeles County Department of Public Heath and Office of Health Assessment and Epidemiology, Health Indicators for Women in Los Angeles County supra note 33 at 4.

32 Id.

33 LASD Custody Briefing, March 2, 2015.

34 Id.

35 Los Angeles County Department of Public Heath and Office of Health Assessment and Epidemiology, Health Indicators for Women

Women interviewed for this Report described how Deputies treated incarcerated women of color worse than white women, on account of the former's race. One interviewee, Catherine, stated that Deputies placed women of color under 24 hour lockdown and denied them access to the dayroom because they were "too ghetto."[36] Catherine is 24 years old and Latina. She was incarcerated at CRDF in 2013, and now works in Los Angeles as a youth organizer to empower young people of color. Catherine reported that Deputies kept white and Asian women on a separate floor and gave these women access to the dayroom for several hours every day. On the other hand, Deputies forced women of color to eat, sleep and urinate in the confines of their cells. By depriving women of color of dayroom access, Deputies denied these women access to phone calls, television, recreational activities, out of cell eating, and showers for weeks at a time.

CRDF personnel interviewed for this Report also noted racially disproportionate medical abuse of women of color. Estelle, a former psychiatric social worker in CRDF from August 2013 to May 2014 reported a pattern of a disproportionate and harmful over-diagnosis of the mental health conditions of women of color, relative to other women in her own caseload.[37]

Several formerly incarcerated interviewees of color noted that they were over-medicated and over-diagnosed while in LA County detention facilities. Jayda Rasberry, an African-American woman who now works as an organizer with Dignity and Power Now, was incarcerated from 2006 to 2012. She reported that during her incarceration personnel diagnosed her with an anxiety disorder, a mood disorder, depression, bipolar disorder, and borderline Schizophrenia.[38] Post-incarceration she has been properly diagnosed with only having an anxiety disorder and as being borderline bipolar. These reports suggest over-medicalization of women of color, and perhaps the use of inflated mental illness diagnoses as a basis for prescribing medicines that serve no medical purpose, but instead punitively discipline women of color.

The perception of Black women as masculine constructs them as gender deviant and in need of greater discipline

Publicly available data make it impossible to determine the full extent and nature of the vulnerability of women of color with mental health concerns to medical neglect and other abuses in LA County jails. The LASD does not collect data on the racial breakdown of the incarcerated population with mental health concerns.[39] It simply categorizes incarcerated persons with mental health conditions by gender according their detention facility and primary charge.[40] According to the LASD, on March 2, 2015 there were 150 women with mental health conditions at CRDF and two at Twin Towers.[41]

In order to develop a more comprehensive understanding of the impact of mass incarceration and medical neglect on women of color with mental health conditions, the Los Angeles County Sheriff's Department should collect data that at a minimum disaggregate the race of incarcerated persons mental health conditions, in addition to the existing disaggregation on the basis of gender.

Yet even in the absence of this data, the stories told by the women and medical personnel interviewed for this Report paint a vivid picture of gross violations of the civil and human rights of women of color under international, regional and domestic law.

in Los Angeles County supra note 33 at 4.

36 IHRC, Interview with Catherine, (Apr. 10, 2015). All details in this Report attributed to Catherine or regarding Catherine's experiences while incarcerated are taken from this interview. The name "Catherine" is a pseudonym used to protect the privacy of this interviewee.

37 IHRC, Interview with Estelle, (Apr. 8, 2015). All details in this Report attributed to Estelle are taken from this interview unless otherwise stated. The name "Estelle" is a pseudonym used to protect the privacy of this interviewee. Estelle, who is White, reported that for years she battled drug addiction and herself had many encounters with law enforcement officials. Initially, she counted herself as lucky to have been able to attend college and pursue a Master's degree despite her frequent encounters with the police. However, having now spent years working inside and outside jails to improve the lives of incarcerated persons, she has come to believe that it was not luck but race that determined the lenient treatment she experienced from law enforcement officials on the one hand, and that to a great extent results in the harsh treatment of incarcerated women of color. Correspondence from Estelle to the IHRC, (June 18, 2015).

38 IHRC, Interview with Jayda Rasberry, (Apr. 8, 2015). All details in this Report attributed to Jayda or regarding Jayda's experiences while incarcerated are taken from this interview. Jayda permitted the use of her real name in this Report.

39 The IHRC requested this data from the LASD. The jail data the IHRC received, and which the LASD stated was the only data responsive to the IHRC's request, did not include a racial breakdown of the mentally ill incarcerated population.

40 LASD Custody Briefing, March 2, 2015.

41 Id.

II. THE LASD MEDICALLY NEGLECTS AND ABUSES INCARCERATED WOMEN OF COLOR

Medical neglect and abuse in CRDF result from actions and omissions of the LASD, when its Deputies and other personnel deny incarcerated women access to health care providers and to vital medication. Some of these personnel are Los Angeles County Department of Mental Health personnel. This Section recounts the stories of seven women of color who were medically neglected and abused by LASD personnel during their incarceration. Many of these women suffer from one or more mental health condition. This Section also includes testimonies from former CRDF psychiatric social workers, whose accounts corroborate the horrifying accounts of the seven formerly incarcerated interviewees.

A. Access to Health Care Providers

Data collected in two important studies of local, state and federal correctional facilities revealed that:

> *[A]mong inmates with a persistent medical problem, 13.9% of federal inmates, 20.1% of state inmates, and 68.4% of local jail inmates had received no medical examination since incarceration.* [42]

It is thus no surprise that *all* of the women interviewed for this Report detailed great difficulty in accessing health care providers, including mental health care providers. Even when they requested a visitation from a doctor, nurse, psychiatrist, or social worker, Deputies typically refused their requests.

When Stacy, who is Latina, arrived at the CRDF, she was in methadone withdrawal.[43] For several weeks following her arrival, she experienced cramps, severe nausea and diarrhea. Stacy also suffers from chronic high blood pressure, and prior to her incarceration had been taking prescription medication for her condition. When she was incarcerated, jail personnel did not give her any medication for her blood pressure and, as a result, she began experiencing severe headaches. Throughout her five-month incarceration at CRDF, Stacy repeatedly asked Deputies to let her see a doctor or a nurse who could prescribe medication to help ease her withdrawal symptoms and to treat her blood pressure condition. These Deputies denied each request, and grew increasingly unsympathetic and tired of these requests. In Stacy's words: "The staff treated me like a troublemaker because I wanted to see the doctor so badly." Deputies eventually threatened her with solitary confinement as punishment for repeatedly asking to see a psychiatrist. She reported: "A lot of times, I felt like not living. [I thought,] what's the point?"

Following her release Stacy, who is now a hairdresser in Los Angeles, was able to seek the medical help she desperately needed, and was diagnosed with bipolar disorder. The medication she was prescribed for her mental health condition has dramatically changed Stacy's life. She reported: "The older I got, the more I realized something was wrong. I was tired of going to jail. Now that I am out of jail, I am seeing a psychiatrist and I'm taking medication, which helps . . . I've been out of jail for ten months now."

> "if you're not dying, then don't press the button"
>
> —Catherine, recalling what a deputy stated in reference to the emergency button

Catherine was incarcerated at CRDF for one month and reported great difficulty in obtaining medical assistance. She reported that if incarcerated women ever called for emergency medical assistance using the call-button provided in their cells, Deputies would punish them by deactivating the call-buttons and imposing a 24-hour lockdown. By imposing such lockdowns, Deputies denied women use of the recreation room, telephones, and showers, all as punishment for these women's attempts to secure medical attention. Deputies also endangered the lives of incarcerated

42 Andrew P. Wilper et al., The Health and Health Care of US Prisoners: Results of a Nationwide Survey, 99(4) Am. J. Pub. Health, 666, 669 (2009). These two surveys are the 2004 Survey of Inmates in State and Federal Correctional Facilities (SISFCF) and the 2002 Survey of Inmates in Local Jails (SILJ).

43 IHRC Interview with Stacy, April 15, 2015. All details in this Report attributed to Stacy or regarding Stacy's experiences while incarcerated are taken from this interview. The name "Stacy" is a pseudonym used to protect the privacy of this interviewee.

women when they deactivated the call-buttons. Catherine reported that when her pregnant cellmate began experiencing premature contractions, they tried to summon a doctor using the call-button, but it had been deactivated. It was only after making a lot of noise and shouting repeatedly for help that they managed to convince the Deputies on duty that Catherine's cellmate needed emergency medical assistance.

Psychiatric social workers who worked in CRDF's mental health facility, corroborated women's reports that access to mental health clinicians was severely limited. One psychiatric social worker recounted that most patients with mental health conditions only got to see a clinician for ten minutes every six weeks, even though these patients require more substantial consultation with a clinician every one to two weeks.[44] She further recounted that one of her patients reported not seeing a clinician for a period of more than six months. Another social worker from CRDF stressed that due to poor funding and the State's policy of relegating women with mental health conditions to jails instead of psychiatric facilities, the mental health facility at CRDF is severely understaffed.[45] She reported that clinicians can have between 40 and 70 patients at a time, which is far too many than they can properly care for simultaneously. Both social workers reported that there is very little oversight of clinicians and their work, which permits substandard care for patients in the absence of any accountability mechanisms.[46]

B. Access to Medication

According to a study by the U.S. Department of Justice more than half of all people incarcerated in prisons and jails in the United States in 2005 had a mental health problem[47] compared with 11 percent of the general population.[48] Yet only one in three persons incarcerated in prison and one in six persons incarcerated in jail receives any form of mental health treatment.[49] Incarcerated people with mental health conditions are especially "vulnerable and often abused while incarcerated. Untreated, their psychiatric illness often gets worse, and they leave prison or jail sicker than when they entered."[50] Because medication is important to recovery, when carceral officials deprive incarcerated women access to these medications, they undermine the ability of these women to function.

The 2004 Survey of Inmates in State and Federal Correctional Facilities (SISFCF) and the 2002 Survey of Inmates in Local Jails (SILJ) are comprehensive surveys of the correctional system in the United States at the local, state and federal levels. According to these surveys:

> *More than 1 in 5 inmates were taking a prescription medication for some reason when they entered prison or jail; of these, 7232 federal inmates (26.3%), 80971 state inmates (28.9%), and 58991 local jail inmates (41.8%) stopped the medication following incarceration.*[51]

In keeping with these statistics, the formerly incarcerated women interviewed for this Report consistently reported that carceral officials regularly denied them access to medication or gave them inappropriate medication for their health conditions.

For example, while she was incarcerated at CIW, Jayda suffered a kidney condition for more than two months. During this time detention personnel failed to provide her with a proper diagnosis or medication for her condition. She stated: "I was on antibiotics and other painkillers that caused me serious stomach problems and I ended up with constipation, needing another set of medications for that." Jayda reported the following observations regarding her stay at CIW:

> Regardless of the condition, everyone was on the same set of painkillers, anti-inflammatory medication, and psych medicine, usually Abifily (Aripiprazole). People who needed mood stabilization were given Trileptal (Oxcarbazepine) and Abilify, some others used Zoloft (Sertraline), and Prozac (Fluoxetine) but always [women were given] Abilify.[52]

44 IHRC, Interview with Estelle, (Apr. 8, 2015).

45 IHRC, Interview with Lucy, (Apr. 22, 2015). All details in this Report attributed to Lucy or regarding Lucy's experiences at CRDF are taken from this interview. The name "Lucy" is a pseudonym used to protect the privacy of this interviewee.

46 IHRC, Interview with Estelle, (Apr. 8, 2015), IHRC, Interview with Lucy, (Apr. 22, 2015).

47 Doris D. James and Lauren E Glaze, Mental Health Problems of Prison and Jail Inmates 1, United States Department of Justice Bureau of Justice Statistics Special Report 1 (Sept. 2006) available at http://www.bjs.gov/content/pub/pdf/mhppji.pdf (last visited June 29, 2015).

48 Id. at 3.

49 .Id. at 1.

50 Treatment Advocacy Center supra note 21 at 6.

51 Wilper et. al. supra note 46 at 669.

52 When describing medications, Jayda and other interviewees used brand names and medical names (listed in parentheses)

Tina explained that CIW personnel distributed these medications to women in the absence of any diagnostic procedures, and as a result, the women she was incarcerated with were typically over- or under-medicated. They rarely received medication tailored to their actual medical conditions. Nina, for example, recounted that jail officials placed her on medication that she believed served the sole purpose of subduing her, and thus preventing her from complaining about the conditions of her confinement at Twin Towers.

…incarcerated women "have lost autonomy about what goes into their body, I've never been so traumatized to see [anyone] so medicated."[54]

—former psychiatric social worker

A former psychiatric social worker interviewed for this Report corroborated the prevalence of generic prescriptions that both jail and prison staff doled out to incarcerated women irrespective of the unique needs of these women.[53] The other psychiatric social worker interviewed for this Report also expressed concern at the over-medication of incarcerated women. In her words incarcerated women "have lost autonomy about what goes into their body, I've never been so traumatized to see [anyone] so medicated."[54]

Prior to her incarceration, Charlene was taking medication for chronic kidney failure.[55] When she asked jail staff for the medication she stated: "They begin the process, made me wait for different test and results, they could have [requested] the medical record for my primary physician but they didn't do that. It took months to have any medication." When Charlene was incarcerated she had kidney or ureteral stents, which are soft, hollow, plastic tubes temporarily placed in the ureter to alleviate kidney stone pain or to facilitate healing after kidney stone surgery. Charlene's kidney stents required replacing every three to six months in a procedure performed by a health care professional. LASD officials denied Charlene this important procedure. As a result she unnecessarily and avoidably contracted several painful urinary tract infections during her incarceration. She reported that to treat these infections LASD health care providers gave her oral antibiotics to which her body eventually developed a resistance. Her condition become severe enough that she reports she "needed an IV antibiotic [,]" which she fortunately received during her incarceration.

When she was incarcerated at CRDF, Catherine had symptoms of allergies and eczema. She never received proper medication or ointment, and reported that instead: "[LASD] health care providers gave me pain relievers and sleeping pills. I cannot explain the connection between eczema and sleeping pills." Catherine also recalled that her pregnant cellmate, referred to above,[56] was also denied access to necessary medication. The premature contractions that had forced her to seek urgent health care were caused by lead poisoning. Catherine reported that even after health care workers confirmed that her cellmate had lead poisoning, they provided her with no treatment for this dangerous condition.

When public officials deny women with mental health conditions access to medication for these conditions, these officials risk the lives of these women. Studies have also shown that a disruption in medication is a barrier to coping with mental health.[57] Haphazard alteration of medication without negotiation also creates distress, meaning that delays in access to medication can further harm the mental state of persons with mental health conditions, who subsequently require heightened levels of supervision, during and even after incarceration. [58]

Nina's attempted suicide, described at the opening of this Report, is a tragic example of how medical neglect of incarcerated women with mental health conditions can be life threatening. LASD officials deprived her of medication for depression, schizophrenia and bipolar disorder, even though she informed these officials of her condition upon her incarceration at CRDF. Charlene was

interchangeably during their interviews.

53 IHRC, Interview with Lucy, (Apr. 22, 2015).

54 IHRC, Interview with Estelle, (Apr. 8, 2015).

55 IHRC, Interview with Charlene, (May 5, 2015). All details in this Report attributed to Charlene or regarding Charlene's experiences while incarcerated are taken from this interview. The name "Charlene" is a pseudonym used to protect the privacy of this interviewee.

56 As mentioned above, Deputies denied Catherine's pregnant cellmate access to urgent health care by de-activating emergency call buttons in the cells of incarcerated women. See Section II(a) above.

57 See, e.g., Robert A. Bowen, Anne Rogers, and Jennifer Shaw, Medication Management and Practices in Prison for People with Mental Health Problems: A Qualitative Study, 3(24) Int. J. Mental Health Sys. at 4 (2009) available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2770990/pdf/1752-4458-3-24.pdf.

58 Id.

also diagnosed with depression prior to her incarceration and was on medication for this condition. In CRDF she made multiple requests to LASD officials for the anti-depressants she medically required. LASD staff denied these requests and ignored the multiple complaints she filed with them about their repeated failure to provide her with anti-depressants. It took LASD officials five months to give her this medication, even though she needed it from the very moment she was detained.

Although most of the women interviewed for this Report attest to being denied medication by LASD officials, one of them recounted a different but equally troubling experience. Michele Ynfante, who is Latina and was incarcerated at CRDF for six months in 2008, reported LASD officials granted her extremely easy access to any medication she requested, whether or not this medication was medically necessary.[59] In her words: "the environment [in CRDF gave] me a lot of anxiety, that's why I started to ask for Klonopin (Clonazepam). It was like being in some crazy mental ward, some people were under-medicated, some people are overmedicated walking like zombies." Prior to her incarceration, Michele worked full-time managing a medical practice and raising her two children. The trauma she experienced firsthand at CRDF, which included sexual abuse by a deputy, has left her with psychological scars she fears will never heal.

C. The Deadly and Humiliating Consequences of Medical Neglect and Abuse

Medical neglect and abuse have devastating consequences for incarcerated women. This sub-Section foregrounds two extreme consequences of the LASD's failure to provide incarcerated women of color the health care they need and to which they are entitled by law.

The first consequence is life threatening: medical neglect and abuse of incarcerated women of color increases their risk of suicide. Jail officials heighten the risk of suicides when these officials fail to provide access to medication and health care professionals, effective screening processes, adequate staffing and supervision, policy enforcement, and sufficient security checks.

59 IHRC, Interview with Michele Ynfante (April 28, 2015). All details in this Report attributed to Michele or regarding Michele's experiences while incarcerated are taken from this interview. Michele, who works with DPN to end human rights violations against incarcerated persons, permitted the use of her real name in this Report.

> "[I'm] not able to take it for much longer, being locked up ... like an animal."
>
> —Michele, recalling her thoughts when contemplated suicide at CRDF

Additionally, unsanitary, crowded, noisy, and dimly-lit jail conditions, along with sustained verbal abuse can contribute to mental distress.[60] Interviewees for this Report described horrendous conditions of incarceration including feces on walls, plugged toilets, the distribution of previously worn undergarments, and being confined to their cell, all of which they said impacted their mental wellbeing. Unsurprisingly, the Department of Justice has made explicit that LA County jails are ill equipped to provide adequate care to incarcerated women with serious mental health conditions.[61]

The second consequence this sub-Section highlights is the gendered ramifications of medical neglect and abuse: reproductive rights violations ranging from humiliating denials of essential menstrual supplies, to the risk of forced sterilizations. Interviewees reported unsanitary conditions related to their hygiene including lack of access to showers and feminine hygiene products. They also reported witnessing brutality against pregnant women and a lack of concern for the unique responsibilities or needs women have as mothers. Finally, they reported being advised by jail officials to consent to unnecessary invasive procedures related to their reproductive organs. This Report's findings underscore the reality that county officials have, at an institutional level, focused on the needs of incarcerated men thereby marginalizing the sex-specific needs of women.[62] To be clear, gendered physical and structural violence is a fundamental feature of mass incarceration.

i. Suicide

Nina's story is harrowing and illustrates how jail officials can raise the risk of suicide by denying incarcerated women with mental health conditions access to health

60 United States Department of Justice, Mental Health Care and Suicide Prevention Practices at Los Angeles County Jails 13, 15, and 25, Compliance Letter, June 4, 2014.

61 Id. at 24-25.

62 Faith E. Lutze, Ultramasculine Stereotypes and Violence in the Control of Women Inmates, in Women in Prison: Gender and Social Control 186, (2003).

Michelle of Dignity and Power Now along with several community members demanding oversight over the Sheriff's Department at a rally before the Los Angeles Board of Supervisors meeting.

care providers and medication.[63] Nina repeatedly asked Deputies for a psychiatrist and for her medication, to no avail. She attempted suicide as a means of finally freeing herself from the voices in her head.

Deputies at CRDF also subject suicidal incarcerated women to highly punitive practices, sometimes under the guise of protecting these women. Estelle, a former CRDF psychiatric social worker interviewed for this Report recalled witnessing how CRDF Deputies treated an 18-year old woman on suicide watch. This woman was awaiting transfer to a state hospital, and during this period had repeatedly banged her head against her cell wall, leaving her face black and blue. In response, Deputies placed this woman in high observation, single-cell housing, and restrained her using a long chain. This woman reported to Estelle that she then used the chain to choke herself almost to death after Deputies left her alone in her cell. She showed Estelle bruises on her neck that corroborated her account. Following this incident, Estelle reported the Deputies' mistreatment of the woman who had a severe mental health condition. Subsequently she has also spoken out about this and other incidents publicly, including to LASD officials, the LA County Board of Supervisors, and the DOJ. Estelle later learned that an investigation allegedly conducted following the incident could not prove wrongdoing on the part of the Deputies involved.

Interviewees reported that the conditions of their cells and the long duration of their confinement to these cells were so psychologically distressing as to drive them to harm themselves or others. Jayda recalled "flipping out" because she needed to get out of the cell she was in. She was convinced she would hurt herself if she was not let out of the cell. Deputies placed Jayda on suicide watch in an infirmary. She described it as cold and isolating, with a bed made of cement.

Another interviewee, Cassandra who is a 22-year-old African-American woman, described being similarly distressed by the conditions and duration of her confinement to her cell.[64] She was diagnosed with Post-traumatic stress disorder (PTSD) prior to incarceration. When Cassandra was detained at a police station, her confinement triggered severe psychological distress. She reported feeling as though she was "going crazy." After Deputies kept her in this cell for two days, Cassandra saw a sign inside of the cell stating that help was available for incarcerated women contemplating suicide or self-harm. In her desperation, she decided this sign was her only means of relieving the symptoms of her PTSD. In order to get out of the cell she told an officer that she wanted to harm herself. Once she communicated this, she was placed on suicide watch at CRDF, for which she had to strip naked. The conditions of suicide watch were punitive. Deputies would not give

63 See the beginning of Section I of this Report.

64 IHRC, Interview with Cassandra, (April 9, 2015). All details in this Report attributed to Cassandra or regarding Cassandra's experiences while incarcerated are taken from this interview. The name "Cassandra" is a pseudonym used to protect the privacy of this interviewee.

Cassandra any undergarments, and her only clothing was an uncomfortable jumpsuit. Deputies confined her to her cell, and denied her a therapist even though she was on suicide watch. They only permitted her access to a therapist at her jail exit interview, prior to her release from detention. The entire week she was on suicide watch, Deputies only permitted her to shower once or twice. Cassandra now works as an intern at an organization fighting to end mass incarceration.

A former psychiatric social worker from CRDF recounted that Deputies kept women on suicide watch naked in a room, and that most of the women Deputies placed on suicide watch were not actually suicidal.[65] This account is consistent with DOJ findings that inadequacies in LA County jails' mental health screening, staffing and facilities serve as barriers to mental health care for those who incarcerated persons who truly need this care.[66] Suicide watch protocols also negatively impacts women's reproductive health needs. As mentioned above, interviewees reported that Deputies often keep women on suicide watch naked. This practice inflicts significant dignity harms on menstruating women, and worsens the already unsanitary conditions of their incarceration. Without underwear and sanitary napkins or tampons, these women have no choice but to bleed on themselves.

ii. Gendered Abuse: Reproductive Health Violations

As stated by the United Nations Population Information Network, "[r]eproductive health is a crucial part of general health and a central feature of human development… [and although] [r]eproductive health is a universal concern, … [it] is of special importance for women particularly during the reproductive years."[67] The reproductive needs of incarcerated women are no different, even though carceral officials often ignore, neglect and sometimes willfully deny these needs.

During her interview Jayda recounted the onset of lower stomach pain during her incarceration at CIW. A health care provider in the facility diagnosed her with Polycystic Ovarian Syndrome (PCOS). Nurses further advised her that the pain she was experiencing would continue if she did not consent to a hysterectomy. At no time did prison officials afford Jayda a consultation with a gynecologist. Yet at the age of 19, CIW officials forced her to decide between removing her uterus and continuing to suffer severe intrauterine pain. Jayda rejected sterilization, and was ultimately successful in seeking a second opinion. She subsequently consulted with a doctor at who told her that her PCOS diagnosis was incorrect. Instead this doctor prescribed her a birth control pill that relieved Jayda's condition. Although Jayda was able to avoid unnecessary, wrongful sterilization, many other women incarcerated in California are not.[68]

To be clear, gendered physical and structural violence is a fundamental feature of mass incarceration.

Michele stated that in the process of her transfer to Twin Towers, Deputies parked the bus she was in at a garage that seemingly served as a transfer depot. Many other buses came in and out of this garage. Despite the flow of people in and out of this garage, Deputies forced women in the transfer process publicly to strip naked. Deputies also forced menstruating women to pull out tampons or remove sanitary napkins, spread their vaginal lips, turn around, spread the cheeks of their buttocks and cough. Deputies then required these women to stand up, turn around and put their soiled hands in their mouths as Deputies inspected them.

Nursing and pregnant incarcerated women endure unbearable living conditions of incarceration, which are exacerbated by medical neglect. Catherine recounted her experience and that of her pregnant cellmate. At the time of Catherine's arrest, she had a five-month old daughter whom she was breastfeeding. When Catherine arrived at CRDF, Deputies denied her access to a breast pump. This forced her to use her hands to express her breast milk over the communal toilet in her cell.

Above, this Report details the trauma Catherine's pregnant cellmate endured after the onset of premature contractions due to lead poisoning.[69] Doctors informed

65 IHRC, Interview with Lucy, (Apr. 22, 2015).

66 United States Department of Justice, Mental Health Care and Suicide Prevention Practices at Los Angeles County Jails 24, 26-27, Compliance Letter, June 4, 2014.

67 United Nations Population Information Network, Guidelines on Reproductive Health, available at: http://www.un.org/popin/unfpa/taskforce/guide/iatfreph.gdl.html (last visited June 30, 2015).

68 Alex Stern and Tony Platt, Sterilization Abuse in State Prisons: Time to Break With California's Long Eugenic Patterns, Huffington Post, July 23, 2013 (describing a long history of racially-biased, forced sterilization of women in California prisons) available at: http://www.huffingtonpost.com/alex-stern/sterilization-california-prisons_b_3631287.html (last visited June 30, 2015.

69 See Section II(b) of this Report.

Catherine's cellmate that the water in the jail contained lead, which is how lead had entered both her system and that of her unborn child. It was her body's reaction to this lead that caused her premature contractions, and in this way jail conditions seriously threatened the health of this pregnant woman and her unborn child.

Michele recounted witnessing Deputies abusing a pregnant incarcerated woman. On Michele's way to Twin Towers, Deputies chained her to other women also being transported to the facility, before putting these women on a bus. One woman on this bus refused to sit in a seat that had a pool of menstrual blood from a different woman. In response, Deputies ordered all the women to get off of the bus. Deputies grabbed the woman who refused to sit in the pool of blood by the back of her neck while her hands were chained behind her back. Even though this woman was not resisting the Deputies, they nonetheless slammed her against a door. One deputy then kicked her feet open. She fell face-forward onto the ground after which a group of Deputies began beating her. This woman was eight months pregnant.

Cassandra, who was six months pregnant at the time of her incarceration, reported that when she arrived to CRDF, Deputies screened her and sent her to a section of the jail where other pregnant women were housed. Cassandra was fortunate to receive prenatal pills each of the seven days she was incarcerated, but Deputies transported her to court with chains around her waist and her hands cuffed to her sides.

Women also reported that Deputies gave them no opportunity—at time of and during their incarceration—to make arrangements for the care of their children. Cassandra stated that she had to cry while in local lockout before Deputies allowed her to call her mother to try to make arrangements for the care of her daughter. When Cassandra arrived at CRDF, Deputies did not inquire about her about parental obligations, and their subsequent behavior suggests that jail officials were unconcerned with mitigating the serious harm and disruption to families that incarceration causes. Catherine reported not knowing the whereabouts of her daughter when she was incarcerated. In large part because Deputies delayed her ability to contact family to arrange for the care of her child, child services placed Catherine's daughter into foster care. After her release, it took Catherine five months to regain custody of her child, who at that point had been in three different foster homes.

The reproductive needs of incarcerated women are no different, even though carceral officials often ignore, neglect and sometimes willfully deny these needs.

The testimonies above reveal the grotesque consequences resulting from the LASD's failure to prioritize the reproductive health care needs of incarcerated women. The distress that inadequate reproductive health care and a lack of concern for women who are primary parents to their children cause can severely impact these women. This is especially the case when these women suffer from mental health conditions.

III. DOMESTIC CIVIL RIGHTS LAW AND REGIONAL AND INTERNATIONAL HUMAN RIGHTS LAW PROHIBIT THE LASD'S MEDICAL NEGLECT AND ABUSE OF INCARCERATED WOMEN OF COLOR

When LASD Deputies and other personnel medically neglect and abuse incarcerated women of color, they do so in violation of domestic civil rights law, and regional and international human rights standards. This Section details how domestic, regional and international law prohibit officials from denying incarcerated women access to health care providers and medication. This law also prohibits discrimination in the provision of health care services on the basis of race and gender. Instead it obligates LASD to respect, protect, and fulfill the rights of incarcerated women to life, health, equality and nondiscrimination, and freedom from torture and any cruel, inhuman, and degrading treatment, among other rights.

A. Domestic Civil Rights Law and Policy Prohibit LASD Officials from Denying Incarcerated Women of Color Access to Health Care Providers and to Medication

The United States Constitution protects the right incarcerated persons necessary health care.[70] California state policy also provides incarcerated persons the right to "access [medically necessary] care."[71] According to the California Correctional Health Care Servies this policy is "designed to meet the minimum level of care necessary to provide constitutionally adequate medical care to patient-inmates in the State of California."[72] Medically necessary care in California includes physical and mental health care services "that are reasonable and necessary to protect life, to prevent significant illness or disability, or to alleviate significant pain."[73] California law and policy prohibit barriers to incarcerated persons accessing such care on the basis of "race, creed, age, gender, religion, disability, education, economic standing or national origin."[74] Incarcerated persons also have a right to be treated with dignity and respect and with privacy in treatment as long as privacy does not conflict with the security policies of the correctional facility.[75]

All of the women interviewed reported great difficulty in accessing health care providers, including mental health care providers. Even when they requested a visitation from a doctor, nurse, psychiatrist, or social worker, Deputies and other personnel often refused these requests. As a result, these women were unable to access the correct treatment for their conditions, and did not receive assistance with mental health conditions. Through their actions and omissions, LASD Deputies and other personnel acted in violation of these women's right to access medically necessary care under California law, and the United States Constitution. The Eighth and Fourteenth Amendments of the United States Constitution protect persons from "cruel and unusual treatment,"[76] the deprivation of "life, liberty, or property without due process of law" and the denial of "the equal protection of the law."[77] Notwithstanding their race, gender, or incarceration, detained women retain a core set of liberty interests in accordance with the United States Constitution.[78]

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70 See Estelle v. Gamble, 429 U.S. 97, 103 (1976).

71 California Correctional Health Care Services, Inmate Medical Services Policies & Procedures Services, Volume 1 Chapter 11: Patient's Rights at 1, available at http://www.cphcs.ca.gov/docs/imspp/IMSPP-v01-ch11.pdf (last visited June 30, 2015). See also, California Correctional Health Care Services, Inmate Medical Services Policies & Procedures Services, Volume 4 Chapter 4: Access to Primary Care available at http://www.cphcs.ca.gov/docs/imspp/IMSPP-v04-ch04.pdf (last visited June 30, 2015).

72 California Correctional Health Care Services, Inmate Medical Services Policies & Procedures Services, available at http://www.cphcs.ca.gov/imspp.aspx (last visited June 30, 2015).

73 California Correctional Health Care Services, Inmate Medical Services Policies & Procedures Services, Volume 1 Chapter 11: Patient's Rights at 1, available at http://www.cphcs.ca.gov/docs/imspp/IMSPP-v01-ch11.pdf (last visited June 30, 2015).

74 Id.

75 Id.

76 U.S. Const., amend. VIII.

77 U.S. Const., amend. XIV.

78 See generally Wolff v. McDonnell, 418 U.S. 539, 555-556 (1974).

Deliberate indifference is the standard courts use to establish a civil rights claim in the prison and jail contexts, especially in cases where plaintiffs allege inadequate medical and mental health care.[79] The Supreme Court has ruled that "a prison official may be held liable under the Eighth [and Fourteenth] Amendment for denying humane conditions of confinement only if he knows that inmates face a substantial risk of serious harm and disregards that risk by failing to take reasonable measures to abate it."[80] To establish a claim under the Eighth and Fourteenth Amendments, a plaintiff must prove that she: faced a substantial risk of serious harm or serious medical need; the defendant had actual knowledge of the risk and disregarded it; and that the failure to act harmed the plaintiff.[81]

The experiences of women interviewed for this Report and recounted above indicate that LASD officials treat incarcerated women of color with deliberate indifference, in violation of the United States Constitution. These women described incessant denials of their right to health care and the dire consequences flowing from their non-access. For example, Jayda asked to see a doctor for a Urinary Tract Infection (UTI). CIW officials denied her access to a health care provider and her painful, recurring UTIs turned into a severe kidney infection. Charlene had pre-existing kidney complications, and for months repeatedly requested a doctor to replace her kidney stents. Deputies and other personnel ignored her requests for four months, causing her severe pain, and kidney failure. In Nina's case, Deputies and other LASD personnel denied her access to mental health professionals, and caused her to jump off the second-tier of CRDF's cellblock. In all of these incidents, Deputies and other LASD personnel were aware that incarcerated women of color required medical attention but they failed to act. These omissions foreseeably resulted in severe injuries in some cases.

An important component of medical care includes the distribution of medication. California correctional policy requires jails and prisons to "provide medications to patients in a timely manner… [in order] to attain and maintain optimum health."[82] Timely access to medications is crucial for incarcerated women's health and wellbeing.

Every formerly incarcerated woman interviewed reported delays in receiving medication, receiving medication without proper consultation with medical records and doctors, and receiving medication unrelated to their ailments. In these situations, LASD officials denied these women access to medication in violation of California law and policy. Even Stacy, whom jail officials denied adequate methadone treatment while undergoing heroine withdrawal was legally entitled to this medication. According to the California Health & Safety Code § 11222, jails have a duty to ease withdrawal symptoms: "it is the duty of the person in charge of the place of confinement to provide the person so confined with medical aid as necessary to ease any symptoms of withdrawal from the use of controlled substances."[83] When LASD officials deny incarcerated women access to necessary medication to ease violent withdrawals, or to treat other ailments, they do so in violation of state law.

When LASD officials deny incarcerated women access to necessary medication to ease violent withdrawals, or to treat other ailments, they do so in violation of state law….

Accounts of over-medication also raise serious legal concerns. This is especially the case if LASD staff that is not licensed to prescribe medications is nonetheless doing so, worse still without examining or evaluating the incarcerated women they are medicating.[84] LASD staff who dispense medication without medically evaluating incarcerated women do so in violation of inmate-patients' rights to individualized care under California state policy.[85]

79 See generally Wilson v. Seiter, 501 U.S. 294 (1991).

80 Farmer v. Brennan, 511 U.S. 825 (1994) at 832.

81 Id. See also Ninth Circuit Manual of Model Jury Instructions, Civil, § 9.25 Particular Rights—Eighth Amendment—Prisoner's Claim Re Conditions of Confinement/Medical Care 191 available at: http://www3.ce9.uscourts.gov/jury-instructions/sites/default/files/WPD/Civil_Jury_Instructions_2014_6.pdf (last visited June 30, 2015).

82 California Correctional Health Care Services, Notification of Changes to Vol. IV, Ch. 11: Medication Management (2008), available at: http://www.cphcs.ca.gov/docs/imspp/IMSPP-v04-ch11.pdf (last visited June 30, 2015).

83 Cal. Health & Safety Code § 11222.

84 For example, California law does not permit registered nurses to prescribe medications, but it authorizes nurse practitioners to do so. Cal. Bus. Prof. § 2836.1.

85 California Correctional Health Care Services, Inmate Medical

B. Regional Human Rights Law Prohibits LASD Officials from Denying Incarcerated Women of Color Access to Health Care Providers and to Medication

Regional human rights standards to which the United States is subject also prohibit medical neglect and abuse of incarcerated women of color. The United States is member of the Organization of American States ("OAS"), and as such it is subject to the American Declaration of the Rights and Duties of Man ("American Declaration"). The monitoring body of the American Declaration is the Inter-American Commission on Human Rights ("IACHR"). The IACHR has held that the American Declaration is a source of binding international obligations for OAS's member states, including the United States.[86]

Article 1 of the American Declaration states that: "Every human being has the right to life, liberty and the security of his person." The IACHR has interpreted Article I as imposing an obligation on states to provide adequate medical care for persons deprived of their liberty. In this respect, the IACHR has stated that:

> where persons deprived of liberty are concerned, the obligation of States to respect their physical integrity, not to use cruel or inhuman treatment, and to respect the inherent dignity of the human person, includes guaranteeing access to proper medical care.[87]

\With respect to the general content and scope of the right to medical care of persons deprived of their liberty the IACHR has stated that:

> persons deprived of liberty shall have the right to health, understood to mean the enjoyment of the highest possible level of physical, mental, and social well-being, including amongst other aspects, adequate medical, psychiatric, and dental care; permanent availability of suitable and impartial medical personnel; access to free and appropriate treatment and medication; . . . immunization, prevention and treatment of infectious, endemic, and other diseases; and special measures to meet the particular health needs of persons deprived of liberty belonging to vulnerable or high risk groups[.][88]

By depriving a person of liberty, public officials acquire a heightened level of responsibility as the guarantors of that person's fundamental rights, including his or her rights to life and humane treatment. Thus, public officials have a duty to protect the health of prisoners by providing them, among other things, the medical care they need to remain healthy individuals.[89]

In addition to the American Declaration, the OAS has a legally binding international human rights treaty—the American Convention on Human Rights. Although the American Convention on Human Rights does not bind the United States[90] it is worth noting that the 22 other countries in the Americas that are bound by it share a regional norm against the medical neglect and abuse of incarcerated individuals. The Inter-American Court of Human Rights ("IACtHR") has stated explicitly that:

> Adequate medical care is a minimum and indispensible material requirement for the State to be able to ensure the humane treatment of prisoners in its custody. Loss of liberty should never mean loss of the right to health. Incarceration may not be allowed to compound the deprivation of liberty with illness and physical and mental distress.[91]

Services Policies & Procedures Services, Volume 1 Chapter 11: Patient's Rights at 1, available at http://www.cphcs.ca.gov/docs/imspp/IMSPP-v01-ch11.pdf (last visited June 30, 2015).

86 The American Declaration constitutes a source of legal obligations for OAS member states, including those states that are not parties to the American Convention on Human Rights, such as the United States. See Interpretation of the Declaration of the Rights and Duties of Man within the Framework of Article 64 of the American Convention on Human Rights, Advisory Opinion OC-10/89, Inter-Am. Ct. H.R. (ser. A) No. 10. 35-45 (July 14, 1989); and James Terry Roach and Jay Pinkerton v. United States, Case 9647, Res. 3/87, 22 46-49 (Sept. 1987). These obligations flow from the human rights obligations of member states under the OAS Charter, Inter-Am. Charter arts. 3, 16, 51, 112, and 150, which member states have agreed are contained in and defined by the American Declaration, and from the customary legal status of the rights protected under many of the Declaration's core provisions. See, e.g., Lares-Reyes et al. v. United States, Case 12.379, Inter-Am. Comm'n H.R., Report № 19/02 46.

87 Inter-Am. Comm'n H.R., Application to the Inter-Am. Ct. H.R. in Pedro Miguel Vera v. Ecuador, Case 11.535 42 (Feb. 24, 2010). The IACHR has also established that "[i]f the State does not fulfill its obligation, by action or omission, it violates Article 5 of the Convention and, in cases of deaths of prisoners, violates Article 4 of the Convention." Inter-Am. Comm'n H.R., Third Report on the Human Rights Situation in Colombia 33, OEA/Ser.L/V/II.102.

88 Inter-Am. Comm'n H.R., Report on the Human Rights of Persons Deprived of Liberty in the Americas 521, OEA/Ser.L/V/II (2011).

89 Oscar Elías Biscet et al. v. Cuba, Case 12.476, Inter-Am. Comm'n H.R., Report No. 67/06 155 (Oct. 21, 2006).

90 The Unites States has not ratified the American Convention on Human Rights.

91 García-Asto and Ramírez-Rojas v. Peru, Judgment, Int. Am. Ct. H.R. 126 (Nov. 25, 2005).

The IACtHR has also held that "the State has the obligation to provide regular medical examinations and care to prisoners, and also adequate treatment when this is required. The State must also allow and facilitate prisoners being treated by the physician chosen by themselves or by those who exercise their legal representation or guardianship."[92]

Other regional human rights systems also prohibit medical neglect and abuse of incarcerated individuals. Although these regional systems are not legally binding on the United States, they represent an important shared understanding among societies all over the world regarding basic protections states owe incarcerated individuals on account of their inherent human dignity.

Article 3 of the European Convention of Human Rights prohibits torture, inhuman or degrading treatment or punishment.[93] In its interpretation of this provision, the European Court of Human Rights ("ECtHR") insists that in order to fulfill their obligations states must pay attention to "all the circumstances, such as the size of the cell and the degree of overcrowding, sanitary conditions, opportunities for recreation, and exercise, medical treatment and supervision and the prisoner's state of health."[94] A state's failure to provide medical treatment to individuals it detains may thus amount to unlawful cruel, inhuman or degrading treatment or punishment.[95] The ECtHR has found that failure to provide basic medical assistance when it is clearly needed and has been requested by an incarcerated individual can under certain circumstance amount to prohibited degrading treatment under the European Convention.[96] Significantly, the ECtHR has also ruled that when a person has a mental disability, the state bears greater responsibility for his or her care.[97]

92 De la Cruz-Flores v. Peru, Judgment Inter-Am Ct. H.R , 132 (Nov. 18, 2004); Tibi v. Ecuador, Judgment, Inter-Am Ct. H.R, 157 (Sept. 7, 2004).

93 European Convention on Human Rights art. 3.

94 Assenov and Others v. Bulgaria, App. 90 Eur. Ct. H.R. 135 (1998).

95 The ECtHR has stated that a state may be in violations of Article 3 of the European Convention when a detainee suffers "lack of adequate medical treatment and assistance" in detention. Nevmerzhitsky v. Ukraine, App. 54825 Eur. Ct. H.R. 106 (2005).

96 Sarban v. Moldova, App. 3456 Eur. Ct. H.R. 90 (2005)

97 Jasinskis v. Latvia, App. 45744 Eur. Ct. H.R. 59 (2008) ("... where the authorities decide to place and maintain in detention a person with disabilities, they should demonstrate special care in guaranteeing such conditions as correspond to his special needs resulting from his disability.")

The African human rights system also prohibits medical neglect and abuse of incarcerated persons. Article 5 of the African Charter on Human and Peoples Rights states in relevant part that "[e]very individual shall have the right to the respect of the dignity inherent in a human being[.] All forms of exploitation and degradation of man, particularly . . . torture, cruel, inhuman or degrading punishment and treatment shall be prohibited." The African Commission on Human and Peoples Rights ("ACHPR"), which is one of the bodies responsible for monitoring and interpreting the African Charter has stated that unlawful cruel, inhuman or degrading treatment under Article 5 includes: "not only actions which cause serious physical or psychological suffering, but which humiliate the individual or force him or her [to behave] against his or her will or conscience".[98]

The ACHPR made this determination in the context of a state's failure to provide prompt medical services to detainees in state custody. It has found that a state's failure to provide medical care to detainees in its custody is a violation of the African Charter.[99]

C. International Human Rights Law Prohibits LASD Officials from Denying Incarcerated Women of Color Access to Health Care Providers and to Medication

International human rights law grants incarcerated individuals a right to health care. At the time of writing of this Report, the United States has signed but not ratified the two treaties that explicitly prohibit denial of access to health care: the International Covenant on Economic, Social and Cultural Rights ("ICESCR") and the Convention on the Elimination of Discrimination Against Women ("CEDAW"). Because the United States has not ratified these conventions, they are not legally binding on the United States. However, because the United States has signed these conventions, it does bear an obligation not to take actions that would defeat the object and purpose these conventions.[100]

A third treaty, which the United States has ratified and thus is legally bound by, is relevant for understanding the obligations LASD and other carceral officials owe

98 International Pen and Others v. Nigeria, Comm. Nos. 137/94, 139/94, 154/96 and 161/97 Afr. Comm'n H.P.R 79.

99 Egyptian Initiative for Personal Rights and Interights v. Egypt, Case 334/06, African Comm'n H.P.R 177.

100 Vienna Convention on the Law of Treaties, art. 18, 23 May 1969,1155 U.N.T.S. 331.

incarcerated persons—the Convention Against Torture ("CAT"). CAT prohibits acts of torture and cruel, inhuman and degrading treatment or punishment. The United Nations Special Rapporteur on Torture has recently stated that the denial of medical care in institutional settings, including jails and prisons can constitute torture.[101] In particular, the Special Rapporteur has underscored that acts or omissions resulting in the denial of pain relief treatment, the abuse and neglect of women seeking reproductive health care, and the involuntary treatment and confinement, and neglect of persons with psychosocial disabilities, all satisfy the CAT definitions of torture or ill treatment.[102] The Special Rapporteur has provided examples of the kinds of violations that would amount to torture or ill-treatment, and these include: abusive treatment and humiliation in an institutional setting; involuntary sterilization; and the denial of legally available medical services such as abortion and post-abortion care.[103] On the basis of this expert interpretation of CAT, when LASD officials medically neglect and abuse women of color, this constitutes torture in violation of CAT.

Article 12 of the International Covenant on Economic, Social and Cultural Rights ('the ICESCR') guarantees everyone the right to the highest attainable standard of mental and physical health. [104] It provides that the right to health means "the right to medical services and medical attention in the event of sickness." The U.N. Committee of Economic, Social and Cultural Rights ("the CESR") is a body of independent experts that monitors the implementation of the ICESCR by its state parties and publishes commentary interpreting the ICESCR.[105] General Comment No.14 by the CESCR interprets the right to health as including, among other things, the right to adequate health care,[106] and access to a "variety of facilities, goods, services and conditions necessary for the realization of the highest attainable standard of health."[107] The right to health also means that health care must be available, accessible, acceptable and of quality.[108]

General Comment No.14 also interprets the right to health as requiring states to provide "equal and timely access to preventative, curative and rehabilitative health services[,] . . . appropriate treatment of disease, illness or disability," access to essential drugs, and suitable mental health treatment.[109] This means that denying incarcerated women access to medication unjustifiably obstructs their access to health care in violation of international law. The ICESCR requires states to guarantee individual's access to adequate facilities and trained health care personnel, including reproductive and mental health care practitioners.

Of importance to this Report, the CESCR has underscored the importance of health care access free of discrimination on the basis of gender, race, disability and other listed grounds.[110] The CESCR has emphasized that states must make health care available to the most vulnerable and marginalized sections of the populations, such as incarcerated women.[111]

Similarly, CEDAW emphasizes the need to eliminate discrimination against women with regard to access to health care, particularly vulnerable and marginalized women, such as those with physical and mental disabilities. CEDAW requires states to provide health care facilities that accommodate the needs of women with disabilities, particularly women with mental disabilities, who are the most vulnerable.[112]

Finally, important international human rights standards condemn medical neglect and abuse. Although these standards are not legally binding, they highlight the moral obligation states owe to incarcerated women with respect to access to health care.

The United Nations Standard Minimum Rules for the Treatment of Prisoners ('the Minimum Rules'),

101 Report of the Special Rapporteur on Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment to the U.N. Human Rights Council, A /HRC/22/53 (1 Feb. 2013) .

102 Id. at 45-60.

103 Id. at 46.

104 International Covenant on Economic, Social and Cultural Rights, art 12, 16 Dec.1966, 993 U.N.T.S. 3.

105 United Nations Human Rights: Office of the High Commissioner for Human Rights, Committee on Social, Economic and Cultural Rights, available at http://www.ohchr.org/EN/HRBodies/CESCR/Pages/CESCRIndex.aspx (last visited June 30, 2015).

106 U.N. Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art. 12 of the Covenant), 11 Aug. 2000, E/C.12/2000/4.

107 Id. at 9.

108 Id. at 12.

109 Id. at 17.

110 Id. at 12(b).

111 Id. at 12(b).

112 See U.N. Committee on the Elimination of Discrimination Against Women (CEDAW), CEDAW General Recommendation No. 24: Article 12 of the Convention (Women and Health), A/54/38/Rev.1, chap. I, 1999.

recommend that every institution should have qualified medical officers, including mental health clinicians;[113] and in women's institutions, public officials should make special accommodation for all necessary pre- and post-natal care.[114] Most importantly, the Minimum Rules provide that, "[health care providers] shall see and examine every prisoner as soon as possible after [his or her] admission and thereafter as necessary, with a view particularly to the discovery of physical or mental illness and the taking of all necessary measures to treat it."[115] Significantly, the Inter-American Commission of Human Rights (IACHR) treats the United Nations Standard Minimum Rules for the Treatment of Prisoners as applicable standards to OAS member states.[116]

The United Nations Principles for the Protection of Persons with Mental Illness ('the Principles') provide that all persons have the right to the best available mental health care.[117] Principle 20 deals specifically with criminal offenders with mental health conditions and provides that they, too, have the right to mental health care. Moreover, all persons with mental health conditions, or who are being treated for mental health conditions, deserve to be treated by public officials in a way that respects their human rights.[118] Incarcerated persons should have access to medication that meets their health needs, and this medication should only be administered to the patient for therapeutic or diagnostic purposes—"never as a punishment or for the convenience of others."[119]

D. Domestic Civil Rights Law and Regional Human Rights Law Specifically Prohibit LASD Officials from Medical Neglect and Abuse that Increase the Risk of Suicide by Incarcerated Women of Color

The Fourteenth Amendment guarantees incarcerated persons the right to due process and the Eight Amendment guarantees rights to safety and humane conditions. These two amendments obligate correction officials to protect prisoners against unreasonable risk of harm.[120] The Department of Justice (DOJ) has stated that the conditions in LA County jails violate the Eighth and Fourteenth Amendments of the United States Constitution.[121] One reason for this is that LASD's substandard suicide prevention protocols fail adequately to keep incarcerated persons safe from self-harm and suicide. According to the DOJ: "Many of the prisoners [detained in LA County] may well be safely and more effectively served in community-based settings at a lower cost to the County."[122]

The United Nations Special Rapporteur on Torture has recently stated that the denial of medical care in institutional settings, including jails and prisons can constitute torture.

Screening is extremely important for an effective suicide prevention program. California regulations provide that a medical screening "shall be completed on all inmates at the time of intake."[123] Screening can reveal indicators of mental health needs and facilitate early identification and interventions necessary in order for individuals to function without resource-intensive supervision.[124] Even though jail officials have a "dut[y] to provide adequate screening and suicide risk assessment upon intake,"[125] the DOJ has found that the screening process in LA County jails are inadequate for identifying individuals who have mental health conditions and individuals who are at risk of suicide.[126]

113 United Nations, Standard Minimum Rules for the Treatment of Prisoners, art. 22(1) 30 Aug. 1955.

114 Id. at art. 23(1).

115 Id. at art. 25(1).

116 See, e.g., Oscar Elías Biscet et al. v Cuba, Inter-Am. Comm'n H.R, Case 12.476, Report No. 67/06, 156 (Oct. 21, 2006).

117 UN General Assembly, Principles for the Protection of Persons With Mental Illness and the Improvement of Mental Health Care 1.1, A/RES/46/119 (Dec. 17, 1991).

118 Id. at Principle 1.2.

119 Id. at Principle 10.1.

120 Helling v. McKinney, 509 U.S. 25, 32-34 (1993).

121 United States Department of Justice, Mental Health Care and Suicide Prevention Practices at Los Angeles County Jails 1, Compliance Letter, June 4, 2014.

122 Id. at 2.

123 CA Code Reg. Title 15: Crime Prevention and Corrections §1207 Medical Receiving Screening.

124 California Correctional Health Care Services, Mental Health Services Delivery System Program Guide Overview 4, available at http://www.cdcr.ca.gov/DHCS/docs/Mental%20Health%20Program%20Guide.pdf (last visited June 30, 2013).

125 United States Department of Justice, Mental Health Care and Suicide Prevention Practices at Los Angeles County Jails 26, Compliance Letter, June 4, 2014.

126 Id. at 6-9.

When LASD officials use inadequate screening procedures, they also fail to identify individuals who are suicidal or at risk of suicide ideation, and thus do not treat these individuals. On the other hand, even when LASD officials properly identify incarcerated persons as suicidal, interviewees recounted that the response of officials to these individuals is extremely punitive. Responding to suicidal incarcerated women punitively violates California state regulations. The California Department of Corrections and Rehabilitation (CDCR) Mental Health Services Delivery System (MHSDS) stipulates that carceral officials must provide "an appropriate level of treatment and . . . promote individual functioning within the clinically least restrictive environment consistent with the safety and security needs of both the inmate-patient and the institution."[127] Blanket denials of mattresses, showers, and underwear, for example, for all incarcerated women on suicide watch regardless of their unique conditions may be in violation of state policy.

California state policy also requires jail officials to provide reasonable accommodations to incarcerated persons with disabilities: "[n]o qualified inmate with a disability . . . shall, because of that disability, be excluded from participation in or denied the benefits of services, programs, or activities of the CDCR or be subjected to discrimination."[128] When LASD officials confine incarcerated women with mental health conditions to their cells these officials prevent them from participating in programs and other forms of stimulation, and in so doing may violate their rights not to be discriminated against on account of disability.

Regional human rights standards also serve to protect incarcerated women from increased risk of suicide. The IACHR has made clear that "as part of a comprehensive corrections policy, States should identify detention facilities with an unusually high suicide rate and adopt such measures as may be necessary to correct that situation, which must include a thorough investigation of all its causes."[129] As a member of the OAS, the United States should meet this standard.

The European human rights system, too, requires states to protect incarcerated persons at risk of suicide. Article 2 of the European Convention on Human Rights requires states to secure individuals' effective enjoyment of the right to life.[130] Where an individual is under the supervision of the state, for example in a detention facility such as a jail, the ECtHR has held that a "strong presumptions of fact will arise in respect of injuries and death occurring during the detention. Indeed, the burden of proof may be regarded as resting on the authorities to provide a satisfactory and convincing explanation."[131] Although the United States is not legally bound to comply with European standards, these standards underscore the internationally held condemnation of practices currently rife in LA County jails.

E. Domestic Civil Rights Law and International Human Rights Law Specifically Prohibit Public Officials from Medical Neglect and Abuse that Constitute Reproductive Health Rights Violations

Domestic law protects the reproductive health of incarcerated women.[132] According to California regulations, jails and prisons are required to "issue[] sanitary napkins and/or tampons as needed."[133] Women interviewed for this Report stated that Deputies and other personnel nonetheless rationed tampons and sanitary napkins in LA County facilities. On suicide watch, some women were not even given underwear and access to menstruation supplies at all. Rationing menstruation supplies violates state law and harms the dignity of incarcerated women, by forcing them to bleed on themselves when they menstruate.

Under international human rights law, the right to reproductive health care is a core component of the right to health.[134] Article 12.2(a) of the ICESCR emphasizes the need for States to provide "for the reduction of the stillbirth-rate and of infant mortality[,] and for the healthy development of the child in order to achieve the realization of the right to health." The

127 California Correctional Health Care Services, Mental Health Services Delivery System Program Guide Overview 1, available at http://www.cdcr.ca.gov/DHCS/docs/Mental%20Health%20Program%20Guide.pdf (last visited June 30, 2013).

128 Id. at 2.

129 Inter-Am. Comm'n H.R., Report on the Human Rights of Persons Deprived of Liberty in the Americas 323, OEA/Ser.L/V/II (2011).

130 Ergi v. Turkey, Appl. 66 Eur. Ct. H.R. 79 (1998).

131 Velikova v. Bulgaria, Appl. 41488 Eur. Ct. H.R. 70 (2000.

132 In 2014, California Governor Jerry Brown signed Senate Bill No. 1135 into law, prohibiting sterilizations of women in California jails and prisons without their informed consent. The bill is available at http://www.leginfo.ca.gov/pub/13-14/bill/sen/sb_1101-1150/sb_1135_bill_20140925_chaptered.pdf.

133 CA Code Reg. Title 15: Crime Prevention and Corrections §1265 Issue of Personal Care Items.

134 ICESCR art. 12.

Art: Melanie Cervantes www.DignidadRebelde.com

CESCR has interpreted this to require measures to "improve … maternal health, [and] sexual and reproductive health services, including . . . emergency obstetric services and access to information, as well as to resources necessary to act on that information."[135] The CESCR has also stressed the need for states to develop national strategies for the promotion of women's right to health throughout their lifespan, including policies to provide a full range of high quality and affordable health services including sexual and reproductive health services.[136]

CEDAW similarly obligates states to ensure that they afford women broad equality in access to health care. Article 12(2) specifically provides that states should provide women with appropriate health care for the pregnancy, which includes emergency obstetric services where the life or health of the woman or girl is in danger.[137] Therefore, when states fail to provide reproductive health care to a pregnant woman, particularly in emergency situations, these states violate women's rights to health.

135 General Comment No 14 supra note 106 at 14.

136 Id. at 21.

137 CEDAW art. 12.

According to the DOJ: "Many of the prisoners [detained in LA County] may well be safely and more effectively served in community-based settings at a lower cost to the County."

Women interviewed for this Report recounted risk of involuntary or unnecessary sterilization. International human rights instruments require that states provide sterilization only with the *fully* informed consent of the individual. When public officials coercively sterilize women, these officials violate women's right to reproductive health by preventing these women from exercising autonomy in decisions relating to their bodies and family planning. Forced sterilization violates women's right to choose the size, timing and spacing of their family; and it also has the potential to violate their right to information, if for example it is presented as the only solution to stomach cramps, as was the case for Jayda. Women have the right to make a fully informed decision regarding their reproductive health, and public officials have the obligation to provide incarcerated women with all of the information that they need to make these decisions.

Although all incarcerated women face the risk of forced sterilization, women of color, who are over-represented in LA jails relative to LA county demographics, bear a disproportionate risk. The United States has ratified the Convention Against All Forms of Racial Discrimination ("CERD"), which defines racial discrimination as "any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life."[138] Under CERD, federal, state and local officials are obligated to eliminate all forms of discrimination, and to refrain from any practice of racial discrimination.[139]

138 International Convention on the Elimination of All Forms of Racial Discrimination, art. 1.1, 660 U.N.T.S 195, (Dec. 21 1965).

139 CERD art. 2.

VI. CONCLUSION AND RECOMMENDATIONS

This Report documents the vulnerability of women of color with mental health conditions to medical neglect and abuse in Los Angeles County jails and California prisons. Through the experiences of seven formerly incarcerated women and two former CRDF psychiatric social workers, it demonstrates the deplorable treatment that LASD and other public officials mete out to women of color. LASD and other officials systematically denied women adequate access to emergency and routine mental and physical health services, sometimes threatening the very lives of these women. Deputies and other carceral officials: denied women access to vital psychiatric medication; denied women access to basic hygiene supplies forcing them to bleed on themselves when they menstruated; shackled pregnant women during childbirth; relegated suicidal women to solitary confinement, leaving them unsupervised and increasing their risk of death; and forced women to lie in their own filth for days at a time. On the accounts of the formerly incarcerated women and former CRDF clinicians interviewed for this Report, officials disproportionately targeted this medical neglect and abuse at women of color. Black women, who are grossly overrepresented in LA County jails relative to LA County's population, are at greatest risk of these violations.

Conditions in LA County detention facilities are unlawful and morally reprehensible. The Los Angeles Sheriff's Department, entrusted by the public with the safe and humane care of incarcerated women, bears legal obligations to put an end to human and civil rights violations that result when carceral officials medically neglect and abuse these women. California state law and policy, and federal law establish and protect these women's rights to be treated humanely and to access medical care, regardless of their race, gender, or mental health status. Regional human rights law and international human rights law, forged through a universal understanding that all humans deserve humane treatment, reinforce these fundamental protections.

By exposing rights violations against incarcerated women of color, DPN aims to catalyze immediate changes in the treatment of incarcerated individuals in Los Angeles County, and to catalyze far-reaching institutional change for the ultimate abolition of mass incarceration.

Specifically, DPN urges the LASD and the Los Angeles County Board of Supervisors to:

1. End immediately the medical neglect and abuse of incarcerated women in LA County detention facilities by:
    a. Increasing incarcerated women's access to physical and mental health professionals;
    b. Eliminating the over- and under-medication of incarcerated women with mental health concerns;
    c. Eliminating over-reliance on psychotropic drugs and making alternative therapies available for the treatment of incarcerated women;
    d. Eliminating the solitary confinement of incarcerated women with mental health conditions;
    e. Increasing incarcerated women's access to basic hygiene products, including sanitary pads and tampons;
2. Establish an effective institutional mechanism for monitoring the mental health of incarcerated women, with the authority to divert women with mental health conditions from jails to community-based mental health care programs;
3. Begin immediately the collection of disaggregated, comprehensive, publicly accessible data on the race, gender and mental health status of persons incarcerated in LA County;
4. Reduce the population of women with mental health conditions by increasing the availability of community-based mental health resources and jail and prison diversion programs;
5. Adopt the Bill of Rights for Children of Incarcerated Parents so that parents and their children are better prepared to reunite;
6. End immediately further construction of jails and prisons, especially construction that occurs at the expense of community-based mental health care services; and
7. Protect the dignity and restore the power of incarcerated individuals, their families, and their communities by systematically phasing out incarceration and redirecting funds toward effective jail and prison diversion programs.

DIGNITY AND POWER NOW

Dignity and Power Now ("DPN") is a multiracial grassroots organization whose goal is to protect the dignity and restore the power of incarcerated people, their families, and communities in the Los Angeles region. DPN wages a battle against the prison-industrial complex, envisioning freedom and liberation for all lives. DPN's diverse staff includes passionate grassroots organizers from all walks of life, including formerly incarcerated individuals. Its coalition is large, diverse, and growing. DPN supports activists, artists, researchers, writers, and community leaders in fighting for the dignity and power of all lives.

CALIFORNIANS UNITED FOR A RESPONSIBLE BUDGET

Californians United for a Responsible Budget is a statewide coalition of 70 organizations working to curb prison and jail spending while reducing the amount of people in prison and jail. The coalition works to redirect state and local funding from corrections and policing towards restoring the social safety net, education, alternatives to incarceration, and other community services. As a coalition we amplify the work of community leaders on issues of conditions of confinement to sentencing reform. We bridge movements for environmental, social, racial, & economic justice in California and across the nation.

THE UCLA SCHOOL OF LAW INTERNATIONAL HUMAN RIGHTS CLINIC

The International Human Rights Clinic ("the IHRC") at the University of California, Los Angeles School of Law is a course that trains students in the theory and practice of human rights law under the supervision of international human rights lawyers. IHRC participants collaborate with international and domestic human rights organizations on a variety of projectseach semester with the goal of providing these organizations legal and advocacy expertise.