CORCORAN STATE PRISON 2002-2004

Inside California's Brutal Maximum Security Prison

I. Executive Summary

This report traces the conditions inside California State Prison at Corcoran^{1[1]} which houses 5000 prisoners who call this maximum security prison home. Of these 5000 men, California Prison Focus (CPF) visited approximately 400 inmates during 10-investigative visits in 2002-2004, and corresponded with many others. The findings of these legal visits established conclusive patterns of abuse of prisoners in the following areas:

- A. Excessive Force
- B. Gang Validation (the label assigned to prisoners as a precondition for solitary confinement)
- C. Medical Neglect
- D. Access to Legal Materials
- E. Harassment And Retaliation by Prison Staff
- F. Faulty Administrative Grievance Procedures for Inmate (602 Process)
- **G.** Multiple-Issues

Based upon these patterns of prison mistreatment and abuse, CPF makes the following recommendations to improve conditions for prisoners and ensure Corcoran's compliance with state law:

- Adherence to the rules and regulations laid out in the California Code of Regulations,
 Title 15 and the California Department of Corrections Departmental Operating Manuel (DOM)
- A full investigation of complaints filed by prisoners enacted by the Office of Internal Affairs, the Inspector General, Ombudsman, Department of Justice and the Attorney General
- Legislative hearings on the foregoing matters
- Hearings conducted by a community review board with the goal of constructing and implementing greater accountability
- Attention to Pro Se Litigants by Kings County courts
- Assurances of a prisoner's right to due process
- Zero tolerance policy for guard misconduct. Criminal prosecution where appropriate.
- Reorganization of administrative, supervisory and line staff with subsequent external oversight from the CDoC and community review.
- Total overhaul of medical services. Review of medical services by CA Medical Association. Watchdog monitoring of medical services.
- Investigation and publication by CSP-Corcoran of all issues set-forth in this report.

^{1[1]} California State Prison at Corcoran is a maximum security facility located in Corcoran, California that presently houses 4,867 male prisoners, including 1,204 inside a super-maximum Security Housing Unit (SHU). CSP-Cor was opened in 1988, and became notorious for the gunfire used by staff under orders from the Department of Corrections central office. From 1988 until 1995 the governing policies caused rival gang members and known enemies to be in the same SHU small group exercise yards where gunfire was used to quell the expected weaponless standup fist fights.

II. Introduction

In the past year and a half California Prison Focus conducted six legal investigative visits to CSP-Corcoran interviewing approximately 400 prisoners. The men visited were housed in General Population, Administrative Segregation and the Security Housing Unit (SHU)^{2[2]}. In addition to investigative visits, CPF corresponds with hundreds of Corcoran prisoners as well as prisoners' family members. The following report is a cumulative document of the conditions existing within Corcoran State Prison.

Corcoran is notorious for its disorganization, medical neglect and institutionalized violence. The information and analysis compiled here underscores the inhumane conditions inside CSP-Corcoran including the lack of adherence to laws governing the prisons operating procedure, the lack of appropriate medical care, and the lack of administrative accountability. In summary, CPF's investigations affirm the inconsistent, unlawful and inhumane standards by which the prison is run. Many guards appear unfamiliar with Title 15, the California code of regulations governing the California Department of Corrections (CDoC). Decisions often are made on an ad hoc and arbitrary basis.

III. Confinement at Corcoran

A. Excessive Force

1. Legal Duties of Corcoran Staff

Correctional officers are personally responsible for the safe custody and respect of inmates. In particular, California state law, under 15 CCR 3271, requires that "Every employee, regardless of his or her assignment, is responsible for the safe custody of the inmates confined in the institutions of the department." Under 15 CCR 3004, "Inmates have the right to be treated respectfully, impartially and fairly by all employees."

Under 15 CCR 3391, employees shall be alert, courteous, and professional in their dealings with inmates. They shall never refer to inmates by derogatory or slang references, nor shall they use indecent, abusive, profane or otherwise improper language. Employees shall avoid irresponsible or unethical conduct.

2. Patterns of Staff Misconduct and Illegal Activities

Despite the requirements above, prisoners report verbal abuse, threats of physical abuse, assaults and harassment by guards. Guards resort to baiting inmates into punishable actions, use derogatory remarks, sexually explicit language, profanity, racial epithets, reference to individual's family members and name-calling.

3. Exemplars of Staff Misconduct

^{2[2]} The Security Housing Unit is a punishment facility where prisoners spend 23.5 hours a day in their cell. There are no programs, no education, no work, and no congregate religious activities. Only the barest of property is allowed. Visits are non-contact. Some prisoners get to exercise on a small group exercise yard as the only congregate activity. Prisoners are assigned to the SHU for serious rules violations or because they have been identified as a prison gang member or associate.

In March 1999, Prisoner G was a victim of excessive use of force. His shoulder was dislocated while he claims to have not resisted. In fact, he had laid down, arms out while blinded by pepper spray and was assaulted by three or four officers. He was later warned and threatened not to pursue his claims of "excessive force."

On June 24, 2003, Prisoner H was attacked in an unprovoked manner by correctional officers B. David and D. Morales while handcuffed behind his back. He suffered a swollen jaw, eye, and lips. On November 10, 2003, he was assaulted by Sgt. F. Reynolds, correctional officers M. McVey, R.S. Sloss, K. Edmonds, M. Martinez, and Sgt. Reynolds, who used a canister of pepper spray to "bust" his head open. In addition, correctional officer M. McVey kicked him in his side while he was laying down in handcuffs and leg irons.

Prisoner H reports having needed thirteen stitches due to his injuries.

Prisoner L reports an incident in which an officer struck his knee to the prisoner's neck. The prisoner was handcuffed behind his back during the incident. He has supporting documentation of his medical and psychiatric data as well as x-rays and an MRI Cat scan on his neck, done on 7/21/03.

Prisoner K reports that the administration of Corcoran State Prison is covering up the beating of Prisoner M. He states that Sgt. Squal and other correctional officers used billy clubs to beat inmate M to near death in the 3B facility.

Prisoner I was assaulted on 10/28/03 by Sgt. F. Reynoso with pepper spray and then struck on the head by Officer M. Martinez. On 10/29/03, he was assaulted with pepper spray by Sgt. J.M. Martinez.

Prisoner I alleges that excessive force routinely comes from the same guards and under the guise of "Emergency Use of Force." He also wishes to address that prisoners' complaints regarding guard misconduct are routinely investigated by Lieutenants who themselves are involved in other improper uses of force. He states that prisoners would like Polygraph Examinations used on them in order to support their claims. Prisoner I suggested that the installation of video cameras, monitored by outside organizations are the only way to prevent further cover-ups.

Sgt. F. Reynoso, Sgt. J.M. Martinez, and M. McVay are consistent abusers as well as correctional officers Sloss, Edmunds, and Morales.

On 10/28/03, Prisoner E reports being removed from his cell by correctional officers Torres and Jung Hernandez. After being directed into an area directly in front of the 4A-2R Holding Cage, the prisoner was slammed to the floor and kicked in the left rib, and sprayed with pepper gas by Sgt. Martinez. Prisoner E was not combative, nor resistant in any manner. Still, he was threatened by Sgt. Martinez to cover up his abuse and, instead, charged the prisoner with "attempted assault on staff" or "resisting a peace officer."

Prisoner D suffered a brutal assault, nine cases of abuse by mechanical and chemical restraints, and starvation of over sixty meals (once five days in a row) or having his food thrown into his cell. Moreover, he has been given only torn rags or a shirt and boxer shorts to wear for months along with unsanitary conditions (no toilet or water). Furthermore, he was exposed to pepper spray through his air vents for 24/7 during nine months since 8/16/03.

Prisoner B claims an assault from correctional officers on 9/10/04, and that his filing of administrative appeals have been rejected by the officers responsible for the abuse.

Prisoner A says he can prove sexual misconduct from officers against him, setting him up with another "active" prison gang member who assaulted him. He also claims that officers beat him, forced medicated him, and forced him into "5 points and with broken bones" and receiving no medical help. He filed 602s on all officers involved, particularly Sgt. Dotson who assaulted him with a baton.

Prisoner J, a self-described human rights activist, reports officer Guzman provoking another prisoner to violence and beating the prisoner up in the 3B facility on March 13, 2004, at approximately 2:30 pm. Officer Guzman's abuse led to the victim defending himself only to be beaten up by more prison guards.

The next day, March 14, Sgt. Dotson is reported to have dragged another prisoner out of his cell, causing injury to that prisoner's knee and rotor cliff of his right shoulder.

4. Recommendations to Eradicate Staff Misconduct

- · Zero tolerance policy for guard misconduct. Reconstitution of staff with breakup of cliques, transfer of supervisory and line staff to achieve responsible behavior and effective supervision. ·Guards shall comport themselves within the confines of the law, treat prisoners with respect, ensure their safety, and refrain from the use of indecent, abusive, profane or otherwise improper language.
- · Intensive sensitivity training of all custodial and medical staff about HIV, hepatitis C and all communicable diseases.
- · Intensive sensitivity training of all staff concerning issues impacting gay and transgender prisoners.
- ·All allegations of guard misconduct shall be thoroughly investigated and publicized.
- ·Where appropriate, guards will be criminally prosecuted, and supervisors will be disciplined and/or removed who fail to investigate and punish misconduct.

B. Gang Validation

1. Legal Criteria

An inmate whose conduct endangers the safety of others or the security of the institution shall be housed in the SHU under a determinate or indeterminate sentence. Specifically, 15 CCR 3341.5 (2) outlines determinate and indeterminate sentencing structure. An inmate serving an indeterminate SHU sentence shall be reviewed by classification committee at least every 180 days for consideration for release. Gang members, with few exceptions, are deemed to be a severe threat to the safety of others and the security of the institution and will be placed in a SHU for an indeterminate term. Determinate SHU sentences shall be established for inmates found guilty of a serious offense by the Institutional Classification Committee (ICC). Serious misconduct while in the SHU may result in loss of clean conduct credits or an additional determinate term for an inmate serving a determinate term. An inmate shall not be retained in the SHU beyond the expiration of a determinate term unless the ICC has determined a continuance.

2. Problems in SHU Sentencing

Maximum security cells in the state of California have been drastically over built. Despite dropping rates in violent crime, the CDoC designates prisoners as gang members or associates, administers non-gang validated prisoner's indeterminate SHU sentences, and administers bogus rules violations to keep SHU cells full. Prisoners who might otherwise have a Level I classification with no disciplinary record find themselves validated as gang members or associates, placing them in super-maximum security cells with indeterminate sentences. Once sentences are completed prisoners report waiting an average of 3 to 9 months in SHU or Administrative Segregation to be transferred to general population. Prisoners who complete the debriefing process report prolonged delays in being transferred to Integrated Yard Programs (IYPs). Reports have been made that the number of beds available in IYPs are not comparable to the number of spaces necessary for all debriefers to be rotated into IYPs after the completion of the debriefing process.

3. Exemplars

Prisoner O wants to challenge his bogus, indeterminate SHU sentence from gang validation. He is working to help himself and others challenge claims used by I.G.I.

Prisoner C was assaulted along with Prisoner B. As a result, both have been falsely validated as gang members.

Prisoner P is challenging gang validation and has filed 602 forms, which have been subsequently lost. He believes that the "lost" 602s are a form of retaliation from prison officials for his lawsuit against gang validation.

Prisoner N has tried to appeal his gang validation but cannot obtain a "confidential" file related to his validation.

Numerous prisoners report being subject to erroneous and fabricated evidence used to label them as gang members or associates, resulting in indefinite confinement in solitary lock-ups.

4. Recommendations

- · Prisoners shall be released from the SHU in a timely manner upon completion of their sentence.
- · An independent investigation shall be conducted into the methodology for assigning gang validations.
- · Prisoners subjected to gang validation proceedings shall be afforded due process.
- · Uncorroborated confidential information shall not be relied upon to secure a validation.
- · The gang validation process shall not utilize the threat of violence to coerce testimonies out of individuals.
- \cdot Non-violent prisoners shall not be perceived to pose a security threat for mere association with gang members.
- · No HIV+ prisoners or others with life-threatening illnesses shall be unfairly housed in the SHU. All effort shall be made to house these prisoners in general population prisons.
- · An investigation into the hearings process for rules violations shall be conducted exploring the weight a CO's word is given over a prisoner's defense.

C. Medical Neglect

1. Legal Standard

Healthcare shall be provided within a limited scope. According to 3350 CCR 15, "The department shall only provide medical services which are based on medical necessity and supported by outcome data as effective medical care. In the absence of available outcome data, treatment will be based on the judgment of the physician. Under 3350.1 CCR 15 (a) (2) conditions that are not readily amenable to treatment, include but are not limited to those which may be made worse by treatment with conventional medication or surgery, and those that are so advanced in the disease process that the outcome would not change with existing conventional or heroic treatment regimens. Examples include grossly metastasized cancer, multiple organ transplants, temporomandibular joint dysfunction, etc.

Applied healthcare responsibilities and limitations are under 3354 CCR 15 (a) Only authorized medical staff shall diagnose illness and prescribe medication and care (d) Emergency healthcare attention by available resources shall be obtained by the officials in charge (e) Medical doctors, registered nurses, or medical technical assistants shall make daily visits to each non-general population housing unit unable to use sick call services for general population. Staff conducting sick call shall screen medical problems appearing to require further medical attention and shall evaluate requests for appointments with other medical staff.

Prisoners transferred from one institution to another will receive continuity of care. Specifically, under 3355 CCR 15, "Inmates received on transfer shall be interviewed by healthcare staff within 24 hours of their arrival. Healthcare records will be reviewed to determine the need for previously prescribed treatment. Sending healthcare staff shall notify the receiving institution of a prisoners needs.

2. Medical Neglect

Correctional staff and Medical Technical Assistants (MTAs) consistently prevent prisoners from receiving urgent and timely care. Prisoners with persistent health problems, which cause substantial discomfort but are not life threatening, report not being treated. Medication is interrupted, and orders issued by medical staff are often not adhered to. Although many prisoners are transferred to Corcoran because it is a designated medical facility for high security prisoners and its acute care hospital, prisoners state that upon arrival they are not supplied with prescribed medications. In repeated instances, prisoners' requests for prescribed medications are denied. Medications are changed frequently by doctors without obvious need and no clear individual treatment goal. Treatment is cursory and inconsistent. Prisoners report deliberate indifference and interference by custody staff who fail to timely report medical conditions to MTAs and doctors. Without medical expertise, custody staff use their own discretion to determine whether a prisoner needs medical care. Urgent medical situations are often treated as minor upsets. Prisoners report when a prisoner is immobilized by illness, "man down' is called but guards are slow to respond, initially ignoring the calls. Prisoners with treatable conditions are forced to endure prolonged waits to see a doctor and often suffer excruciating pain. In order for a timely response by COs an inmate has to be passed out and bleeding. Prisoners with terminal or severe medical conditions such as cancer, heart conditions and on kidney dialysis report receiving little or no medical care. Prisoners who are within six months of death are not recommended for medical compassionate release in a timely manner nor are they later transferred when medically eligible to the prison hospice at the California Medical Facility at Vacaville.

3. Examples of Medical Neglect

Prisoner Q is in dire need of psychiatric care. He believes that prison guards and staff are out to kill him. He writes frequently to California Prison Focus, expressing fear for his life in Housing Unit 4B Facility. He claims that Captain Andrews is conspiring, along with other guards and inmates, to have him assaulted and killed. Certainly, confinement to the SHU is exacerbating his mental illness and his requests to be moved must be taken seriously.

Prisoner S has been diagnosed with HCV since May 2003. For more than one year, he has received no information or treatment for his illness.

Prisoner U has been denied medical treatment for Hepatitis C. He requested treatment for it on 8/21/03. Corcoran Prison has had his blood drawn three times, yet he has been given no treatment or results. He filed a grievance on 4/02/04, but he has not been seen or acknowledged, in violation of the Title 15 602 appeal process.

Prisoner T has been suffering from cirrhosis of the liver and hepatic encephalopathy from Hepatitis C. The doctors at the prison have been giving him inadequate attention for this, which is being further complicated by his ulcer medications. He also has pain from arthritis in his right shoulder and left elbow, which his doctors diagnosed at the prison. Nevertheless, the medical staff has been withholding all pain medication for arthritis. Due to his medical conditions, he cannot eat the food that is served and an adequate diet is not provided as an alternative.

Prisoner R is disabled and needs help writing his letters along with other functions. He says that for this reason, he has been continuously denied attention and medical help. He has been denied medical treatment many times for his right ear, and has been told by a specialist that he will go deaf because of the delays of treatment. Furthermore, his requests to see a urologist for testicular pain had been blocked. He finally was given an appointment and had an ultrasound done on 4/02/04, whereupon a cist was found on his right testicle. He has been given medication for this, but he is afraid that he will be denied check-ups. Lastly, he notes breathing problems that have not been taken care of.

In an incident referred to as a "Super Bowl horror," prison guards neglected an inmate's cries for help as they watched the 2/01/04 football game on television. *The Detroit News* article entitled, *Schwarzenegger struggling with prison crisis in California*, written on 2/14/04 by Don Thompson of the Associated Press, described a 60-year-old inmate bleeding to death after pulling the dialysis shunt from his arm, then crying for the guards' attention. Despite the guards' negligence, none of them had been charged at the time of the article.

In late February of 2004, an 80-pound inmate died after not having eaten in 40 days. Negligence on behalf of the officers is suspected. *The San Francisco Chronicle* published an article detailing this on 2/26/04, written by Mark Martin of the Chronicle Sacramento Bureau, entitled *Scathing report on prison health care still not out. Agency suggests negligence in deaths at Corcoran facility*.

On 10/19/02, California Prison Focus' HIV/Hepatitis C in Prison committee cited three inmates that had died of HIV in the previous two weeks. The group requested an investigation into the deaths, claiming that the inmates did not get access to adequate pain medication, that they were not transferred to a prison hospice, and that they were not recommended for "compassionate"

release." The Fresno Bee reported this in an article written by Bethany Clough on 10/20/02, entitled Prison draws protesters. Demonstrators come from throughout the state to voice concerns about conditions at Corcoran. The article also includes a woman who says her husband exemplifies the changes that need to be made at Corcoran State Prison. She says her husband lost an eye, the use of his right hand, and the ability to walk in a fight at the prison. In addition, he had been in solitary confinement for four years at the time of the article.

D. Access to Legal Materials

1. Legal stipulations

Inmates shall be permitted access to the law library. Under section 53060.10, All interested inmates shall have access to the inmate library law books. The schedule of the library shall include daily hours of operation, consider the needs of inmates assigned to security, segregated and other restricted housing units. As asserted in 15 CCR 53060.16, inmates in restricted housing units with established court deadlines shall be given priority in submitting requests for law library materials and in the delivery and pickup of these materials to and from the unit.

2. Denial of Access to the Law Library

Requests to go to the law library are denied; prisoners are given law library ducats weeks or even months after their initial request preventing them from doing research on legal matters and advocating on their own behalf. Preferred legal users are unable to use the law library more than once a month. The law libraries at Corcoran consistently fail to make timely copies of prisoners' legal materials.

3. Exemplars

Prisoner U has been filing 602 appeals, regarding the blocking of SHU prisoners from accessing the law library. In addition, his 602s have not been answered and he has been told that there is no law library for SHU inmates. He and other inmates are told that the law library is only accessible if they have a case number and a deadline in an appeal. Since he cannot access the law library to obtain writs, notice of appeal, and other documents, he cannot research the issues with which he can address the court and get a case number.

Prisoner V would like to file a Writ of Habeas Corpus and a tort claim, but cannot access the law library. The law library was temporarily closed at Corcoran's SHU, 4A yard, at the time of the complaint (11/17/04).

E. Harassment/Retaliation by Prison Staff

1. Legal Duties of Corcoran Staff

Correctional officers are personally responsible for the safe custody and respect of inmates. In particular, California state law, under 15 CCR 3271, requires that "Every employee, regardless of his or her assignment, is responsible for the safe custody of the inmates confined in the institutions of the department." Under 15 CCR 3004, "Inmates have the right to be treated respectfully, impartially and fairly by all employees."

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inmates. They shall never refer to inmates by derogatory or slang references, nor shall they use indecent, abusive, profane or otherwise improper language. Employees shall avoid irresponsible or unethical conduct.

2. Patterns of Staff Misconduct and Illegal Activities

Despite the requirements above, prisoners report verbal abuse, threats of physical abuse, assaults and harassment by guards. Guards resort to baiting inmates into punishable actions, use derogatory remarks, sexually explicit language, profanity, racial epithets, reference to individual's family members and name-calling.

3. Exemplars

Prisoner P has been challenging gang validation and has filed 602 forms, which have subsequently been lost. He believes that the non-logging of forms by prison officials is in retaliation for his lawsuit about gang validation.

Prisoner Y believes that guards retaliated against him because of his involvement in M.A.C. (Men's Advisory Council). Since July 1, 2003, he has been in the SHU for a fraudulent charge of conspiracy to assault staff. He has been involved in a trial in Corcoran Superior Court, defending himself against fraudulent charges. His due process rights were violated and any attempts to file a writ to Kings Superior Court are denied by Executive Clerk Todd Barton. His 602 file on Sgt. Montgomery has not gone through. Now, he is going to court on a false charge of possession of marijuana, in which he says a correctional officer framed him in retaliation for his other lawsuits.

Prisoner D has suffered a brutal assault, nine cases of abuse by mechanical and chemical restraints, deprivation of antidepressants, starvation of over sixty meals (once five days in a row), and having his food thrown into his cell. Moreover, he has been given only torn rags or a shirt and boxer shorts to wear for months along with unsanitary conditions (no toilet or water). Furthermore, he was exposed to pepper spray through his air vents for 24/7 during nine months since 8/16/03.

Prisoner D has endured similar abuse while incarcerated at Lancaster and Vacaville as well. He believes this has been part of a conspiracy against him. Guards have worked together to generate lies among the inmates that he is a child molester and a former skinhead gang member. In addition, guards have repeatedly taunted him, telling him to kill himself and falsely placing him on suicide precautions.

Guards have sexually harassed him, telling him to masturbate, in addition to using the security camera in his cell to route the signal to inmate TVs, for the purpose of humiliating him. Moreover, the guards have used the public address system to ridicule and threaten inmates.

As a result, Prisoner D has been pursuing a 1983 Federal Civil Rights case, including State Personal Injury Claims under the principle of *res judicate*. He has been denied access to the law library and he has not received responses for many 602 grievances.

Prisoner G has had three TVs seized and has repeatedly filed 602s on correctional officers for confiscating his property. One of the instances took place on 9/10/03, in which correctional officer Tugioka said the seized TV had no broken seals and no weapons in it, but that the officers would keep the TV on an alleged "power cord issue." That night Sgt. Bear sent word through

correctional officer Blackburn that Prisoner G would get his TV back, but it never happened. His 602s have not been answered.

This has occurred while Prisoner G has filed a 1983 Federal Civil Rights complaint. In addition, he has been blocked from the law library, endured CDC harassment and medical neglect. He has been pursuing a case of excessive use of force against him during March, 1999. He has had four surgeries for the dislocation of his shoulder during that incident. During his process of reporting the abusive incident, guards have retaliated against him—possibly in the form of seizing his TVs and dismissing his 602 forms.

Prisoner X concedes that Sgt. D.S. Indendi, of 4A3 building, third watch, is responsible engaging in conspiracy with the 4A3L, third watch staff to deny, obstruct, and prevent the prisoner's rights. He has been in Corcoran's SHU since November 2001 and claims that his food has been tampered with. He has suffered from medical problems as a result, and he has been denied medical examination. Furthermore, his legal and confidential mail has been tampered with.

Prisoner W has been disabled for approximately twenty years. In 2000, his ADA status was verified at Folsom Prison. However, Dr. Kim at Corcoran Prison removed his ADA status in retaliation against the prisoner's 602 complaints, which criticized Dr. Kim's medical competence.

4. Recommendations to Eradicate Staff Misconduct

- · Zero tolerance policy for guard misconduct. Reconstitution of staff with breakup of cliques, transfer of supervisory and line staff to achieve responsible behavior and effective supervision. ·Guards shall comport themselves within the confines of the law, treat prisoners with respect, ensure their safety, and refrain from the use of indecent, abusive, profane or otherwise improper language.
- · Intensive sensitivity training of all custodial and medical staff about HIV, hepatitis C and all communicable diseases.
- · Intensive sensitivity training of all staff concerning issues impacting gay and transgender prisoners.
- ·All allegations of guard misconduct shall be thoroughly investigated and publicized.
- ·Where appropriate, guards will be criminally prosecuted, and supervisors will be disciplined and/or removed who fail to investigate and punish misconduct.

F. Faulty Prisoner Administrative Appeals Process (602 forms)

1. Legal Requirements

Prisoners may file complaints against prison personnel challenging any prison policy, practice or specific action. In particular, under 15 CCR 3084.1(a) any inmate under the department's jurisdiction may appeal any departmental decision, action, condition or policy which they can demonstrate as having an adverse effect upon their welfare...No reprisal shall be taken against an inmate for filing an appeal. Time limits exist for filing of appeals and receipt of a response. By law, Title 15 section 3084.6(1)-(4) requires that informal level responses shall be completed within ten working days. First level responses shall be completed within 30 working days. Second level responses shall be completed within 20 working days, or 30 working days if first level is waived. Third level responses shall be completed within 60 working days, if an exceptional delay prevents completion of the review within specified time limits, the appellant shall be informed in writing of the reasons for the delay and the estimated completion date.

2. Failure of the 602 Appeals System

Timely filed 602 appeals forms often receive tardy or no response. Prisoners report that many appeals are "lost," destroyed or not responded to by prison personnel. Prisoners have witnessed staff disposing of appeals forms prior to logging the particular appeal.

3. Exemplars

Prisoner A reports to have written proof from inmates and staff that his 602 forms are not coming back. All of his legal mail has been mishandled. He has filed a total of four 602s on the issue of Sgt. Dotson assaulting him with a baton. He has even had an officer admit that his 602s are not being answered. In response, he complained to the Chief Warden about the faulty process and was, in turn, told by C.C.I. that the 602s were sent back to him in order for him to fill out more information. But, he never received them. He is afraid to push the matter because he has been retaliated against by correctional officers.

As of 4/06/04, Prisoner U had been filing 602 forms for eight months, concerning access to the law library for SHU inmates. He also filed a 602 on 4/02/04, concerning medical neglect, and has not been seen or acknowledged, in violation of the Title 15 602 appeal process.

Prisoner N has received no response on his 602 appeals process after three months (as of 5/09/04). He believes his 602s concerning his gang validation are constantly denied.

Prisoner P is challenging gang validation and has filed 602 forms, which have subsequently been lost. The prisoner believes that the failure of prison officials to log his forms is in retaliation for his lawsuit about gang validation.

Prisoner B has filed a 602 form on the correctional officers who assaulted him on 9/10/03 and has not received any log numbers or responses. His consecutive 602s date 9/23/03, 3/01/04 (to which he received a 602 appeals screening form, rejecting his form on false claims that it was late), and 3/28/04 (to which he has still not received a response). He claims that since the correctional officers on whom he was reporting worked in C.S.A.T.F. A.S.U. and handled all mail, they have blocked his 602s from reaching the appeals coordinator.

Prisoner Z is locked up in the SHU on false charges and cannot appeal because the 602 process has failed in his case. As of 2/02/04, he still had not been given a log number after some time and his 602 forms continue to be sent back to him denied (on false claims that they were late). Sometimes, he does not even receive responses from his forms at all.

4. Recommendations

- · A full investigation and overhaul of the appeals process shall be conducted and implemented, insuring that due process is upheld.
- · Appeals shall be logged and responded to in an orderly and timely manner.
- The prison shall create a system of accountability by administering numbered and dated receipts to enable prisoners to track appeals.
- · Prisoners shall not be retaliated against for assisting others in the appeals process. Group 602s will be treated with special procedure that begins with timely response by the Warden and urgent Departmental review.

G. Multi-Issue

1. Exemplar

Prisoner AB reports multiple problems with the Corcoran SHU and states that his previous nine years at Pelican Bay SHU enabled him to see Corcoran's serious faults in comparison. He exclaims that the Corcoran SHU a) is dirty (i.e., the cells, the laundry, and little or no shower time), b) has poor medical attention (that it usually takes one to two months to be seen), c) provides no general library (and the law library is rarely open), d) seldom gives prisoners access to the yard (he reports going only once in three weeks), e) abuses prisoners (he has witnessed prison guards beat two mentally-ill prisoners), f) takes two to three months to issue prisoners their property.

For instance, Prisoner AB recalls being confined to a holding cell in Corcoran's SHU 4A-IR on 12/15/03. Another inmate died because of the officers' lack of attention. They continued watching a DVD in their office while the prisoner in the cell next to him was complaining about chest pains. The officers finally called the MTA, who brought the prisoner to the hospital, only after the other prisoners made pleas on behalf of the ill man. The prisoner returned later that day from the hospital. However, the next day the prisoner was brought to the hospital again and died. Moreover, the officers were heard discussing how to explain all of this in their report, with possible attempts to cover up their negligence.

In conclusion, Prisoner AB blames the man's death on the officers' negligence--a reflection of Corcoran State Prison's treatment of its inmates.

Conclusions

The above stated practices are ongoing at CSP-Corcoran. Prisoners continue to suffer the treatment typified by the incidents described above. A majority of prisoners confined to CSP-Corcoran will return to society. The public interest is ill-served if prisoners' minds and bodies return more battered, bruised, angry and vengeful than prior to their incarceration. It is unconscionable for any offender to be verbally harassed, beaten, sexually assaulted, subjected to medical neglect or rendered hopeless due to the cumulative impact of daily abuses that are a part of serving time at Corcoran. We as a society must demonstrate a recognition of the preciousness of life, and the fairness and respect for the rights of prisoners governed by federal and state law. Corcoran and its staff must be held liable for their actions. A thorough and extensive investigation of conduct within the prison should be asserted by the legislature, courts and internal affairs. An independent review board comprised of prisoner advocates, human rights organizations, the California Medical Association, public health officials, current and former guards, and current and former prisoners shall hold hearings on the findings of these investigations with the intention of exposing the unlawful conditions and practices at Corcoran and developing a plan for implementation of solutions to egregious conditions.

This report was prepared by CPF's human rights investigators, Marielle Ferebeouf and Tara Caffrey, who led the Corcoran Committee's investigations during 2002-2004. They were assisted by Charles Carbone, Attorney at Law, who heads CPF's Litigation in Prison Project. Final editing

and additions were made by Joe Sciarrillo. CPF expresses its gratitude to all of the investigators who participated in the prison visits upon which this report is based.

ABOUT CPF

CPF investigates conditions and treatment of prisoners in three of California's control unit prisons: Pelican Bay, Corcoran and Valley State Prison for Women. Also our HIV & HepC in Prison Committee focuses on HIV and Hepatitis C education, advocacy and compassionate release, and our Trans and Gender Variant Committee advocates for transgender prisoners. Since 1991 we have conducted 72 investigative trips and interviewed 2,278 prisoners. CPF members are human rights activists, former prisoners, family members and friends of prisoners, and concerned people.

OUR MISSION

CPF is dedicated to identifying, monitoring and ending the human rights abuses that take place in California prisons. CPF educates the public about violations of prisoners' rights and engages is advocacy for prisoners and their families, as well as provides training for self-advocacy. Our goal is to bring the communities on the outside together with those on the inside. Essential to that task is working in solidarity with prisoners and promoting their voice in our newsletter, to the media and in public forums. CPF seeks to end long-term isolation and medical neglect and gender discrimination in California's prisons and to close all SHUs with the ultimate goal of abolishing all US prisons as we know them.

CORCORAN STATE PRISON 2002-2004

Inside California's Brutal Maximum Security Prison

I. Executive Summary

This report traces the conditions inside California State Prison at Corcoran^{3[1]} which houses 5000 prisoners who call this maximum security prison home. Of these 5000 men, California Prison Focus (CPF) visited approximately 400 inmates during 10 investigative visits in 2002-2004, and corresponded with many others. The findings of these legal visits established conclusive patterns of abuse of prisoners in the following areas:

- A. Excessive Force
- B. Gang Validation (the label assigned to prisoners as a precondition for solitary confinement)
- C. Medical Neglect

^{3[1]} California State Prison at Corcoran is a maximum security facility located in Corcoran, California that presently houses 4,867 male prisoners, including 1,204 inside a super-maximum Security Housing Unit (SHU). CSP-Cor was opened in 1988, and became notorious for the gunfire used by staff under orders from the Department of Corrections central office. From 1988 until 1995 the governing policies caused rival gang members and known enemies to be in the same SHU small group exercise yards where gunfire

was used to quell the expected weaponless standup fist fights.

- D. Access to Legal Materials
- E. Harassment And Retaliation by Prison Staff
- F. Faulty Administrative Grievance Procedures for Inmate (602 Process)
- **G.** Multiple-Issues

Based upon these patterns of prison mistreatment and abuse, CPF makes the following recommendations to improve conditions for prisoners and ensure Corcoran's compliance with state law:

- Adherence to the rules and regulations laid out in the California Code of Regulations,
 Title 15 and the California Department of Corrections Departmental Operating Manuel (DOM)
- A full investigation of complaints filed by prisoners enacted by the Office of Internal Affairs, the Inspector General, Ombudsman, Department of Justice and the Attorney General
- Legislative hearings on the foregoing matters
- Hearings conducted by a community review board with the goal of constructing and implementing greater accountability
- Attention to Pro Se Litigants by Kings County courts
- Assurances of a prisoner's right to due process
- Zero tolerance policy for guard misconduct. Criminal prosecution where appropriate.
- Reorganization of administrative, supervisory and line staff with subsequent external oversight from the CDoC and community review.
- Total overhaul of medical services. Review of medical services by CA Medical Association. Watchdog monitoring of medical services.
 - Investigation and publication by CSP-Corcoran of all issues set-forth in this report

II. Introduction

In the past year and a half California Prison Focus conducted six legal investigative visits to CSP-Corcoran interviewing approximately 400 prisoners. The men visited were housed in General Population, Administrative Segregation and the Security Housing Unit (SHU)^{4[2]}. In addition to investigative visits, CPF corresponds with hundreds of Corcoran prisoners as well as prisoners' family members. The following report is a cumulative document of the conditions existing within Corcoran State Prison.

Corcoran is notorious for its disorganization, medical neglect and institutionalized violence. The information and analysis compiled here underscores the inhumane conditions inside CSP-Corcoran including the lack of adherence to laws governing the prisons operating procedure, the lack of appropriate medical care, and the lack of administrative accountability. In summary, CPF's investigations affirm the inconsistent, unlawful and inhumane standards by which the prison is run. Many guards appear unfamiliar with Title 15, the California code of regulations governing the California Department of Corrections (CDoC). Decisions often are made on an ad

^{4[2]} The Security Housing Unit is a punishment facility where prisoners spend 23.5 hours a day in their cell. There are no programs, no education, no work, and no congregate religious activities. Only the barest of property is allowed. Visits are non-contact. Some prisoners get to exercise on a small group exercise yard as the only congregate activity. Prisoners are assigned to the SHU for serious rules violations or because they have been identified as a prison gang member or associate.

hoc and arbitrary basis. The institution is under poor leadership with a high rate of turnover from the Warden to correctional officers.

III. Confinement at Corcoran

A. Excessive Force

1. Legal Duties of Corcoran Staff

Correctional officers are personally responsible for the safe custody and respect of inmates. In particular, California state law, under 15 CCR 3271, requires that "Every employee, regardless of his or her assignment, is responsible for the safe custody of the inmates confined in the institutions of the department." Under 15 CCR 3004, "Inmates have the right to be treated respectfully, impartially and fairly by all employees."

Under 15 CCR 3391, employees shall be alert, courteous, and professional in their dealings with inmates. They shall never refer to inmates by derogatory or slang references, nor shall they use indecent, abusive, profane or otherwise improper language. Employees shall avoid irresponsible or unethical conduct.

2. Patterns of Staff Misconduct and Illegal Activities

Despite the requirements above, prisoners report verbal abuse, threats of physical abuse, assaults and harassment by guards. Guards resort to baiting inmates into punishable actions, use derogatory remarks, sexually explicit language, profanity, racial epithets, reference to individual's family members and name-calling.

3. Exemplars of Staff Misconduct

In March 1999, Prisoner G was a victim of excessive use of force. His shoulder was dislocated while he claims to have not resisted. In fact, he had laid down, arms out while blinded by pepper spray and was assaulted by three or four officers. He was later warned and threatened not to pursue his claims of "excessive force."

On June 24, 2003, Prisoner H was attacked in an unprovoked manner by correctional officers B. David and D. Morales while handcuffed behind his back. He suffered a swollen jaw, eye, and lips. On November 10, 2003, he was assaulted by Sgt. F. Reynolds, correctional officers M. McVey, R.S. Sloss, K. Edmonds, M. Martinez, and Sgt. Reynolds, who used a canister of pepper spray to "bust" his head open. In addition, correctional officer M. McVey kicked him in his side while he was laying down in handcuffs and leg irons.

Prisoner H reports having needed thirteen stitches due to his injuries.

Prisoner L reports an incident in which an officer struck his knee to the prisoner's neck. The prisoner was handcuffed behind his back during the incident. He has supporting documentation of his medical and psychiatric data as well as x-rays and an MRI Cat scan on his neck, done on 7/21/03.

Prisoner K reports that the administration of Corcoran State Prison is covering up the beating of Prisoner M. He states that Sgt. Squal and other correctional officers used billy clubs to beat inmate M to near death in the 3B facility.

Prisoner I was assaulted on 10/28/03 by Sgt. F. Reynoso with pepper spray and then struck on the head by Officer M. Martinez. On 10/29/03, he was assaulted with pepper spray by Sgt. J.M. Martinez.

Prisoner I alleges that excessive force routinely comes from the same guards and under the guise of "Emergency Use of Force." He also wishes to address that prisoners' complaints regarding guard misconduct are routinely investigated by Lieutenants who themselves are involved in other improper uses of force. He states that prisoners would like Polygraph Examinations used on them in order to support their claims. Prisoner I suggested that the installation of video cameras, monitored by outside organizations are the only way to prevent further cover-ups.

Sgt. F. Reynoso, Sgt. J.M. Martinez, and M. McVay are consistent abusers as well as correctional officers Sloss, Edmunds, and Morales.

On 10/28/03, Prisoner E reports being removed from his cell by correctional officers Torres and Jung Hernandez. After being directed into an area directly in front of the 4A-2R Holding Cage, the prisoner was slammed to the floor and kicked in the left rib, and sprayed with pepper gas by Sgt. Martinez. Prisoner E was not combative, nor resistant in any manner. Still, he was threatened by Sgt. Martinez to cover up his abuse and, instead, charged the prisoner with "attempted assault on staff" or "resisting a peace officer."

Prisoner D suffered a brutal assault, nine cases of abuse by mechanical and chemical restraints, and starvation of over sixty meals (once five days in a row) or having his food thrown into his cell. Moreover, he has been given only torn rags or a shirt and boxer shorts to wear for months along with unsanitary conditions (no toilet or water). Furthermore, he was exposed to pepper spray through his air vents for 24/7 during nine months since 8/16/03.

Prisoner B claims an assault from correctional officers on 9/10/04, and that his filing of administrative appeals have been rejected by the officers responsible for the abuse.

Prisoner A says he can prove sexual misconduct from officers against him, setting him up with another "active" prison gang member who assaulted him. He also claims that officers beat him, forced medicated him, and forced him into "5 points and with broken bones" and receiving no medical help. He filed 602s on all officers involved, particularly Sgt. Dotson who assaulted him with a baton.

Prisoner J, a self-described human rights activist, reports officer Guzman provoking another prisoner to violence and beating the prisoner up in the 3B facility on March 13, 2004, at approximately 2:30 pm. Officer Guzman's abuse led to the victim defending himself only to be beaten up by more prison guards.

The next day, March 14, Sgt. Dotson is reported to have dragged another prisoner out of his cell, causing injury to that prisoner's knee and rotor cliff of his right shoulder.

4. Recommendations to Eradicate Staff Misconduct

• Zero tolerance policy for guard misconduct. Reconstitution of staff with breakup of cliques, transfer of supervisory and line staff to achieve responsible behavior and effective supervision.

- •Guards shall comport themselves within the confines of the law, treat prisoners with respect, ensure their safety, and refrain from the use of indecent, abusive, profane or otherwise improper language.
- Intensive sensitivity training of all custodial and medical staff about HIV, hepatitis C and all communicable diseases.
- Intensive sensitivity training of all staff concerning issues impacting gay and transgender prisoners.
- •All allegations of guard misconduct shall be thoroughly investigated and publicized.
- •Where appropriate, guards will be criminally prosecuted, and supervisors will be disciplined and/or removed who fail to investigate and punish misconduct.

B. Gang Validation

1. Legal Criteria

An inmate whose conduct endangers the safety of others or the security of the institution shall be housed in the SHU under a determinate or indeterminate sentence. Specifically, 15 CCR 3341.5 (2) outlines determinate and indeterminate sentencing structure. An inmate serving an indeterminate SHU sentence shall be reviewed by classification committee at least every 180 days for consideration for release. Gang members, with few exceptions, are deemed to be a severe threat to the safety of others and the security of the institution and will be placed in a SHU for an indeterminate term. Determinate SHU sentences shall be established for inmates found guilty of a serious offense by the Institutional Classification Committee (ICC). Serious misconduct while in the SHU may result in loss of clean conduct credits or an additional determinate term for an inmate serving a determinate term. An inmate shall not be retained in the SHU beyond the expiration of a determinate term or beyond 11 months, unless the ICC has determined a continuance.

2. Problems in SHU Sentencing

Maximum security cells in the state of California have been drastically over built. Despite dropping rates in violent crime, the CDoC designates prisoners as gang members or associates, administers non-gang validated prisoner's indeterminate SHU sentences, and administers bogus rules violations to keep SHU cells full. Prisoners who might otherwise have a Level I classification with no disciplinary record find themselves validated as gang members or associates, placing them in super-maximum security cells with indeterminate sentences. Once sentences are completed prisoners report waiting an average of 3 to 9 months in SHU or Administrative Segregation to be transferred to general population. Prisoners who complete the debriefing process report prolonged delays in being transferred to Integrated Yard Programs (IYPs). Reports have been made that the number of beds available in IYPs are not comparable to the number of spaces necessary for all debriefers to be rotated into IYPs after the completion of the debriefing process.

3. Exemplars

Prisoner O wants to challenge his bogus, indeterminate SHU sentence from gang validation. He is working to help himself and others challenge claims used by I.G.I.

Prisoner C was assaulted along with Prisoner B. As a result, both have been falsely validated as gang members.

Prisoner P is challenging gang validation and has filed 602 forms, which have been subsequently lost. He believes that the "lost" 602s are a form of retaliation from prison officials for his lawsuit against gang validation.

Prisoner N has tried to appeal his gang validation but cannot obtain a "confidential" file related to his validation.

Numerous prisoners report being subject to erroneous and fabricated evidence used to label them as gang members or associates, resulting in indefinite confinement in solitary lock-ups.

4. Recommendations

- Prisoners shall be released from the SHU in a timely manner upon completion of their sentence.
- An independent investigation shall be conducted into the methodology for assigning gang validations.
- Prisoners subjected to gang validation proceedings shall be afforded due process.
- Uncorroborated confidential information shall not be relied upon to secure a validation.
- The gang validation process shall not utilize the threat of violence to coerce testimonies out of individuals.
- Non-violent prisoners shall not be perceived to pose a security threat for mere association with gang members.
- No HIV+ prisoners or others with life-threatening illnesses shall be unfairly housed in the SHU. All effort shall be made to house these prisoners in general population prisons.
- An investigation into the hearings process for rules violations shall be conducted exploring the weight a CO's word is given over a prisoner's defense.

C. Medical Neglect

1. Legal Standard

Healthcare shall be provided within a limited scope. According to 3350 CCR 15, "The department shall only provide medical services which are based on medical necessity and supported by outcome data as effective medical care. In the absence of available outcome data, treatment will be based on the judgment of the physician. Under 3350.1 CCR 15 (a) (2) conditions that are not readily amenable to treatment, include but are not limited to those which may be made worse by treatment with conventional medication or surgery, and those that are so advanced in the disease process that the outcome would not change with existing conventional or heroic treatment regimens. Examples include grossly metastasized cancer, multiple organ transplants, temporomandibular joint dysfunction, etc.

Applied healthcare responsibilities and limitations are under 3354 CCR 15 (a) Only authorized medical staff shall diagnose illness and prescribe medication and care (d) Emergency healthcare attention by available resources shall be obtained by the officials in charge (e) Medical doctors, registered nurses, or medical technical assistants shall make daily visits to each non-general population housing unit unable to use sick call services for general population. Staff conducting

sick call shall screen medical problems appearing to require further medical attention and shall evaluate requests for appointments with other medical staff.

Prisoners transferred from one institution to another will receive continuity of care. Specifically, under 3355 CCR 15, "Inmates received on transfer shall be interviewed by healthcare staff within 24 hours of their arrival. Healthcare records will be reviewed to determine the need for previously prescribed treatment. Sending healthcare staff shall notify the receiving institution of a prisoners needs.

2. Medical Neglect

Correctional staff and Medical Technical Assistants (MTAs) consistently prevent prisoners from receiving urgent and timely care. Prisoners with persistent health problems, which cause substantial discomfort but are not life threatening, report not being treated. Medication is interrupted, and orders issued by medical staff are often not adhered to. Although many prisoners are transferred to Corcoran because it is a designated medical facility for high security prisoners and its acute care hospital, prisoners state that upon arrival they are not supplied with prescribed medications. In repeated instances, prisoners' requests for prescribed medications are denied. Medications are changed frequently by doctors without obvious need and no clear individual treatment goal. Treatment is cursory and inconsistent. Prisoners report deliberate indifference and interference by custody staff who fail to timely report medical conditions to MTAs and doctors. Without medical expertise, custody staff use their own discretion to determine whether a prisoner needs medical care. Urgent medical situations are often treated as minor upsets. Prisoners report when a prisoner is immobilized by illness, "man down' is called but guards are slow to respond, initially ignoring the calls. Prisoners with treatable conditions are forced to endure prolonged waits to see a doctor and often suffer excruciating pain. In order for a timely response by COs an inmate has to be passed out and bleeding. Prisoners with terminal or severe medical conditions such as cancer, heart conditions and on kidney dialysis report receiving little or no medical care. Prisoners who are within six months of death are not recommended for medical compassionate release in a timely manner nor are they later transferred when medically eligible to the prison hospice at the California Medical Facility at Vacaville.

3. Examples of Medical Neglect

Prisoner Q is in dire need of psychiatric care. He believes that prison guards and staff are out to kill him. He writes frequently to California Prison Focus, expressing fear for his life in Housing Unit 4B Facility. He claims that Captain Andrews is conspiring, along with other guards and inmates, to have him assaulted and killed. Certainly, confinement to the SHU is exacerbating his mental illness and his requests to be moved must be taken seriously.

Prisoner S has been diagnosed with HCV since May 2003. For more than one year, he has received no information or treatment for his illness.

Prisoner U has been denied medical treatment for Hepatitis C. He requested treatment for it on 8/21/03. Corcoran Prison has had his blood drawn three times, yet he has been given no treatment or results. He filed a grievance on 4/02/04, but he has not been seen or acknowledged, in violation of the Title 15 602 appeal process.

Prisoner T has been suffering from cirrhosis of the liver and hepatic encephalopathy from Hepatitis C. The doctors at the prison have been giving him inadequate attention for this, which is being further complicated by his ulcer medications. He also has pain from arthritis in his right

shoulder and left elbow, which his doctors diagnosed at the prison. Nevertheless, the medical staff has been withholding all pain medication for arthritis. Due to his medical conditions, he cannot eat the food that is served and an adequate diet is not provided as an alternative.

Prisoner R is disabled and needs help writing his letters along with other functions. He says that for this reason, he has been continuously denied attention and medical help. He has been denied medical treatment many times for his right ear, and has been told by a specialist that he will go deaf because of the delays of treatment. Furthermore, his requests to see a urologist for testicular pain had been blocked. He finally was given an appointment and had an ultrasound done on 4/02/04, whereupon a cist was found on his right testicle. He has been given medication for this, but he is afraid that he will be denied check-ups. Lastly, he notes breathing problems that have not been taken care of.

D. Access to Legal Materials

1. Legal stipulations

Inmates shall be permitted access to the law library. Under section 53060.10, All interested inmates shall have access to the inmate library law books. The schedule of the library shall include daily hours of operation, consider the needs of inmates assigned to security, segregated and other restricted housing units. As asserted in 15 CCR 53060.16, inmates in restricted housing units with established court deadlines shall be given priority in submitting requests for law library materials and in the delivery and pickup of these materials to and from the unit.

2. Denial of Access to the Law Library

Requests to go to the law library are denied; prisoners are given law library ducats weeks or even months after their initial request preventing them from doing research on legal matters and advocating on their own behalf. Preferred legal users are unable to use the law library more than once a month. The law libraries at Corcoran consistently fail to make timely copies of prisoners' legal materials.

3. Exemplars

Prisoner U has been filing 602 appeals, regarding the blocking of SHU prisoners from accessing the law library. In addition, his 602s have not been answered and he has been told that there is no law library for SHU inmates. He and other inmates are told that the law library is only accessible if they have a case number and a deadline in an appeal. Since he cannot access the law library to obtain writs, notice of appeal, and other documents, he cannot research the issues with which he can address the court and get a case number.

Prisoner V would like to file a Writ of Habeas Corpus and a tort claim, but cannot access the law library. The law library was temporarily closed at Corcoran's SHU, 4A yard, at the time of the complaint (11/17/04).

E. Harassment/Retaliation by Prison Staff

1. Legal Duties of Corcoran Staff

Correctional officers are personally responsible for the safe custody and respect of inmates. In particular, California state law, under 15 CCR 3271, requires that "Every employee, regardless of

his or her assignment, is responsible for the safe custody of the inmates confined in the institutions of the department." Under 15 CCR 3004, "Inmates have the right to be treated respectfully, impartially and fairly by all employees."

Under 15 CCR 3391, employees shall be alert, courteous, and professional in their dealings with inmates. They shall never refer to inmates by derogatory or slang references, nor shall they use indecent, abusive, profane or otherwise improper language. Employees shall avoid irresponsible or unethical conduct.

2. Patterns of Staff Misconduct and Illegal Activities

Despite the requirements above, prisoners report verbal abuse, threats of physical abuse, assaults and harassment by guards. Guards resort to baiting inmates into punishable actions, use derogatory remarks, sexually explicit language, profanity, racial epithets, reference to individual's family members and name-calling.

3. Exemplars

Prisoner P has been challenging gang validation and has filed 602 forms, which have subsequently been lost. He believes that the non-logging of forms by prison officials is in retaliation for his lawsuit about gang validation.

Prisoner Y believes that guards retaliated against him because of his involvement in M.A.C. (Men's Advisory Council). Since July 1, 2003, he has been in the SHU for a fraudulent charge of conspiracy to assault staff. He has been involved in a trial in Corcoran Superior Court, defending himself against fraudulent charges. His due process rights were violated and any attempts to file a writ to Kings Superior Court are denied by Executive Clerk Todd Barton. His 602 file on Sgt. Montgomery has not gone through. Now, he is going to court on a false charge of possession of marijuana, in which he says a correctional officer framed him in retaliation for his other lawsuits.

Prisoner D has suffered a brutal assault, nine cases of abuse by mechanical and chemical restraints, deprivation of antidepressants, starvation of over sixty meals (once five days in a row), and having his food thrown into his cell. Moreover, he has been given only torn rags or a shirt and boxer shorts to wear for months along with unsanitary conditions (no toilet or water). Furthermore, he was exposed to pepper spray through his air vents for 24/7 during nine months since 8/16/03.

Prisoner D has endured similar abuse while incarcerated at Lancaster and Vacaville as well. He believes this has been part of a conspiracy against him. Guards have worked together to generate lies among the inmates that he is a child molester and a former skinhead gang member. In addition, guards have repeatedly taunted him, telling him to kill himself and falsely placing him on suicide precautions.

Guards have sexually harassed him, telling him to masturbate, in addition to using the security camera in his cell to route the signal to inmate TVs, for the purpose of humiliating him. Moreover, the guards have used the public address system to ridicule and threaten inmates.

As a result, Prisoner D has been pursuing a 1983 Federal Civil Rights case, including State Personal Injury Claims under the principle of "res judicata". He has been denied access to the law library and he has not received responses for many 602 grievances.

Prisoner G has had three TVs seized and has repeatedly filed 602s on correctional officers for confiscating his property. One of the instances took place on 9/10/03, in which correctional officer Tugioka said the seized TV had no broken seals and no weapons in it, but that the officers would keep the TV on an alleged "power cord issue." That night Sgt. Bear sent word through correctional officer Blackburn that Prisoner G would get his TV back, but it never happened. His 602s have not been answered.

This has occurred while Prisoner G has filed a 1983 Federal Civil Rights complaint. In addition, he has been blocked from the law library, endured CDC harassment and medical neglect. He has been pursuing a case of excessive use of force against him during March, 1999. He has had four surgeries for the dislocation of his shoulder during that incident. During his process of reporting the abusive incident, guards have retaliated against him—possibly in the form of seizing his TVs and dismissing his 602 forms.

Prisoner X concedes that Sgt. D.S. Indendi, of 4A3 building, third watch, is responsible engaging in conspiracy with the 4A3L, third watch staff to deny, obstruct, and prevent the prisoner's rights. He has been in Corcoran's SHU since November 2001 and claims that his food has been tampered with. He has suffered from medical problems as a result, and he has been denied medical examination. Furthermore, his legal and confidential mail has been tampered with.

Prisoner W has been disabled for approximately twenty years. In 2000, his ADA status was verified at Folsom Prison. However, Dr. Kim at Corcoran Prison removed his ADA status in retaliation against the prisoner's 602 complaints, which criticized Dr. Kim's medical competence.

4. Recommendations to Eradicate Staff Misconduct

- Zero tolerance policy for guard misconduct. Reconstitution of staff with breakup of cliques, transfer of supervisory and line staff to achieve responsible behavior and effective supervision.
- •Guards shall comport themselves within the confines of the law, treat prisoners with respect, ensure their safety, and refrain from the use of indecent, abusive, profane or otherwise improper language.
- Intensive sensitivity training of all custodial and medical staff about HIV, hepatitis C and all communicable diseases.
- Intensive sensitivity training of all staff concerning issues impacting gay and transgender prisoners.
- •All allegations of guard misconduct shall be thoroughly investigated and publicized.
- •Where appropriate, guards will be criminally prosecuted, and supervisors will be disciplined and/or removed who fail to investigate and punish misconduct.

F. Faulty Prisoner Administrative Appeals Process (602 forms)

1. Legal Requirements

Prisoners may file complaints against prison personnel challenging any prison policy, practice or specific action. In particular, under 15 CCR 3084.1(a) any inmate under the department's jurisdiction may appeal any departmental decision, action, condition or policy which they can

demonstrate as having an adverse effect upon their welfare...No reprisal shall be taken against an inmate for filing an appeal. Time limits exist for filing of appeals and receipt of a response. By law, Title 15 section 3084.6(1)-(4) requires that informal level responses shall be completed within ten working days. First level responses shall be completed within 30 working days. Second level responses shall be completed within 20 working days, or 30 working days if first level is waived. Third level responses shall be completed within 60 working days, if an exceptional delay prevents completion of the review within specified time limits, the appellant shall be informed in writing of the reasons for the delay and the estimated completion date.

2. Failure of the 602 Appeals System

Timely filed 602 appeals forms often receive tardy or no response. Prisoners report that many appeals are "lost," destroyed or not responded to by prison personnel. Prisoners have witnessed staff disposing of appeals forms prior to logging the particular appeal.

3. Exemplars

Prisoner A reports to have written proof from inmates and staff that his 602 forms are not coming back. All of his legal mail has been mishandled. He has filed a total of four 602s on the issue of Sgt. Dotson assaulting him with a baton. He has even had an officer admit that his 602s are not being answered. In response, he complained to the Chief Warden about the faulty process and was, in turn, told by C.C.I. that the 602s were sent back to him in order for him to fill out more information. But, he never received them. He is afraid to push the matter because he has been retaliated against by correctional officers.

As of 4/06/04, Prisoner U had been filing 602 forms for eight months, concerning access to the law library for SHU inmates. He also filed a 602 on 4/02/04, concerning medical neglect, and has not been seen or acknowledged, in violation of the Title 15 602 appeal process.

Prisoner N has received no response on his 602 appeals process after three months (as of 5/09/04). He believes his 602s concerning his gang validation are constantly denied.

Prisoner P is challenging gang validation and has filed 602 forms, which have subsequently been lost. The prisoner believes that the failure of prison officials to log his forms is in retaliation for his lawsuit about gang validation.

Prisoner B has filed a 602 form on the correctional officers who assaulted him on 9/10/03 and has not received any log numbers or responses. His consecutive 602s date 9/23/03, 3/01/04 (to which he received a 602 appeals screening form, rejecting his form on false claims that it was late), and 3/28/04 (to which he has still not received a response). He claims that since the correctional officers on whom he was reporting worked in C.S.A.T.F. A.S.U. and handled all mail, they have blocked his 602s from reaching the appeals coordinator.

Prisoner Z is locked up in the SHU on false charges and cannot appeal because the 602 process has failed in his case. As of 2/02/04, he still had not been given a log number after some time and his 602 forms continue to be sent back to him denied (on false claims that they were late). Sometimes, he does not even receive responses from his forms at all.

4. Recommendations

- A full investigation and overhaul of the appeals process shall be conducted and implemented, insuring that due process is upheld.
- Appeals shall be logged and responded to in an orderly and timely manner.
- The prison shall create a system of accountability by administering numbered and dated receipts to enable prisoners to track appeals.
- Prisoners shall not be retaliated against for assisting others in the appeals process. Group 602s will be treated with special procedure that begins with timely response by the Warden and urgent Departmental review.

G. Multi-Issue

- 1. ??
- 2. ??

3. Exemplar

Prisoner AB reports multiple problems with the Corcoran SHU and states that his previous nine years at Pelican Bay SHU enabled him to see Corcoran's serious faults in comparison. He exclaims that the Corcoran SHU a) is dirty (i.e., the cells, the laundry, and little or no shower time), b) has poor medical attention (that it usually takes one to two months to be seen), c) provides no general library (and the law library is rarely open), d) seldom gives prisoners access to the yard (he reports going only once in three weeks), e) abuses prisoners (he has witnessed prison guards beat two mentally-ill prisoners), f) takes two to three months to issue prisoners their property.

For instance, Prisoner AB recalls being confined to a holding cell in Corcoran's SHU 4A-IR on 12/15/03. Another inmate died because of the officers' lack of attention. They continued watching a DVD in their office while the prisoner in the cell next to him was complaining about chest pains. The officers finally called the MTA, who brought the prisoner to the hospital, only after the other prisoners made pleas on behalf of the ill man. The prisoner returned later that day from the hospital. However, the next day the prisoner was brought to the hospital again and died. Moreover, the officers were heard discussing how to explain all of this in their report, with possible attempts to cover up their negligence.

In conclusion, Prisoner AB blames the man's death on the officers' negligence--a reflection of Corcoran State Prison's treatment of its inmates.

4. Recommendations

Conclusions

The above stated practices are ongoing at CSP-Corcoran. Prisoners continue to suffer the treatment typified by the incidents described above. A majority of prisoners confined to CSP-Corcoran will return to society. The public interest is ill-served if prisoners' minds and bodies return more battered, bruised, angry and vengeful than prior to their incarceration. It is unconscionable for any offender to be verbally harassed, beaten, sexually assaulted, subjected to medical neglect or rendered hopeless due to the cumulative impact of daily abuses that are a part of serving time at Corcoran. We as a society must demonstrate a recognition of the preciousness of life, and the fairness and respect for the rights of prisoners governed by federal and state law. Corcoran and its staff must be held liable for their actions. A thorough and extensive investigation of conduct within the prison should be asserted by the legislature, courts and internal affairs. An independent review board comprised of prisoner advocates, human rights organizations, the California Medical Association, public health officials, current and former guards, and current and former prisoners shall hold hearings on the findings of these investigations with the intention of exposing the unlawful conditions and practices at Corcoran and developing a plan for implementation of solutions to egregious conditions.

This report was prepared by CPF's human rights investigators, Marielle Ferebeouf and Tara Caffrey, who led the Corcoran Committee's investigations during 2002-2004. She was assisted by Charles Carbone, Attorney at Law, who heads CPF's Litigation in Prison Project. Final editing and additions were made by Joe Sciarrillo. CPF expresses its gratitude to all of the investigators who participated in the prison visits upon which this report is based.

ABOUT CPF

CPF investigates conditions and treatment of prisoners in three of California's control unit prisons: Pelican Bay, Corcoran and Valley State Prison for Women. Also our HIV & HepC in Prison Committee focuses on HIV and Hepatitis C education, advocacy and compassionate release, and our Trans and Gender Variant Committee advocates for transgender prisoners. Since 1991 we have conducted 72 investigative trips and interviewed 2,278 prisoners. CPF members are human rights activists, former prisoners, family members and friends of prisoners, and concerned people.

OUR MISSION

CPF is dedicated to identifying, monitoring and ending the human rights abuses that take place in California prisons. CPF educates the public about violations of prisoners' rights and engages is advocacy for prisoners and their families, as well as provides training for self-advocacy. Our goal is to bring the communities on the outside together with those on the inside. Essential to that task is working in solidarity with prisoners and promoting their voice in our newsletter, to the media and in public forums. CPF seeks to end long-term isolation and medical neglect and gender discrimination in California's prisons and to close all SHUs with the ultimate goal of abolishing all US prisons as we know them.

Online articles:

1. http://www.detnews.com/2004/nation/0402/15/nation-63774.htm In what Romero called "a Super Bowl horror," 60-year-old Ronald Herrera pulled the dialysis shunt from his arm and bled to death Feb. 1 in his cell at Corcoran State Prison. The Los Angeles Times quoted unidentified prison officials as saying guards were busy watching the game and ignored his cries for help. No one has been charged.