Health Care Access and Health Agency

Essential questions:
Who has the right to health care?
What is health?
What creates a healthy community for everyone?
What level of care is necessary in order for people to experience an adequate quality of life?

Part 1: Access to Health Care

Californians for Health Security Petition 1994

Yes for California Health Security Act 1994

Die In for Affordable Health Care 2017

Sunday, June 4, 12 to 1 P.M.

Die-In for Affordable Health Care for All

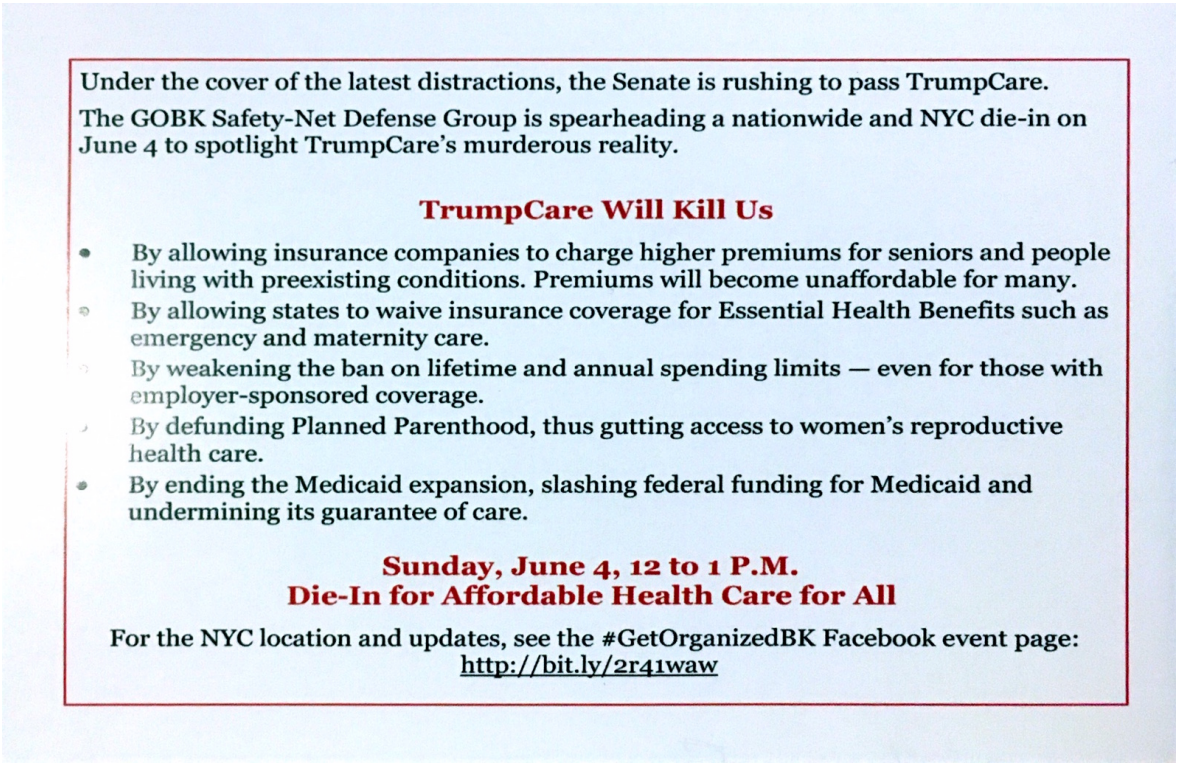
Original photo by Jonathan Gittos, MD at jonathangittos.com

NYC Location: TBA

For the NYC location and updates, see the #GOBK Facebook Event page: http://bit.ly/2r41waw

Because TrumpCare Will Kill Us

#GetOrganizedBK Safety-Net Defense Group



Let's understand the context:

What is this about? From heritage.org (http://www.heritage.org/health-care-reform/report/californias-single-payer-health-care-initiative-costlybait-and-switch), on January 1994, we read:
"Proposition 186, the California Health Security Act" would expand insurance coverage to California residents by creating a single-payer system much like the one currently in place in Canada. A state-run health care system, with an elected Health Commissioner exercising oversight and control over virtually the entire system, would be financed by new payroll taxes on California employers and workers and a new surtax on tobacco products."
This act was voted on for the state of California in a November 1994 referendum, but it did not pass.

What is "single-payer health care"?
- Single-payer health care involves all citizens paying towards a state-run health care fund through their taxes, to cover health care for all residents regardless of their income and participation in the workforce.

1. **What is one advantage of single-payer health care?**

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2. **What is one disadvantage of single-payer health care?**

3. **What is a die-in?**

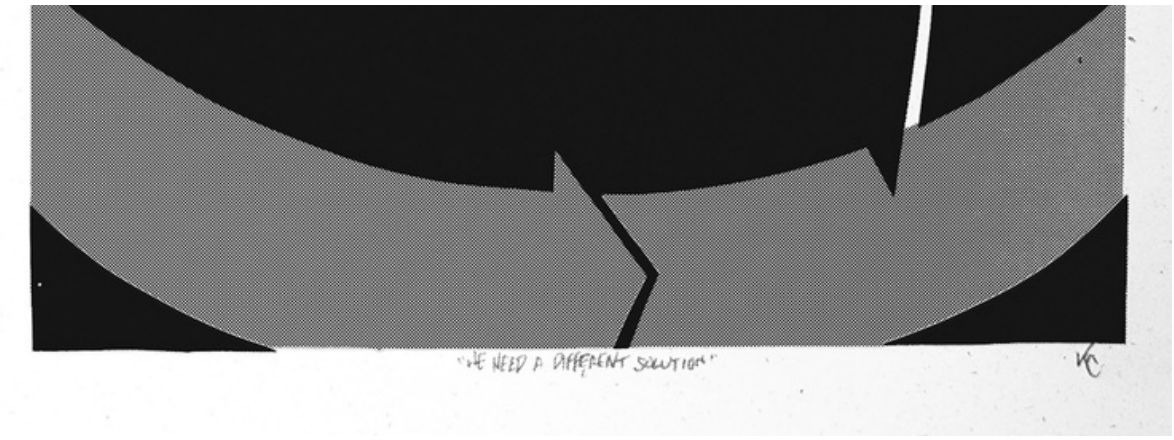
4. **Infer why a die-in might be organized to raise awareness about health care.**

5. **Who do you think deserves access to health care that is offered by the government?**

Part 2: Prisons and Policing

We Need Bigger Solutions than prisons


CORRECTIONAL FACILITY
UNEMPLOYMENT
POVERTY
HOMELESSNESS
DRUG ADDICTION
MENTAL HEALTH



Black Panther, 14 June 1969, America's Greatest Health Problem is Fascist Pig Brutality

THE CHIEF ARGUMENTS OF THE OPPONENTS OF THE UNITED FRONT

AMERICA'S GREATEST HEALTH PROBLEM
FASCIST PIG BRUTALITY

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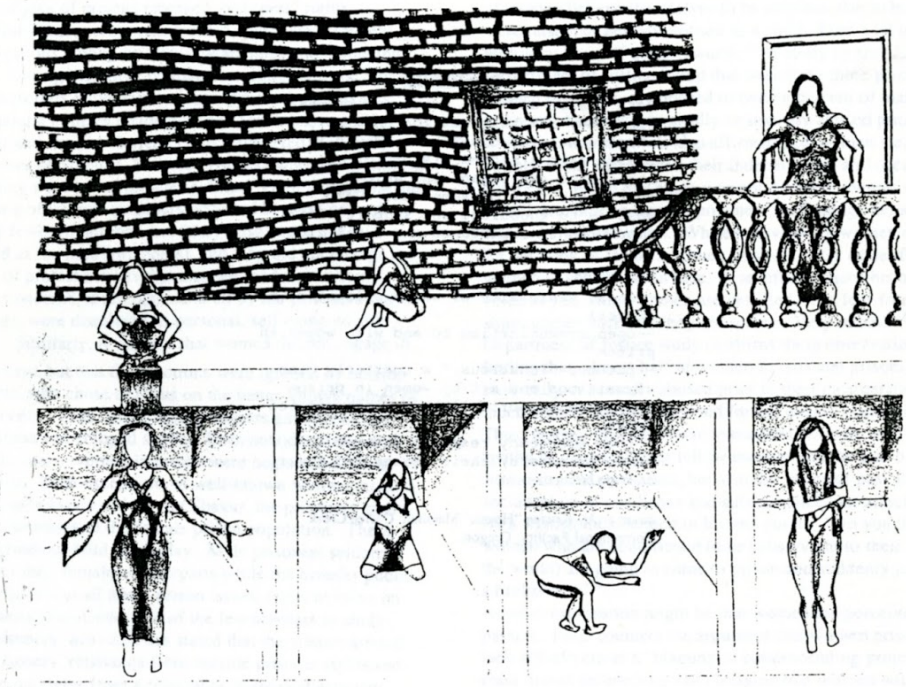
“The Invisibility of Women Prisoners’ Resistance”, Vikki Law (excerpt)

THE INVISIBILITY OF WOMEN PRISONERS' RESISTANCE



vikki law

an earlier letter from a prisoner in Illinois : "I know illiteracy is one of the hindrances to pursuing any relief," she wrote. "We need to educated women how to write grievances and we need to have available people to help [the] illiterate and [the] mentally/emotionally ill prepare grievance[s] regarding their rights."[24]

Added to this is the administrative harassment, dissuading possible participants. One woman stated that the level of harassment is "so great that most of your fellow prisoners think that you must be crazy for even attempting to challenge the prison system wrong doings in anyways."[25] Kebby Warner, a prisoner in Michigan, has encountered similar resistance from her fellow inmates: once she started to become aware that her plight was shared with thousands of other women, she tried to organize and educate those around her about the prison-industrial complex: "I was laughed at and they went so far as accusing me of being a Klan member because of the way Amerikkka was spelled in the zines I passed out. They wouldn't even read them."[26] A woman released from a Texas prison offered this explanation as to why she chose silence: "I once tried to get my mom to know that there was abuse happening in the unit. But when my letter was proread, it was turn[ed] in to the warden, which in turn called me in the office and said if I wanted to remain in population I better keep my opinions to myself. And I did not want to be in solitary confinement...so I closed up."[27] Similarly, Barrilee Bannister, Dawn Amos and a California inmate who wished to remain anonymous have stated that they are reluctant to write about certain aspects and instances because their letter can be and, at least in Bannister's case, are read by prison officials. Thus, even for those interested in women prisoners' organizing and acts of resistance, the prison's monitoring of mail makes it virtually impossible to delve deeply.

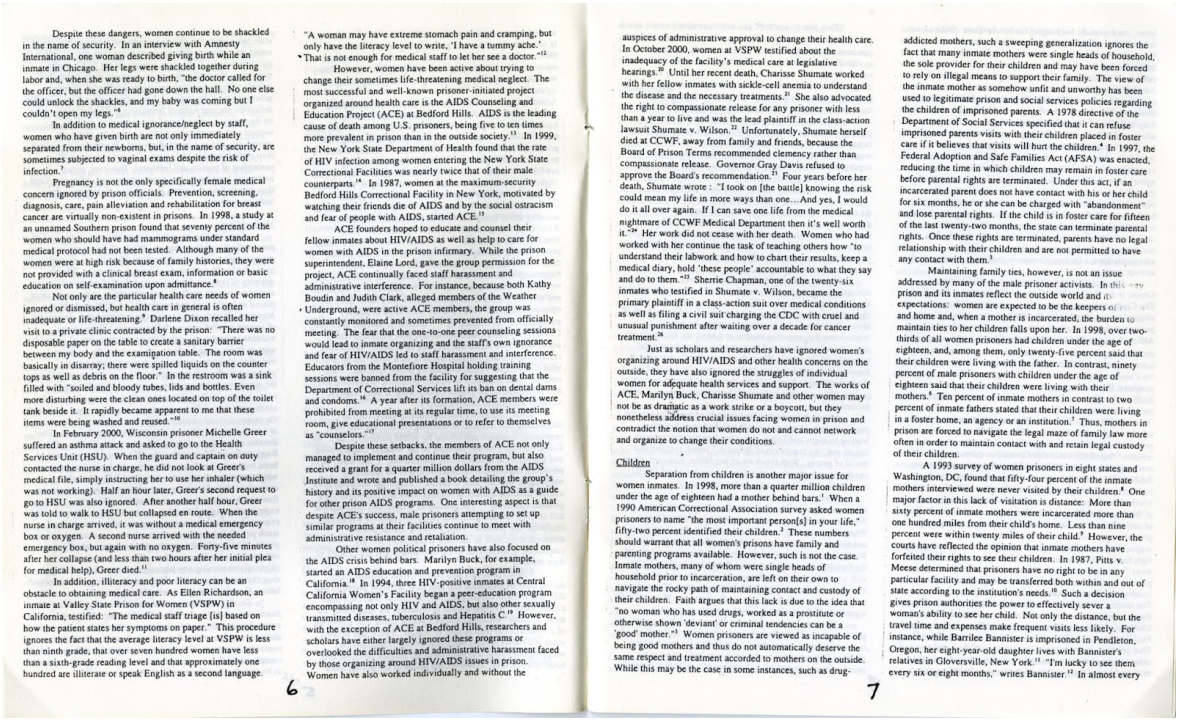
Even supposedly non-threatening ideas, such as introducing new methods of teaching literacy, are met with resistance, suspicion and refusal by prison administrations. As Kathy Boudin, a former member of the Weather Underground and a prisoner at Bedford Hills, pointed out, "I, like many other prisoners, wanted to be productive and to do something meaningful with my time in prison...Yet prison administrators usually limit the amount of responsibility and independence a prisoner can have."[28] The premise of prisons lies in obedience and control. Inmate-generated programs, projects and groups challenge that premise. Thus, even ore liberal prison administrators, such as the ones at Bedford Hills, are suspicious, if not hostile, to the educational and group work of their inmates.

Women prisoners also face different circumstances during their incarceration and thus have different priorities and different ways of challenging their conditions than their male counterparts.[29] Prevalent ideas of prisoners are masculine: the term "prisoner" usually connotes a young, black man convicted of a violent crime such as rape or murder. Politicians seeking votes and media seeking sales play on this representation, whipping the public into hysteria to get tougher on crime and build more prisons. However, the image of the young, black male felon omits the growing number of women imprisoned under the various mandatory sentencing laws passed within the past few decades.[30] Because women do not fit the media stereotype, the public chooses to overlook them rather than grapple with the seeming paradoxes inherent in women prisoners, who, by virtue of their incarceration, have somehow defied the societal norm of femininity.[31] This is compounded by the seeming contradiction of prisoners as mothers, as women with reproductive rights (or even the ability to reproduce), and as women in general. Women prisoners and their differing needs and concerns complicate the public perception of prisons and prisoners. However, prison authorities have been slow to recognize these differences and thus accord them the same, if not worse, treatment as their male counterparts.

Medical Care

One pressing issue for women prisoners is the lack of or poor medical care they receive. While all prisoners face poor medical care, prison administrations often ignore or neglect the particular health care needs of women prisoners. That the majority of lawsuits filed by or on behalf of women in prison are for inadequate medical services testifies to the importance placed on health care and treatment.[1] A 1990 study by the American Correctional Association indicated that six percent of women entered prison while pregnant.[2] Even prison wardens agree that several of the particular needs of pregnant women "have yet to be dealt with in any of the facilities," including adequate resources to deal with false labors, premature births and miscarriages; lack of maternity clothing; the requirement that pregnant inmates wear belly chains when transported to the hospital; and the lack of a separate area for mother and baby.[3] Pregnant women are also not provided with the proper diets or vitamin supplements, given the opportunity to exercise or taught breathing and birthing techniques. The director of Legal Services for Prisoners with Children, Ellen Barry, accused the prison system of a "shocking disregard of basic humanity that I saw reflected in the type of treatment to which pregnant women were subjected." One horrifying example is that of a twenty-year-old woman who was almost five months pregnant when incarcerated. Soon after, she began experiencing vaginal bleeding, cramping and severe pain. She requested medical assistance numerous times over a three-week period, but there was no obstetrician on contract with the prison. She was finally seen by the chief medical officer, an orthopedist, who diagnosed her without examining her physically or running any laboratory tests, and given Flagyl, a drug that can induce labor. The next day, the woman went into labor. Her son lived approximately two hours.[4]

Dr. Patricia Garcia, an obstetrician and gynecologist at Northwestern University's Prentice Women's Hospital, has stated that shackling a laboring mother "compromises the ability to manipulate her legs into the proper position for necessary treatment. The mother and baby's health could be compromised if there were complications during delivery such as haemorrhage or decrease in fetal heart tones."[5]



Despite these dangers, women continue to be shackled in the name of security. In an interview with Amnesty International, one woman described giving birth while an inmate in Chicago. Her legs were shackled together during labor and, when she was ready to birth, "the doctor called for the officer, but the officer had gone down the hall. No one else could unlock the shackles, and my baby was coming but I couldn't open my legs."[6]

In addition to medical ignorance/neglect by staff, women who have given birth are not only immediately separated from their newborns, but, in the name of security, are sometimes subjected to vaginal exams despite the risk of infection.[7]

Pregnancy is not the only specifically female medical concern ignored by prison officials. Prevention, screening, diagnosis, care, pain alleviation and rehabilitation for breast cancer are virtually non-existent in prisons. In 1998, a study at an unnamed Southern prison found that seventy percent of the women who should have had mammograms under standard medical protocol had not been tested. Although many of the women were at high risk because of family histories, they were not provided with a clinical breast exam, information or basic education on self-examination upon admittance.[8]

Not only are the particular health care needs of women ignored or dismissed, but health care in general is often inadequate or life-threatening.[9] Darlene Dixon recalled her visit to a private clinic contracted by the prison: "There was no disposable paper on the table to create a sanitary barrier between my body and the examination table. The room was basically in disarray; there were spilled liquids on the counter tops as well as debris on the floor." In the restroom was a sink filled with "soiled and bloody tubes, lids and bottles. Even more disturbing were the clean ones located on top of the toilet tank beside it. It rapidly became apparent to me that these items were being washed and reused."[10]

In February 2000, Wisconsin prisoner Michelle Greer suffered an asthma attack and asked to go to the Health Services Unit (HSU). When the guard and captain on duty contacted the nurse in charge, he did not look at Greer's medical file, simply instructing her to use her inhaler (which was not working). Half an hour later, Greer's second request to go to HSU was also ignored. After another half hour, Greer was told to walk to HSU but collapsed en route. When the nurse in charge arrived, it was without a medical emergency box or oxygen. A second nurse arrived with the needed emergency box, but again with no oxygen. Forty-five minutes after her collapse (and less than two hours after her initial plea for medical help), Greer died.[11]

In addition, illiteracy and poor literacy can be an obstacle to obtaining medical care. As Ellen Richardson, an inmate at Valley State Prison for Women (VSPW) in California, testified: "The medical staff triage [is] based on how the patient states her symptoms on paper." This procedure ignores the fact that the average literacy level at VSPW is less than ninth grade, that over seven hundred women have less than a sixth-grade reading level and that approximately one hundred are illiterate or speak English as a second language.

6

"A woman may have extreme stomach pain and cramping, but only have the literacy level to write, 'I have a tummy ache.' That is not enough for medical staff to let her see a doctor."[12]

However, women have been active about trying to change their sometimes life-threatening medical neglect. The most successful and well-known prisoner-initiated project organized around health care is the AIDS Counseling and Education Project (ACE) at Bedford Hills. AIDS is the leading cause of death among U.S. prisoners, being five to ten times more prevalent in prison than in the outside society.[13] In 1999, the New York State Department of Health found that the rate of HIV infection among women entering the New York State Correctional Facilities was nearly twice that of their male counterparts.[14] In 1987, women at the maximum-security Bedford Hills Correctional Facility in New York, motivated by watching their friends die of AIDS and by the social ostracism and fear of people with AIDS, started ACE.[15]

ACE founders hoped to educate and counsel their fellow inmates about HIV/AIDS as well as help to care for women with AIDS in the prison infirmary. While the prison superintendent, Elaine Lord, gave the group permission for the project, ACE continually faced staff harassment and administrative interference. For instance, because both Kathy Boudin and Judith Clark, alleged members of the Weather Underground, were active ACE members, the group was constantly monitored and sometimes prevented from officially meeting. The fear that the one-to-one peer counseling sessions would lead to inmate organizing and the staff's own ignorance and fear of HIV/AIDS led to staff harassment and interference. Educators from the Montefiore Hospital holding training sessions were banned from the facility for suggesting that the Department of Correctional Services lift its ban on dental dams and condoms.[16] A year after its formation, ACE members were prohibited from meeting at its regular time, to use its meeting room, give educational presentations or to refer to themselves as "counselors."[17]

Despite these setbacks, the members of ACE not only managed to implement and continue their program, but also received a grant for a quarter million dollars from the AIDS Institute and wrote and published a book detailing the group's history and its positive impact on women with AIDS as a guide for other prison AIDS programs. One interesting aspect is that despite ACE's success, male prisoners attempting to set up similar programs at their facilities continue to meet with administrative resistance and retaliation.

Other women political prisoners have also focused on the AIDS crisis behind bars. Marilyn Buck, for example, started an AIDS education and prevention program in California.[18] In 1994, three HIV-positive inmates at Central California Women's Facility began a peer-education program encompassing not only HIV and AIDS, but also other sexually transmitted diseases, tuberculosis and Hepatitis C.[19] However, with the exception of ACE at Bedford Hills, researchers and scholars have either largely ignored these programs or overlooked the difficulties and administrative harassment faced by those organizing around HIV/AIDS issues in prison. Women have also worked individually and without the

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auspices of administrative approval to change their health care. In October 2000, women at VSPW testified about the inadequacy of the facility's medical care at legislative hearings.[20] Until her recent death, Charisse Shumate worked with her fellow inmates with sickle-cell anemia to understand the disease and the necessary treatments.[21] She also advocated the right to compassionate release for any prisoner with less than a year to live and was the lead plaintiff in the class-action lawsuit Shumate v. Wilson.[22] Unfortunately, Shumate herself died at CCWF, away from family and friends, because the Board of Prison Terms recommended clemency rather than compassionate release. Governor Gray Davis refused to approve the Board's recommendation.[23] Four years before her death, Shumate wrote : "I took on [the battle] knowing the risk could mean my life in more ways than one…And yes, I would do it all over again. If I can save one life from the medical nightmare of CCWF Medical Department then it's well worth it."[24] Her work did not cease with her death. Women who had worked with her continue the task of teaching others how "to understand their labwork and how to chart their results, keep a medical diary, hold 'these people' accountable to what they say and do to them."[25] Sherrie Chapman, one of the twenty-six inmates who testified in Shumate v. Wilson, became the primary plaintiff in a class-action suit over medical conditions as well as filing a civil suit charging the CDC with cruel and unusual punishment after waiting over a decade for cancer treatment.[26]

Just as scholars and researchers have ignored women's organizing around HIV/AIDS and other health concerns on the outside, they have also ignored the struggles of individual women for adequate health services and support. The works of ACE, Marilyn Buck, Charisse Shumate and other women may not be as dramatic as a work strike or a boycott, but they nonetheless address crucial issues facing women in prison and contradict the notion that women do not and cannot network and organize to change their conditions.

Children

Separation from children is another major issue for women inmates. In 1998, more than a quarter million children under the age of eighteen had a mother behind bars.[1] When a 1990 American Correctional Association survey asked women prisoners to name "the most important person[s] in your life," fifty-two percent identified their children.[2] These numbers should warrant that all women's prisons have family and parenting programs available. However, such is not the case. Inmate mothers, many of whom were single heads of household prior to incarceration, are left on their own to navigate the rocky path of maintaining contact and custody of their children. Faith argues that this lack is due to the idea that "no woman who has used drugs, worked as a prostitute or otherwise shown 'deviant' or criminal tendencies can be a 'good' mother."[3] Women prisoners are viewed as incapable of being good mothers and thus do not automatically deserve the same respect and treatment accorded to mothers on the outside. While this may be the case in some instances, such as drug-addicted mothers, such a sweeping generalization ignores the fact that many inmate mothers were single heads of household, the sole provider for their children and may have been forced to rely on illegal means to support their family. The view of the inmate mother as somehow unfit and unworthy has been used to legitimate prison and social services policies regarding the children of imprisoned parents. A 1978 directive of the Department of Social Services specified that it can refuse imprisoned parents visits with their children placed in foster care if it believes that visits will hurt the children.[4] In 1997, the Federal Adoption and Safe Families Act (AFSA) was enacted, reducing the time in which children may remain in foster care before parental rights are terminated. Under this act, if an incarcerated parent does not have contact with his or her child for six months, he or she can be charged with "abandonment" and lose parental rights. If the child is in foster care for fifteen of the last twenty-two months, the state can terminate parental rights. Once these rights are terminated, parents have no legal relationship with their children and are not permitted to have any contact with them.[5]

Maintaining family ties, however, is not an issue addressed by many of the male prisoner activists. In this way prison and its inmates reflect the outside world and its expectations: women are expected to be the keepers of the home and home and, when a mother is incarcerated, the burden to maintain ties to her children falls upon her. In 1998, over two-thirds of all women prisoners had children under the age of eighteen, and, among them, only twenty-five percent said that their children were living with the father. In contrast, ninety percent of male prisoners with children under the age of eighteen said that their children were living with their mothers.[6] Ten percent of inmate mothers in contrast to two percent of inmate fathers stated that their children were living in a foster home, an agency or an institution.[7] Thus, mothers in prison are forced to navigate the legal maze of family law more often in order to maintain contact with and retain legal custody of their children.

A 1993 survey of women prisoners in eight states and Washington, DC, found that fifty-four percent of the inmate mothers interviewed were never visited by their children.[8] One major factor in this lack of visitation is distance: More than sixty percent of inmate mothers were incarcerated more than one hundred miles from their child's home. Less than nine percent were within twenty miles of their child.[9] However, the courts have reflected the opinion that inmate mothers have forfeited their rights to see their children. In 1987, Pitts v. Meese determined that prisoners have no right to be in any particular facility and may be transferred both within and out of state according to the institution's needs.[10] Such a decision gives prison authorities the power to effectively sever a woman's ability to see her child. Not only the distance, but the travel time and expenses make frequent visits less likely. For instance, while Barrilee Bannister is imprisoned in Pendleton, Oregon, her eight-year-old daughter lives with Bannister's relatives in Gloversville, New York.[11] "I'm lucky to see them every six or eight months," writes Bannister.[12] In almost every

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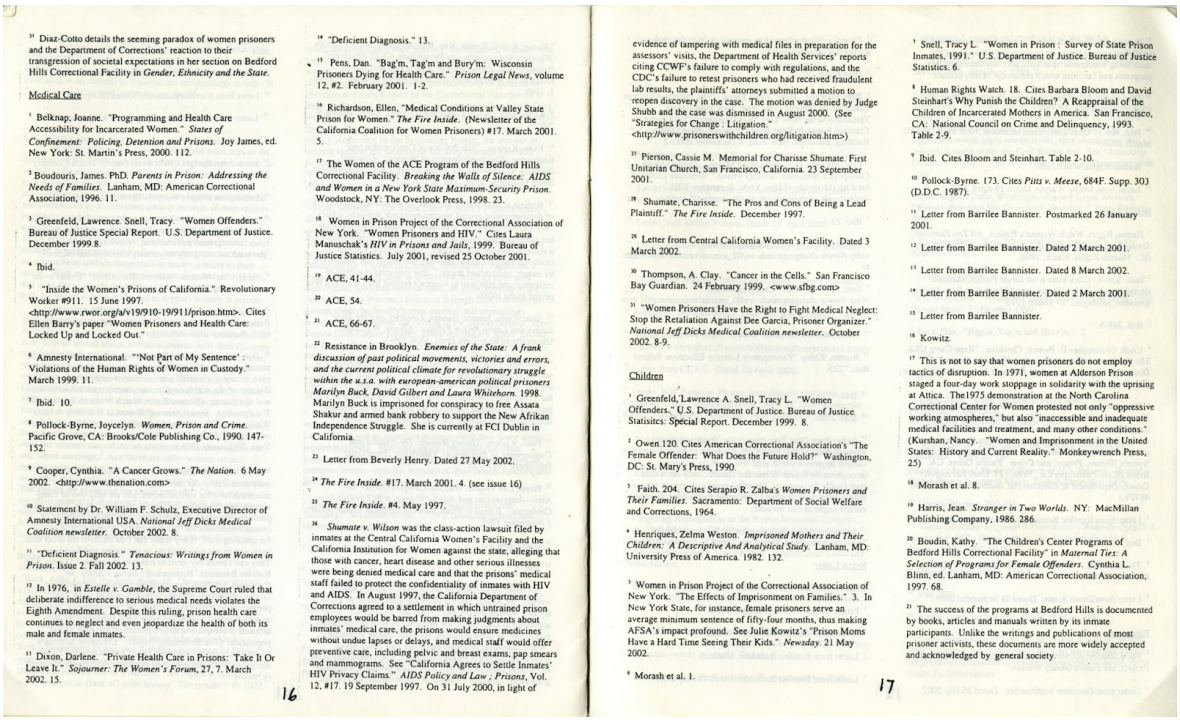


[1] Diaz-Cotto details the seeming paradox of women prisoners and the Department of Corrections' reaction to their transgression of societal expectations in her section on Bedford Hills Correctional Facility in *Gender, Ethnicity and the State.*

Medical Care

[1] Belknap, Joanne. "Programming and Health Care Accessibility for Incarcerated Women." *States of Confinement: Policing, Detention and Prisons.* Joy James, ed. New York: St. Martin's Press, 2000. 112.

[2] Boudouris, James. PhD. *Parents in Prison: Addressing the Needs of Families.* Lanham, MD: American Correctional Association, 1996. 11.

[3] Greenfeld, Lawrence. Snell, Tracy. "Women Offenders." Bureau of Justice Special Report. U.S. Department of Justice. December 1999.8.

[4] Ibid.

[5] "Inside the Women's Prisons of California." Revolutionary Worker #911. 15 June 1997. <http://www.rwor.org/a/v19/910-19/911/prison.htm>. Cites Ellen Barry's paper "Women Prisoners and Health Care: Locked Up and Locked Out."

[6] Amnesty International. "'Not Part of My Sentence' : Violations of the Human Rights of Women in Custody." March 1999. 11.

[7] Ibid. 10.

[8] Pollock-Byrne, Joycelyn. *Women, Prison and Crime.* Pacific Grove, CA: Brooks/Cole Publishing Co., 1990. 147-152.

[9] Cooper, Cynthia. "A Cancer Grows." *The Nation.* 6 May 2002. <http://www.thenation.com>

[10] Statement by Dr. William F. Schulz, Executive Director of Amnesty International USA. *National Jeff Dicks Medical Coalition newsletter.* October 2002. 8.

[11] "Deficient Diagnosis." *Tenacious: Writings from Women in Prison.* Issue 2. Fall 2002. 13.

[12] In 1976, in *Estelle v. Gamble*, the Supreme Court ruled that deliberate indifference to serious medical needs violates the Eighth Amendment. Despite this ruling, prison health care continues to neglect and even jeopardize the health of both its male and female inmates.

[13] Dixon, Darlene. "Private Health Care in Prisons: Take It Or Leave It." *Sojourner: The Women's Forum*, 27, 7. March 2002. 15.

16

[14] "Deficient Diagnosis." 13.

[15] Pens, Dan. "Bag'm, Tag'm and Bury'm: Wisconsin Prisoners Dying for Health Care." *Prison Legal News*, volume 12, #2. February 2001. 1-2.

[16] Richardson, Ellen, "Medical Conditions at Valley State Prison for Women." *The Fire Inside.* (Newsletter of the California Coalition for Women Prisoners) #17. March 2001. 5.

[17] The Women of the ACE Program of the Bedford Hills Correctional Facility. *Breaking the Walls of Silence: AIDS and Women in a New York State Maximum-Security Prison.* Woodstock, NY: The Overlook Press, 1998. 23.

[18] Women in Prison Project of the Correctional Association of New York. "Women Prisoners and HIV." Cites Laura Manuschak's *HIV in Prisons and Jails*, 1999. Bureau of Justice Statistics. July 2001, revised 25 October 2001.

[19] ACE, 41-44.

[20] ACE, 54.

[21] ACE, 66-67.

[22] Resistance in Brooklyn. *Enemies of the State: A frank discussion of past political movements, victories and errors, and the current political climate for revolutionary struggle within the u.s.a. with european-american political prisoners Marilyn Buck, David Gilbert and Laura Whitehorn.* 1998. Marilyn Buck is imprisoned for conspiracy to free Assata Shakur and armed bank robbery to support the New Afrikan Independence Struggle. She is currently at FCI Dublin in California.

[23] Letter from Beverly Henry. Dated 27 May 2002.

[24] *The Fire Inside.* #17. March 2001. 4. (see issue 16)

[25] *The Fire Inside.* #4. May 1997.

[26] *Shumate v. Wilson* was the class-action lawsuit filed by inmates at the Central California Women's Facility and the California Institution for Women against the state, alleging that those with cancer, heart disease and other serious illnesses were being denied medical care and that the prisons' medical staff failed to protect the confidentiality of inmates with HIV and AIDS. In August 1997, the California Department of Corrections agreed to a settlement in which untrained prison employees would be barred from making judgments about inmates' medical care, the prisons would ensure medicines without undue lapses or delays, and medical staff would offer preventive care, including pelvic and breast exams, pap smears and mammograms. See "California Agrees to Settle Inmates' HIV Privacy Claims." *AIDS Policy and Law ; Prisons*, Vol. 12, #17. 19 September 1997. On 31 July 2000, in light of evidence of tampering with medical files in preparation for the assessors' visits, the Department of Health Services' reports citing CCWF's failure to comply with regulations, and the CDC's failure to retest prisoners who had received fraudulent lab results, the plaintiffs' attorneys submitted a motion to reopen discovery in the case. The motion was denied by Judge Shubb and the case was dismissed in August 2000. (See "Strategies for Change : Litigation." <http://www.prisonerswithchildren.org/litigation.htm>)

[27] Pierson, Cassie M. Memorial for Charisse Shumate. First Unitarian Church, San Francisco, California. 23 September 2001.

[28] Shumate, Charisse. "The Pros and Cons of Being a Lead Plaintiff." *The Fire Inside.* December 1997.

[29] Letter from Central California Women's Facility. Dated 3 March 2002.

[30] Thompson, A. Clay. "Cancer in the Cells." San Francisco Bay Guardian. 24 February 1999. <www.sfbg.com>

[31] "Women Prisoners Have the Right to Fight Medical Neglect: Stop the Retaliation Against Dee Garcia, Prisoner Organizer." *National Jeff Dicks Medical Coalition newsletter.* October 2002. 8-9.

Children

[1] Greenfeld, Lawrence A. Snell, Tracy L. "Women Offenders." U.S. Department of Justice. Bureau of Justice Statisitcs. Special Report. December 1999. 8.

[2] Owen.120. Cites American Correctional Association's "The Female Offender: What Does the Future Hold?" Washington, DC: St. Mary's Press, 1990.

[3] Faith. 204. Cites Serapio R. Zalba's *Women Prisoners and Their Families.* Sacramento: Department of Social Welfare and Corrections, 1964.

[4] Henriques, Zelma Weston. *Imprisoned Mothers and Their Children: A Descriptive And Analytical Study.* Lanham, MD: University Press of America. 1982. 132.

[5] Women in Prison Project of the Correctional Association of New York. "The Effects of Imprisonment on Families." 3. In New York State, for instance, female prisoners serve an average minimum sentence of fifty-four months, thus making AFSA's impact profound. See Julie Kowitz's "Prison Moms Have a Hard Time Seeing Their Kids." *Newsday.* 21 May 2002.

[6] Morash et al. 1.

[7] Snell, Tracy L. "Women in Prison : Survey of State Prison Inmates, 1991." U.S. Department of Justice. Bureau of Justice Statistics. 6.

[8] Human Rights Watch. 18. Cites Barbara Bloom and David Steinhart's Why Punish the Children? A Reappraisal of the Children of Incarcerated Mothers in America. San Francisco, CA: National Council on Crime and Delinquency, 1993. Table 2-9.

[9] Ibid. Cites Bloom and Steinhart. Table 2-10.

[10] Pollock-Byrne. 173. Cites *Pitts v. Meese*, 684F. Supp. 303 (D.D.C. 1987).

[11] Letter from Barrilee Bannister. Postmarked 26 January 2001.

[12] Letter from Barrilee Bannister. Dated 2 March 2001.

[13] Letter from Barrilee Bannister. Dated 8 March 2002.

[14] Letter from Barrilee Bannister. Dated 2 March 2001.

[15] Letter from Barrilee Bannister.

[16] Kowitz.

[17] This is not to say that women prisoners do not employ tactics of disruption. In 1971, women at Alderson Prison staged a four-day work stoppage in solidarity with the uprising at Attica. The1975 demonstration at the North Carolina Correctional Center for Women protested not only "oppressive working atmospheres," but also "inaccessible and inadequate medical facilities and treatment, and many other conditions." (Kurshan, Nancy. "Women and Imprisonment in the United States: History and Current Reality." Monkeywrench Press, 25)

[18] Morash et al. 8.

[19] Harris, Jean. *Stranger in Two Worlds.* NY: MacMillan Publishing Company, 1986. 286.

[20] Boudin, Kathy. "The Children's Center Programs of Bedford Hills Correctional Facility" in *Maternal Ties: A Selection of Programs for Female Offenders.* Cynthia L. Blinn, ed. Lanham, MD: American Correctional Association, 1997. 68.

[21] The success of the programs at Bedford Hills is documented by books, articles and manuals written by its inmate participants. Unlike the writings and publications of most prisoner activists, these documents are more widely accepted and acknowledged by general society.

17

Let's Understand the Context

Read about the School to Prison Pipeline on the ACLU website (https://www.aclu.org/feature/school-prison-pipeline):

The "school to prison pipeline,"[is] a disturbing national trend wherein children are funneled out of public schools and into the juvenile and criminal justice systems. Many of these children have learning disabilities or histories of poverty, abuse, or neglect, and would benefit from additional educational and counseling services.

Instead, they are isolated, punished, and pushed out.
“Zero-tolerance” policies criminalize minor infractions of school rules, while cops in schools lead to students being criminalized for behavior that should be handled inside the school. Students of color are especially vulnerable to push-out trends and the discriminatory application of discipline.

Let’s read more about the Poverty to Prison Pipeline from the National Association of Elementary School Principals (http://www.naesp.org/principal-marchapril-2014-poverty/speaking-out-changing-poverty-prison-paradigm):
The Children’s Defense Fund’s 2007 Cradle to Prison Pipeline Report shows that an African American young man has a 1 in 3 chance of spending time in prison during his lifetime; a Hispanic young man has a 1 in 6 chance. A white young man, meanwhile, has a 1 in 17 likelihood of incarceration throughout his lifetime. Black children are three times more likely to be born into poverty than their white counterparts, and four times more likely to be born into extreme poverty where average daily funds are less than $1.25 per day, according to The World Bank. Success becomes more and more unobtainable due to disparate educational opportunities, systemic neglect and abuse, and the difficulty of breaking the cycle of poverty, which unfortunately often results in future incarceration.

Read an excerpt from the “Medical Care” section of Vikki Law’s pamphlet:
One pressing issue for women prisoners is the lack of or poor medical care they receive. While all prisoners face poor medical care, prison administrations often ignore or neglect the particular health care needs of women prisoners...A 1990 study by the American Correctional Institution indicated that six percent of women entered prison while pregnant. Even prison wardens agree that several of the particular needs of pregnant women “have yet to be dealt with in any of the facilities,” including adequate resources to deal with false labors, premature births and miscarriages; lack of maternity clothing; the requirement that pregnant inmates wear belly chains when transported to the hospital; and the lack of a separate area for mother and baby. Pregnant women are also not provided with the proper diets or vitamin supplements, given the opportunity to exercise, or taught breathing and birthing techniques.

6. **In the first poster, what connection is depicted between poverty and health? What connection is depicted between health and prison?**

7. **How do prisons and police play a role in the health of people who are living freely in the world?**

8. **How do prisons and police play a role in the health of people who are locked up in jail?**

9. **What health services and supports do you think should be provided to someone who is in jail?**

10. **What problems specific to women's health does Vikki Law mention?**

Part 3: Developmental Disabilities

Poster about the Independent Living Movement: "Passing the Torch: Independence is You -- Ed Roberts, 1939 - 1995, Father of Independent Living"

Button from the Committee to Free Sharon Kowalski

Let's Understand the Context:

We can read about Ed Roberts on Encyclopedia Britannica (https://www.britannica.com/biography/Ed-Roberts):
Ed Roberts was an American disability rights activist who is considered the founder of the independent-living movement.
Roberts contracted polio at age 14 and was paralyzed from the neck down. Requiring an iron lung or a respirator to breathe, he attended high school in California by telephone before attending in person in his senior year. Early on, Roberts encountered obstacles as a result of his disability. Because he had not completed physical education and driver education courses, his high school refused to let him graduate, but the decision was reversed after his mother petitioned the school board for his diploma. In 1962, after two years of attending a local college, he was accepted to the University of California, Berkeley, but the university, which had been unaware of his disability when he applied, refused to admit him on the grounds that his iron lung would not fit in a dormitory room. Roberts challenged the administration and ultimately was admitted. While at Berkeley, he worked with the university to develop the Physically Disabled Students Program, a program run by and for disabled students to provide wheelchair repair, attendant referral, peer

counseling, and other services that would enable them to live in the community. Roberts earned a bachelor's degree in political science in 1964 and a master's degree in political science two years later.
In 1972 Roberts and other members of the Physically Disabled Students Program came together in Berkeley to found the Center for Independent Living, an advocacy group that fought for changes that would give people with disabilities access to community life. The group's first success was its campaign to persuade the city of Berkeley to install curb cuts, permitting wheelchair access.

We can read about Sharon Kowalski in a New York Times article (http://www.nytimes.com/1991/12/18/us/disabled-woman-s-care-given-to-lesbian-partner.html):
Sharon Kowalski was a woman who was left brain-damaged and quadriplegic after a car accident. Her partner, Karen Thompson, fought for guardianship of Sharon Kowalski; Sharon's parents claimed that their daughter had never told her she was a lesbian. The resulting court case highlighted the issues that gay and lesbian couples face when defending their rights in the face of serious health issues.

11. **What rights to health care do you think that people with developmental issues deserve, whether they face these developmental issues as a result of birth or from an event in their life?**

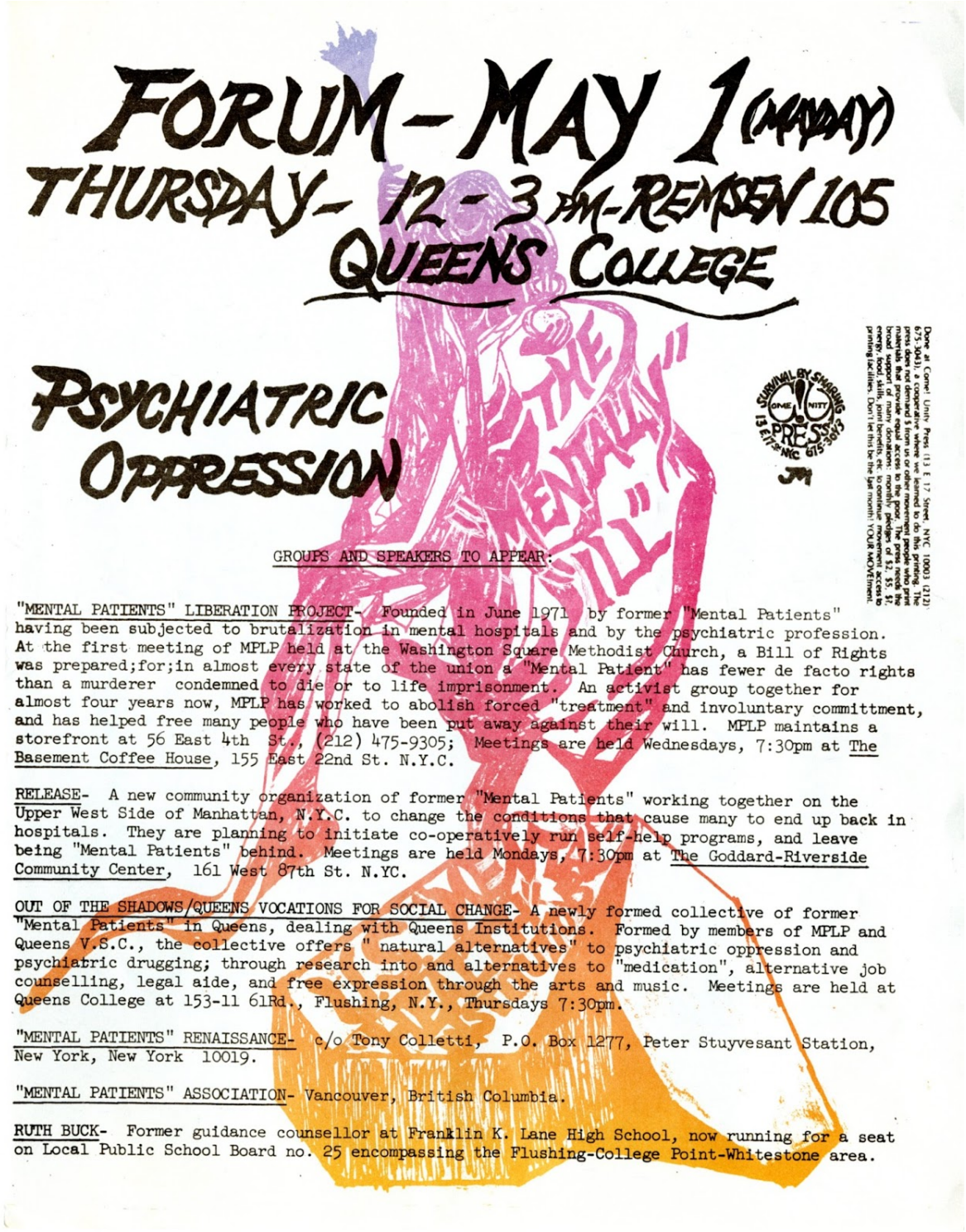
12. **What is accessibility?**

13. **Who do you think should be in charge of taking care of someone with developmental issues?**

14. **What basic rights to health care and accessibility do you think that everyone has, regardless of their physical and mental abilities?**

Part 4: Mental and Psychiatric Health

Flyer: “Forum -- May 1 -- Psychiatric Oppression”



Poster: “To Hell With Their Profits -- Stop Forced Drugging of Psychiatric Inmates”

Let's Understand the Context:

Psychiatry is a profession that studies the treatment of mental illness. It generally involves diagnosis of mental disorders according to lists or manuals of criteria, and treatment through some combination of medicine and/or psychotherapy.

Let’s read some of the text from Item 1, the poster for a forum about psychiatric

oppression, which describes the work of the Mental Patients Liberation Project: Founded in June 1971 by former “Mental Patients” having been subjected to brutalization in mental hospitals and by the psychiatric profession. At the first meeting of MPLP...a Bill of Rights was prepared, for, in almost every state of the union a “Mental Patient” has fewer rights than a murderer condemned to die or to life imprisonment. An activist group together for almost four years, MPLP has worked to abolish forced “treatment” and involuntary commitment and has helped free many people who have been put away against their will.

15. **Whose profits do you think are referred to in Item 2? Who would make a profit from giving drugs to psychiatric inmates?**

16. **What rights do you think a mental patient should have while in care? While out of care?**

17. **What role do you think a community -- friends and family -- can or should play in providing health care for people with mental health issues?**

Part 5: Addiction and Recovery

Links in this part:
Item 1: Newsletter: Lincoln Detox Center: The People’s Drug Program. In The Abolitionist No. 19: Mental Health. March 15, 2013.
https://abolitionistpaper.wordpress.com/2013/03/15/lincoln-detox-center-the-peoples-drug-program/
Item 2: Article: “Let Addiction Recovery Workers Practice Ear Acupuncture." In

Concord Monitor March 8, 2017. https://www.concordmonitor.com/Let-addiction-recovery-workers-practice-ear-acupuncture-8446751

Let's Understand the Context:

We'll read some of the text from Item 1, which is about the People's Drug Program:
In New York, heroin devastated most of Harlem and the South Bronx. Young people utilized heroin very publicly, sniffing heroin at dance halls or in school bathrooms, which led to shooting up intravenously. Because of the relationship the Black Panther Party and the Young Lords had, together we began looking at the heroin epidemic, the general health of our communities and the public health positions of institutions against our communities.

Months later on November 10, 1970, a group of the Young Lords, a South Bronx anti-drug coalition, and members of the Health Revolutionary Unity Movement (a mass organization of health workers) with the support of the Lincoln Collective took over the Nurses' Residence building of Lincoln Hospital and established a drug treatment program called The People's Drug Program, which became known as Lincoln Detox Center.
The police surrounded us and we said we weren't leaving. By day two, the takeover had spread by word of mouth and we had hundreds of people lined up wanting to get treatment for addiction. About a month later, the administration had to come to terms with the fact that we weren't leaving. They had been sitting on the proposal of some monies that had been earmarked for treatment that hadn't been implemented. The money was brought and staff was hired from the very volunteers of the Lincoln Detox program we started.

Now let's read from Item 2, which deals with acupuncture as a tool for addiction recovery:
I am an acupuncturist. I stick tiny needles in people to help them feel better. That might sound strange, but it works. Acupuncture can be a safe, cheap and effective tool to help people in all stages of addiction recovery. It can help soothe the symptoms of withdrawal, reduce cravings, and ease anxiety or trauma that can lead people to use drugs in the first place.

[Bill HB575] would allow people who work in recovery and mental health to get trained and certified to practice ear acupuncture. The protocol is a simple procedure that involves placing five tiny needles in specific points around the outer ear. NADA, or the National Acupuncture Detoxification Association, has trained more than 10,000 health professionals across the country in this practice.
The NADA procedure dates back to the 1970s, when heroin addiction ravaged the South Bronx and people wanted a non-addictive alternative to methadone.

18. **According to Item 1, what was a major problem in the Bronx in the 1970s?**

19. **How did the Young Lords and Black Panthers work together to deal with this problem?**

20. **In Item 2, what does the author suggest as a treatment for mental health and addiction recovery?**

Wrap Up Questions for the Unit

21. **What was most interesting to you?**

22. **What questions do you still have about this topic?**

23. **What would you want to learn more about?**