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by Sal Rodriguez | April 8, 2013

California Governor Jerry Browns bid to end federal control over the state prison systems mental health system was denied in federal court on Friday, April 5, in a sharply worded ruling by U.S. District Judge Lawrence K. Karlton. In the 68-page ruling, Judge Karlton determined that systemic failures persist in the form of inadequate suicide prevention measures, excessive administrative segregation of the mentally ill, lack of timely access to adequate care, insufficient treatment space and access to beds, and unmet staffing needs.

The ruling comes following months of campaigning and litigating by Governor Brown and the California Department of Corrections and Rehabilitation (CDCR) to end federal oversight of the California prison system. Fridays ruling is the latest enforcement of the 1995 case *Coleman v. Wilson*, a federal class action suit filed against then-California Governor Pete Wilson, which resulted in federal oversight over CDCRs mental health and medical treatment that continues under the jurisdiction of Judge Karlton.

An additional federal class action lawsuit, *Plata v. Schwarzenegger* was merged with the *Coleman* lawsuit and in 2009, California was ordered to reduce its prison population to 137% capacity, as it was determined that Constitutionally acceptable medical and mental health delivery was hindered by the beyond-capacity prison population, which was deemed an 8th Amendment violation. California in turn appealed the order to reduce its prison population and in 2011, in *Brown v. Plata*, the US Supreme Court ordered California to reduce its prison population by 30,000 inmates. Governor Brown has an additional appeal of this order before U.S. District Judge Thelton E. Henderson.

Governor Jerry Brown has gone on the record to claim that California has one of the finest prison systems in the United States, and no longer requires federal oversight. In a January 2013 press release, Governor Brown stated: After decades of judicial intervention in our correctional system and the expenditure of billions of taxpayer dollars, the time has come to restore Californias rightful control of its prison system. In February, CDCR announced the completion of a new mental health treatment building at the California Medical Facility, and declared that the facility reinforces CDCRs ongoing commitment to provide a constitutional level of mental health treatment in Californias prisons.

Judge Karltons ruling, however, strongly rebukes these claims by Brown and CDCR, saying based on defendants conduct to date, the court cannot rely on their averments of good faith as a basis for granting termination. There is overwhelming evidence in the record that much of defendants progress to date is due to the pressure of this and other litigation.

A major factor in Judge Karltons ruling was the significant rate of suicides in the California prison system, which has previously been reported to be well above the national prison average.

In summary, for over a decade a disproportionately high number of inmates have committed suicide in Californias prison system describable inadequacies in suicide prevention in the CDCR, Judge Karlton writes,Defendants have a constitutional obligation to take and adequately implement all reasonable steps to remedy those inadequacies. The evidence shows they have not yet done so. In addition, while defendants represent that they have fully implemented their suicide prevention program, they have not. An ongoing constitutional violation therefore remains.

Judge Karlton cited the overuse of solitary confinement, particularly among individuals with severe mental health problems, as a continuing problem in the California prison system. The ruling states that such individuals face substantial risk of serious harm, including exacerbation of mental illness and potential increase in suicide risk.

The State of California argued before the court that they have developed and implemented procedures for placing and retaining inmates with mental health needs in any administrative segregation or security housing unit. Further, the State of California argued that while individuals diagnosed as mentally ill are placed in segregation units, their needs are being appropriately met. Judge Karlton dismisses this claim, stating that this contention is not supported by defendants own experts. He goes on to write that the State of Californias experts describe the environment of administrative segregation as generally non-therapeutic. They recommend that housing inmates with serious mental disorders be as brief as possible and as rare as possible.'

Judge Karlton notes that this does not appear to be the case, and notes that the Californias own experts have commented that these

prisoners should be at the top of the list for receiving transfers to mental health facilities. These issues, until remedied, mean that seriously mentally ill inmates placed in administrative segregation units continued to face a substantial risk of harm, Judge Karlton writes.

The high rate of suicides in Californias segregation units, where most individuals are held in solitary confinement, has been heavily documented by Dr. Raymond Patterson, a court appointed consultant to CDCR.

In a 255-page report filed in March of this year, Dr. Patterson blasted CDCR for its repeated failures to instate any of the suicide prevention measures he has suggested over many years. Dr. Patterson announced in his 14th annual review of prison suicides that was quitting, as it has become apparent that continued repetition of these recommendations would be a further waste of time and effort.

The report reviewed 15 of 32 suicides in 2012.

In brief, the report found that:

Below is a chart presented in the report indicating the date and location of the suicides. Notable is the high number of suicides

2012 CDCR Suicides

January 1, 2012 – June 30, 2012

Table 1 - Demographics

Inmate	Facility	Date of Death	Sex	Method	Ethnicity	Age	HOUSING	LOC	R-SUFFIX	MEDICAL
A	CEN	1/1/2012	M	Hang	Hisp	36	GP-D	NA	N	N
B	CCI	3/18/2012	M	Hang	Cauc	31	SHU-S	NA	N	N
C	SVSP	3/20/2012	M	Hang	Cauc	34	ASU-D	CCCMS	N	N
D	SQ	4/25/2012	M	Hang	Haitian	39	GP-D	NA	N	N
E	WSP	5/12/2012	M	Hang	Cauc	27	ASU-S	CCCMS	N	N
F	DVI	5/12/2012	M	Hang	Cauc	34	RCSPU-S	CCCMS	Y	N
G	PVSP	5/15/2012	M	Hang	Hisp	38	SNY-D	NA	N	N
H	PVSP	5/16/2012	M	Exsang	Hisp	40	GP-D	NA	Y	N
I	FSP	5/21/2012	M	Hang	Cauc	49	GP-D(S)	NA	N	Y
J	SQ	5/27/2012	M	Hang	Cauc	68	Cond-S	CCCMS	Y	Y
K	FSP	5/30/2012	M	Hang	Cauc	35	ASU-S	CCCMS	N	Y
L	MCSP	6/7/2012	M	Hang	AA	38	ASU-S	CCCMS	N	Y
M	RJD	6/11/2012	M	Hang	Hisp	26	SNY-S	EOP	N	Y
N	ASP	6/28/2012	M	Self-Strang	NA	36	ASU-S	CCCMS	N	N
O	RJD	6/29/2012	M	Hang	Cauc	43	ASU-S	EOP	N	N

committed in segregation units.

The 2012 report notes that people in solitary confinement have a 33 times higher likelihood of committing suicide in the California prison system.

On page 16 of the 2012 report, Dr. Patterson writes:

The report of Dr. Patterson on the 34 suicides in the California prison system in 2011 provides a similarly bleak picture.

In brief, the report shows that:

In the report, Dr. Patterson reported that the high rate of inadequacy in assessment, treatment, or intervention is generally consistent with previous years, and remains unacceptably high.

2011 CDCR Suicides
Table 1 - Demographics

Inmate	Facility	Date of Death	Sex	Method	Ethnicity	Age	HOUSING	LOC	R-SUFFI	MEDICAL
A	PVSP	1/1/2011	M	OD	Cauc	48	SNY-D	N/A	N	Y
B	LAC	1/25/2011	M	Hanging	Cauc	36	SNY-S	EOP	N	N
C	CMC	1/30/2011	M	Hanging	Cauc	37	EOP-D	EOP	N	Y
D	HDSP	2/5/2011	M	Hanging	Cauc	20	ASU-D	CCCMS	Y	N
E	CIM	2/5/2011	M	Hanging	Cauc	51	ASU	CCCMS	N	Y
F	CMF	2/15/2011	M	Hanging	Asian	41	EOP-S	EOP	N	N
G	SQ	2/28/2011	M	Hanging	Hisp	21	ASU-S	N/A	N	N
H	SAC	3/25/2011	M	Hanging	Hisp	37	GP-S	EOP	N	N
I	LAC	3/30/2011	M	Hanging	Asian	30	GP-D	EOP	N	N
J	FSP	3/31/2011	M	Hanging	Cauc	25	ASU-S	CCCMS	Y	N
K	PVSP	4/1/2011	M	Hanging	African Amer	33	SNY-D	N/A	N	N
L	CMC	4/18/2011	M	Hanging	Asian	40	ASU-S	N/A	N	N
M	CMC	5/15/2011	M	Hanging	Cauc	39	GP-S	N/A	Y	Y
N	DVI	5/25/2011	M	Hanging	African Amer	18	ASU	CCCMS	N	N
O	ASP	5/30/2011	M	Hanging	Hisp	56	SNY-OHU-S	EOP	Y	N
P	CCI	6/17/2011	M	Hanging	Hisp	23	SHU-S	CCCMS	N	N
Q	LAC	6/30/2011	M	Hanging	African Amer	30	ASU-S	CCCMS	N	N
R	CMF	8/4/2011	M	Hanging	Hisp	34	EOP-S	EOP	N	N
S	CCI	8/8/2011	M	Hanging	African Amer	46	SHU-S	CCCMS	N	Y
T	HDSP	8/19/2011	M	Strangulation	Cauc	50	RC-EOP-S	EOP	N	N
U	PBSP	9/16/2011	M	Hanging	Cauc	30	PSU-S	EOP	Y	N
V	SAC	9/20/2011	M	Hanging	Hisp	28	PSU-S	EOP	N	N
W	DVI	10/6/2011	M	Hanging	Native Amer	39	RC-D	CCCMS	N	N
X	PVSP	10/9/2011	M	Hanging	AA/NA-Cauc	25	GP-D	N/A	N	N
Y	PBSP	10/24/2011	M	Hanging	Hisp	40	ASU-S	CCCMS	N	Y
Z	CAL	11/9/2011	M	Hanging	African Amer	41	ASU-S	N/A	N	N
AA	SQ	11/17/2011	M	Hanging	Cauc	33	COND.-S	N/A	N	N
BB	WSP	11/23/2011	M	Hanging	Hisp	40	RC-SNY-D	N/A	Y	N
CC	SAC	11/26/2011	M	Hanging	Iranian-Hisp	31	EOP-S	EOP	N	N
DD	CTF	12/1/2011	M	Hanging	Cauc	55	SNY-D	CCCMS	N	N
EE	SVSP	12/6/2011	M	Hanging	Hisp	25	ASU-S	N/A	N	N
FF	SVSP	12/17/2011	M	Strangulation	Asian	47	ASU-S	EOP	N	N
GG	CMC	12/31/2011	M	Exsanguination	Hisp	65	EOP-S	EOP	N	Y
HH	SOL	5/2/2011	M	Hanging	Cauc	64	GP-D	CCCMS	N	Y

The report also adds further, and disturbing, details to cases of suicides previously reported by Solitary Watch. Pages 211 to 217 document the case of Armando Cruz, who committed suicide on September 20th, 2011 in California State Prison, Sacramentos Psychiatric Services Unit. Cruz, who was incarcerated at the age of 17 for an attack on a police officer, entered the prison system in 2003 with a highly documented history of schizophrenia. Cruz was repeatedly placed in isolation units for behaviors that were largely committed during hallucinations and bouts of psychosis over the course of eight years. Cruz repeatedly engaged in self-harm, including self-strangulation and self-castration, yet was determined to have a low chance of suicide.

Solitary Watch obtained Cruzs CDCR documents in late 2012. Documentation of Cruzs final months, however, were missing from the documents CDCR sent. In April and May, Cruz was noted in the documents to have invented an imaginary family living with him in his isolation cell; he was also noted to have been placed on suicide watch between April 29th, 2011 until May 10th, 2011. Documentation available to Solitary Watch runs out after July. Though the Patterson report fills in this gap and reports previously unknown information:

However, at the end of August 2011, he head-butted and pushed a correctional officer during escort. Subsequently, the inmate received an RVR, a mental health assessment, and was seen by a psychiatrist and by his primary clinician. The last mental health contact was by the primary clinician on 9/09/11. However, according to the suicide report, the inmate did not see a clinician as per guidelines the following week because his primary clinician was away from the institution and there was an emergency absence by the backup clinician. The inmate committed suicide on 9/20/11.

The Patterson report states that when Cruz was found hanging in his cell, he was not given CPR for ten minutes following his discovery, a violation of the prisons own policy.

The report also sheds light on the final day of Alex Machado, who was incarcerated at Pelican Bay State Prisons Administrative Segregation Unit. Pages 228 to 237 discuss his suicide. Dr. Patterson found that Machados death appears to have been both foreseeable and preventable. The inmate quite clearly had a history of suicidal ideation and at least one suicide attempt. He was noted to have been decompensating, particularly during the month of October 2011 and especially in the 24 hours prior to his death.

Dr. Patterson also describes the extent to which Machado had been agitated on his final day:

During the early afternoon at 12:05 p.m., the psych tech checked the inmates blood pressure at his request and the inmate said that he would take a PRN medication if it would help.The inmate was again reported as having chest pains at 11:40 p.m. and 11:50 p.m. The log book indicated that the RN was on the unit to see the inmate and the inmate seems very confused. The inmate was returned to his cell at 12:15 a.m. Welfare checks were completed between 12:05 a.m. and 12:15 a.m., and again at 12:45 a.m., when the inmate was discovered hanging in his cell.

Fridays ruling might force CDCR to undertake more serious efforts to preventing more people in their custody from taking their own lives.

Sal Rodriguez was Solitary Watchs first and most prolific intern. Based in Los Angeles, he served as an editorial writer and columnist for the Orange County Register and the Press-Enterprise, and is now the opinion editor for the Southern California News Group.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by Juan Moreno Haines

October 25, 2022

by Solitary Watch Guest Author

October 13, 2022

by Vaidya Gullapalli

September 29, 2022

Solitary Watch encouragescomments and welcomes a range of ideas, opinions, debates, and respectful disagreement. We do not allow name-calling, bullying, cursing, or personal attacks of any kind. Any embedded links should be to information relevant to the conversation. Commentsthat violate these guidelines will be removed, and repeat offenders will be blocked. Thank you for your cooperation.

This is wrong. Too many in California are in the Shu and thousands have excessive sentences. I say we need the Feds and June 26 2015 ruling on Federal three strikes law needs to be implemented in California. Please sign my petition to help my son locked up in California. http://change.org/p/jerry-brown-reduce-my-son-s-sentence

Who are the 4 mental health experts that the state hired that reported the mental health care was adequate?

Our nation has been juggling the insane from one type of institution to another for at least one hundred and forty years. The nation was still reeling from the civil war when the Long Depression, previously known as the Great Depression, struck in 1873 and lasted until 1896.

During this period of time our nation had experienced a burst of immigration from Europe, a loss of jobs, and the associated stress levels of this tumultuous change in American society created an intensifying frequency of mental illness. Thus the nation saw a considerable

growth in state-sponsored treatment of the mentally ill and a rise in asylum building. This building boom also coincided with the building of juvenile and adult correctional facilities.

You could say that this was the stimulus package of the 1890s as small towns across the nation sought to have their towns receive such institutions for the jobs and funds they generated.

Religious and civic minded people with good intentions naively fought for these institutions. After the buildings were built the funding waned and the abuse of the mentally ill, the orphan, the vagrant, and yes criminals became wide spread in these hidden American Horror Asylums, juvenile houses of refuge, and penal institutions.

For the wider public at large the benefits were that finally these poor souls were out of sight meant out of mind. But for those in the institutions there was a cruel reality.
Edward Bunker wrote about his experience in one such CA hospital during the 50s in his memoir, Education of A Felon:

Page 20-22:

Pacific Colony was primarily for the mentally retarded, but they took some ninety-day observation cases from the youth authorities. Its one locked ward was the most brutal place Ive ever beenMost of my time was spent in the dayroom sitting on the benchesWe sat in silence with our arms folded. Any whispering and an attendantmight knock you off to the floorFor entertainment, the attendants staged fights between patients
.
One favored punishment was pulling the block. The block was a slab of concreteWrapped in layers of an old wool blanketThe blanket-wrapped block was pulled up and down the hall twelve hours a day
.
The most brutal punishment was hanging someone by the handsThe miscreant wasnt actually lifted off the floor, but he had top stand on the balls of his feet or let the weight fall on his arms and wrists. After ten minutes it was torture. In fifteen the victim was usually screaming. The attendants preferred old fashioned beatings.
Bunker then goes on to explain in great detail the physical attack on him by staff members that nearly killed him.

The Jabber came in with the shivering energy of a badger. Without a word, he punched me in the face with both hands, short punches from someone accustomed to using his fists.He rocked on the balls of his feet, hands up, leering; Ill teach you to yell, you little scumbag.

I knew fighting back might get me killed.

They could get away with anything. Id seen brutalities that would never happen in reform school, or even a prison for that matter.This was a hospital. We were patients being cared for.

The Jabber left after that. I pulled the cot away from the wall and began to straighten the blankets

My door opened again. The Jabber stood there,behind him were a big redheaded attendant and a patient.

This time I punched first.The redheaded attendant got an arm around my neck from the rear and pulled me back.

As the redheaded chocked me, the patient goon lifted my feet off the ground. Someone got on the bed and jumped down on my stomach. Someone else smashed a fist into my face six or seven times.

When they left I could barely breathe

At midnight, when the shift changed, my door opened again and two graveyard-shift attendants came in. the smell of liquor was on his breathI managed to rise. He knocked me down and kicked meIn his drunken rage he might have kicked me to death if the other attendant had not finally restrained him: Knock it off Fields. Youll kill him. Hes just a kid.

After I was certified as sane they returned me to reform school. Preston School of Industry.

In case there is still some doubt:

In California Rising: The Life and Times of Pat Brown, Ethan Rarick writes about the role Brown the Elder, then attorney general of California, played half a century ago in discovering the severe mistreatment of mentally ill patients in state hospitals:
For three months Department of Justice investigators burrowed their way into the states mental hospital in Modesto. They found horror stories. Patients, it was said, had their arms twisted until the bones broke. They were beaten with rubber plungers or forced to drink from toilet bowls. The hair was ripped from their scalps. And if there was little humanity, there was less treatment: few patients received adequate psychiatric care, record keeping was slipshod, doctors shirked their duties
There is little doubt that Brown would have been concerned about conditions in the hospital But he also admitted years later that, influenced by his own ambitions, he worked to his own advantage.

And so does his son today along with many others.

The Governor is a total idiot on this issue He should be ashamed of himself

Californias Prison Population is 38 percent Latino, 27 percent, white, and 29 percent African American which leaves 6% other.

Yet the 2011 suicides are 37% white (of 27%), 30% Hispanic (of 38%), 18% other (of 6%) and 15% African American (of 29% of the total population).

Why do you think this is?

I have my own opinion and it is not genetics.

I like your statistic on ratio and suicide. Where did these come from? Please sign my petition https://change.org/p/jerry-brown-reduce-my-son-s-sentence

http://www.cdcr.ca.gov/Reports_Research/Offender_Information_Services_Branch/Annual/CensusArchive.html

The CDCR stats on Demographics will vary slightly by census date of course. Select a year and scan down until you hit the correct table.

The report in the article gives the suicide stats if I remember right. Its been two years.

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