


ARTICLE

The Fire Inside: Women Protesting AIDS in Prison since 1980

Emma Day 

In the late twentieth century, the American prison system expanded in ways that denied women, and especially working-class and women of color, adequate medical care with regard to HIV-AIDS and their reproductive, chronic, and other illnesses. The experience of living within a racist, misogynistic, and privatized prison system shaped women's organizing on the inside, inspiring forms of mutual aid among prisoners and compelling the formation of inside-outside alliances. Activists not only addressed HIV-AIDS, but also the absence of all the healthcare that incarcerated women failed to receive. Their efforts highlight the systemic and cyclical problems diverse groups of women have faced within the HIV-AIDS epidemic in the United States, as well as women's interpersonal, organizational, and legal efforts to overcome them.

In 1984, Katrina Haslip, a Black Muslim woman from Niagara Falls, New York, received a five-and-a-half-year sentence for pickpocketing.¹ Authorities originally placed Haslip in the New York Albion Correctional Facility and later moved her approximately 300 miles away to the Bedford Hills Correctional Facility in Westchester County, New York.² Prior to incarceration, Haslip suffered from repeated vaginal yeast infections—infections thought to be AIDS-related, but not included in the U.S. Centers for Disease Control and Prevention (CDC)'s official definition of AIDS at that time. But in 1987, doctors at Bedford Hills found antibodies to the virus in her blood and confirmed she was HIV-positive. After learning of her status, prison guards isolated Haslip along with other women known to have HIV at the facility. Her experience was not unique. Prison staff across the country frequently stigmatized and segregated people in prison found to have HIV.³ Her response to mistreatment was not unique either. Like other women, the shock and horror of inhumane prison conditions led her to protest in prison and beyond. As a Black Muslim woman, her efforts to connect with other women inside continued a long history of Muslim advocacy work in prison, just as

I would like to thank the editors, the anonymous reviewers, and editorial team at *Modern American History* for their comments and suggestions. I am also grateful to Mara Keire, Stephen Tuck, Jonathan Bell, and Gareth Davies who provided detailed feedback on earlier versions of this work, as well as Stephen Colbrook, Salonee Bhaman, and the participants of BAAS 2021. Funding from the British Arts and Humanities Research Council (AH/L503885/1), the Rothermere American Institute, Pembroke College, Oxford, the Oxford History Faculty, and Santander supported the research and preparation of this article.

¹The category of “women” applies to both cisgender and transgender women. In this article, I use the term “women” as inclusive of cis, trans, and gender nonconforming people living in women’s prisons. Authorities also held transgender women in men’s facilities, but a study of their experiences goes beyond the scope of this article. Where known, I have also noted the women’s racial, religious, and other identities to highlight the intersectional dimensions of the HIV-AIDS activism of people in women’s prisons and their allies.

²Mireya Navarro, “An AIDS Activist Who Helped Women Get Help Earlier,” *New York Times*, Nov. 15, 1992, E9.

³Sandra G. Boodman, “HIV in Prison: Is Isolation Cruel or Prudent? Alabama Sued over Testing, Segregating Those with AIDS Virus,” *Washington Post*, Apr. 29, 1989, A1.

© The Author(s), 2022. Published by Cambridge University Press

her efforts to educate other women about the virus reflected the leading role Black women have played in addressing HIV-AIDS since the 1980s.⁴

As the shared experiences of Haslip and many other women illustrate, cases of HIV existed in women's prisons from the 1980s onward, but the political and public health response to HIV-AIDS inside largely paralleled the public response to the epidemic in society at large in that it focused predominantly on male as opposed to female incarcerated persons. As in other arenas of the HIV-AIDS epidemic in the U.S., prison officials and public health agencies often ignored women's specific healthcare needs, leaving prisoners to fill the gap left by a lack of institutional recognition and support. The dearth of focus on HIV in women's prisons is especially notable given that from the mid-1980s onward, studies repeatedly found that—owing to the convergence of such factors as trauma, poverty, physical and psychological abuse, drug use, racism, and sex exchange—rates of infection among women in prison often matched and surpassed those among men.⁵

Women who organized in response to these conditions did not physically rebel in the manner more commonly associated with prison protest. Many may have struggled to do so given their health complications. Instead, they started small prison support groups at their facilities with the aim of providing critical education about HIV-AIDS. While Sara Evans has noted that by the 1980s the consciousness-raising meetings of the 1960s and 1970s had largely ended, women's prison support groups, similar to other women of color-led AIDS initiatives, continued the feminist practice of women listening to, educating, and supporting one another, prominent in the earlier decades of the women's movements.⁶ Moreover, the women also continued the long tradition of people in women's prisons agitating—as scholars such as Victoria Law and Emily Thuma have shown—sometimes violently, for change.⁷ Other institutions across the country replicated the support group that the women of Bedford Hills started in 1987, often marking the beginning of women's collective action against HIV-AIDS inside.

⁴Dawn-Marie Gibson, *The Nation of Islam, Louis Farrakhan, and the Men Who Follow Him* (New York, 2016); Jennifer Nelson, *More than Medicine: A History of the Feminist Healthcare Movement* (New York, 2015); Jennifer Brier, "I'm Still Surviving": Oral Histories of Women Living with HIV/AIDS in Chicago," *The Oral History Review* 45, no. 1 (2018): 68–83; Celeste Watkins-Hayes, *Remaking a Life: How Women Living with HIV/AIDS Confront Inequality* (Oakland, CA, 2019); Dan Royles, *To Make The Wounded Whole: The African American Struggle Against HIV/AIDS* (Chapel Hill, NC, 2020).

⁵Perry F. Smith, et al., "HIV Infection among Women Entering the New York State Correctional System," *American Journal of Public Health* 81, Suppl. (May 1991): 35–40, here 35, <https://doi.org/10.2105/AJPH.81.Suppl.35> (accessed Aug. 2021); Allen Beck et al., "Survey of State Prison Inmates, 1991," U.S. Department of Justice: Bureau of Justice Statistics, 1–36, here 25, <https://bjs.ojp.gov/content/pub/pdf/SOSPI91.PDF> (accessed Dec. 2021); Anne S. De Groot, "Alarming Statistics about Incarcerated Women," *Positively Aware: The Journal of Test Positive Aware Network* (Jul.–Aug. 2001): 19–21, here 19, box 8, folder 247, Judy Greenspan Papers, The Lesbian, Gay, Bisexual & Transgender Community Center Archive, Manhattan, New York [hereafter JGP]; and Akilah Wise, "In Prison, Women are 9 Times More Likely to be HIV-Positive," *The Nation*, Nov. 24, 2017, <https://www.thenation.com/article/in-prison-women-are-9-times-more-likely-to-be-hiv-positive/> (accessed Aug. 2021).

⁶Sara M. Evans, *Tidal Wave: How Women Changed America at Century's End* (New York, 2003), 188–9; Nelson, *More Than Medicine*, 202; Royles, *To Make the Wounded Whole*, 198, 200, 205, 214.

⁷Victoria Law, *Resistance Behind Bars: The Struggles of Incarcerated Women* (Oakland, CA, 2009); Emily L. Thuma, *All Our Trials: Prisons, Policing, and the Feminist Fight to End Violence* (Urbana, IL, 2019). Throughout the twentieth century, as the objective of punishment for women transitioned from reformation to incapacitation, people in women's prisons organized in multiple ways to protest the inhumane living conditions and abusive treatment they routinely suffered at the hands of prison staff and other state agents—instigating strikes, sit-ins, work-stoppages, study groups, and other activities. For more on the history of women prisoners' political resistance, see Karlene Faith, *Unruly Women: The Politics of Confinement and Resistance* (Vancouver, 1993); Angela Davis, *Are Prisons Obsolete?* (New York, 2003), 60–83; Juanita Diaz-Cotto, *Chicana Lives and Criminal Justice: Voices from El Barrio* (Austin, TX, 2006); and Scott W. Stern, *The Trials of Nina McCall: Sex, Surveillance, and the Decades-Long Government Plan to Imprison "Promiscuous" Women* (Boston, 2019).

In October 1990, about 2,500 miles west of Bedford Hills, the largest prison for women in the country opened in Chowchilla, California. There, at the Central California Women's Facility (CCWF), a small group of women's efforts to educate one another about HIV-AIDS culminated in a class action lawsuit against the state of California. Prison authorities frequently denied women at CCWF adequate medical treatment, prompting the women to seek outside support for their efforts to improve the provision of healthcare at the facility. Prison guards routinely worked to suppress the women's efforts: blocking their communication with outside organizations; confiscating their educational materials; placing those deemed to have broken prison rules in the Special Housing Unit (SHU), also known as solitary confinement; and threatening to remove their parole.⁸ As Twillah Wallace, a Black HIV-positive woman incarcerated at CCWF, explained, "Some women want to write but are afraid of the punishment they may receive."⁹ The women persevered despite these restrictions, successfully initiating contact with external activists, lawyers, and advocates. The action the women took to improve the conditions of their confinement culminated in a lawsuit against the state of California in 1995. The case, *Shumate v. Wilson*, used the denial of women's multiple healthcare needs to challenge the inhumanity of California's prisons at the turn of the twenty-first century. Although the state of California agreed to improve the healthcare offered in its prisons in a settlement reached with the plaintiffs in 1997, women's fight for humane treatment and care has persisted into the twenty-first century and continues today.¹⁰

The field-defining work of scholars such as Michelle Alexander and Elizabeth Hinton has outlined how the ideological commitment to "tough on crime" politics since the 1960s—in which politicians used punishment to deal with social issues—resulted in the United States incarcerating a greater proportion of its citizens than any other country in the world. Criminal justice scholars have also highlighted the racial disparities of the law enforcement strategies that constituted the federal "war on drugs," as well as the intersections among systemic violence against women and the expansion of what Beth E. Richie has termed "America's prison nation."¹¹ The work of feminist criminal justice scholars such as Richie, as well as Angela Davis, Victoria Law, and others, has in turn prompted attention toward women's incarceration.¹² Despite this shift, accounts of women protesting AIDS in prison often received less public attention than how male prisoners, prison authorities, and policy makers responded to the epidemic in men's prisons. As the field of carceral studies and histories of

⁸Coalition to Support Women Prisoners at Chowchilla (CSWPC), "Chowchilla Prison: A Medical Hellhole. California pays prison guards \$56,000 a year instead of hiring qualified medical personnel," Leaflet, 1–5, here 5, undated; CCWF Medical Interviews, "AIDS/HIV Care with Joann Walker and Brenda Lee Ivy," undated, 1–2, here 1, box 5, folder 179, JGP; Paul Collins to Brenda Lee Ivy, Aug. 2, 1993; Judy Greenspan to Joann Walker, July 1, 1993, box 5, folder 181, JGP.

⁹Twillah Wallace to Barbara Lee, undated, box 5, folder 179, JGP.

¹⁰For example, since 2019, women incarcerated at CCWF have faced isolation and unsafe living conditions in the wake of the COVID-19 pandemic. Ko Bragg and Kate Sosin, "503: Inside the COVID unit at the world's largest women's prison," *The 19th*, Oct. 11, 2020, <https://19thnews.org/2020/10/503-inside-the-covid-unit-at-the-worlds-largest-womens-prison/> (accessed Dec. 2021).

¹¹Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York, 2010); Elizabeth Hinton, *From the War on Poverty to the War on Crime* (Cambridge, MA, 2016); Beth E. Richie, *Arrested Justice: Black Women, Violence, and America's Prison Nation* (New York, 2012). See also Heather Ann Thompson, "Why Mass Incarceration Matters: Rethinking Crisis, Decline, and Transformation in Postwar American History," *Journal of American History* 97, no. 3 (Dec. 2010): 703–34; Naomi Murakawa, *The First Civil Right: How Liberals Built Prison America* (Oxford, UK, 2014); and #SayHerName, The African American Policy Forum, <https://www.aapf.org/sayhername> (accessed August 2021).

¹²Angela Davis and Cassandra Shaylor, "Race, Gender, and the Prison Industrial Complex: California and Beyond," *Meridians* 2, no. 1 (2001): 1–25; Law, *Resistance Behind Bars*. See also Silja A. Talvi, *Women Behind Bars: The Crisis of Women in the U.S. Prison System* (Seattle, 2007); and Kali N. Gross, "African American Women, Mass Incarceration, and the Politics of Protection," *Journal of American History* 102, no. 1 (June 2015): 25–33.

the AIDS epidemic continue to expand, there is a danger that the contemporary focus on men is recapitulated in the historiography.¹³

Centering women expands the chronology and scope of the history of HIV-AIDS. In the 1980s and early 1990s, the CDC based the diagnosis of AIDS on how HIV manifested in men. Following powerful campaigns by women activists and their allies, the CDC only officially recognized certain women-specific symptoms of HIV, such as the vaginal yeast infection, candidiasis, and cervical cancer as AIDS, in 1993.¹⁴ From the mid-1990s onward, as the recognition that women could contract HIV and develop AIDS grew, many women struggled to access newly available medicines to treat the virus. Spaces with a particularly high prevalence of HIV and particularly low access to medicines—such as women’s prisons—became central arenas of activism against the ongoing epidemic. Tracing the battle between women prisoners seeking access to life-saving treatment and the correctional systems of New York and California brings the history of the U.S. epidemic into conversation with the gendered and sexual dynamics of the carceral state.¹⁵

Specifically, women’s struggle to access treatment in prison reveals the combined racialized, misogynistic, and privatized parameters of the modern carceral state, which disproportionately harms women living at the intersection of multiple forms of discrimination, especially along the lines of race, class, gender, sexuality, health, and disability. In failing to adequately prepare to deal with the reproductive and chronic illnesses that are common in women, the carceral state became an example of what Kate Manne argued happens when “institutions and other social environments” are “differentially forbidding ... or hostile toward women.”¹⁶ Moreover, the poor healthcare inside women’s prisons serves as an example of what Moya Bailey has termed “misogynoir” in practice—the anti-Black misogyny that renders Black women uniquely vulnerable to medical abuse.¹⁷ Women living with HIV-AIDS and other illnesses in prison had a distinct set of needs, for which the expanding criminal justice system proved not only ill-prepared, but unwilling to address. Many prisons assumed a healthy young male, not a woman with reproductive and chronic illnesses, as its model prisoner and implemented a healthcare system in which inmates received care only when they requested it.¹⁸ Making women’s ability to access regular care dependent on the responsiveness of mostly male prison guards continued the long history of those in positions of authority denying the pain of women—especially women of color.¹⁹

¹³In the epilogue to their study of sexuality in prison, historian Regina Kunzel explained that studies and reporting on AIDS in prison in the 1980s “nearly uniformly focused on men.” Male prisoners, many of whom were working-class and/or men of color, also failed to receive adequate HIV-AIDS prevention and care. Regina Kunzel, *Criminal Intimacy: Prison and the Uneven History of Modern American Sexuality* (Chicago, 2008), 228–9, 235.

¹⁴For more on activists’ campaign to broaden the CDC’s AIDS definition, see Steven Epstein, *Impure Science: AIDS, Activism, and the Politics of Knowledge* (Berkeley, CA, 1996), 287–90; Jennifer Brier, *Infectious Ideas: U.S. Political Responses to the AIDS Crisis* (Chapel Hill, NC, 2009), 171–9; Alexis Shotwell, “‘Women Don’t Get AIDS, They Just Die from It’: Memory, Classification, and the Campaign to Change the Definition of AIDS,” *Hypatia* 29, no. 2 (Spring 2014): 509–25; Tamar W. Carroll, *Mobilizing New York: AIDS, Antipoverty, and Feminist Activism* (Chapel Hill, NC, 2015), 131–5; and Jonathan Bell, “Rethinking the ‘Straight State’: Welfare Politics, Health Care, and Public Policy in the Shadow of AIDS,” *Journal of American History* 104, no. 4 (Mar. 2018): 931–52, here 947.

¹⁵Legal Services for Prisoners with Children, “Protecting Basic Human Rights,” Vol. No. II, Spring 1997, 1, box 2, folder: Newsletters/Publications, Nancy E. Stoller Papers Concerning Prison Inmate Health, University of California San Francisco Archives, San Francisco, CA [hereafter Stoller Papers].

¹⁶Kate Manne, *Down Girl: The Logic of Misogyny* (New York, 2018), 21.

¹⁷Moya Bailey, *Misogynoir Transformed: Black Women’s Digital Resistance* (New York, 2021), 1.

¹⁸Nina Siegal, “Dying Behind Bars: Women in California Prisons Are Facing Death Sentences for Lack of Basic Health Care. A Special Investigation by Nina Siegal,” *San Francisco Bay Guardian*, Feb. 5, 1997, 17, box 8, folder: Shumate healthcare access report, Stoller Papers.

¹⁹Harriet Washington, *Medical Apartheid: The Dark History of the Medical Experimentation on Black Americans from Colonial Times to the Present* (New York, 2008), 65; Deidre Cooper Owens, *Medical Bondage: Race, Gender, and the Origins of American Gynecology* (Athens, GA, 2017), 3.

Dovetailing with the dismantling of the welfare state and privatization of healthcare in the late twentieth century, this system cost less than providing continuous, and not only emergency, care for long-term, chronic conditions.²⁰ Women whom the state did not deem important enough to spend money on—and who, due to social and economic inequality linked to racism and discrimination, already experienced disproportionately high rates of diseases such as HIV-AIDS—therefore suffered from a lack of financial support.

The experience of living within a racist, misogynistic, and privatized prison system shaped the ways in which women organized on the inside, inspiring forms of mutual aid between prisoners and compelling the formation of inside–outside alliances. Their organizing well illustrates Juanita Diaz-Cotto’s assessment of the variety and power of women prisoners’ political resistance.²¹ As people in women’s prisons experienced abhorrent medical conditions akin to those at Bedford Hills and CCWF across the country, the HIV-AIDS activism of women at those facilities is notable for combining less obviously disruptive acts, such as peer education, with traditional examples of political activism, such as initiating litigation. Their actions thereby open avenues to explore the ways in which different activist strategies work and why. Much of what the women achieved in advocating for themselves came from their ability to build supportive alliances across the lines of race, class, sexuality, and health difference with others in prison and, as in the case of CCWF, with external advocates with greater means to take up their cause. Equally, the inability of the women at CCWF to fundamentally improve the delivery of care at women’s facilities spoke to the challenge of taking on California’s prison system amid the bipartisan commitment to using prison expansion to “fix” social issues in the late twentieth century.²²

Finally, women’s fight for decent healthcare in prison complicates the historical understanding of the medical progress taking place in response to HIV-AIDS in society at large. Women, especially working-class and women of color both within and beyond prison, faced several obstacles to accessing available medicine following the ground-breaking introduction of protease inhibitors in 1996 that facilitated the experiential shift from dying of AIDS to living with HIV. From the mid-1990s onward, women continued to fight to access care within a changed treatment environment, prompting historians to extend the chronology of the story of the HIV-AIDS crisis beyond this landmark medical development.²³ Their experiences in turn challenge historians more broadly to resist neat endings following scientific discoveries. Chronicling women prisoners’ struggle against HIV-AIDS from the 1980s into the twenty-first century subverts such easy closure.

Inside Prison Walls

The outbreak of AIDS in the United States in the early 1980s made urgent the question of how to contain HIV within prisons. The steps taken to address the issue of AIDS in prison in the 1980s and 1990s varied according to state and facility. Some prisons took the public health

²⁰Jennifer Klein, “The Business of Health Security: Employee Health Benefits, Commercial Insurers, and the Reconstruction of Welfare Capitalism, 1945–1960,” *International Labor and Working-Class History* 58, no. 58 (Oct. 2000): 293–313; Marisa Chappell, *The War on Welfare: Family, Poverty, and Politics in Modern America* (Philadelphia, 2010).

²¹Diaz-Cotto, *Chicana Lives*, 266; Law, *Resistance Behind Bars*, 1–17.

²²Ruth Wilson Gilmore, *Golden Gulag: Prisons, Surplus, Crisis, and Opposition in Globalizing California* (Berkeley, CA, 2006).

²³Many histories of the U.S. AIDS epidemic focus predominantly on the 1980s and 1990s. For instance, see Brier, *Infectious Ideas*; Deborah Gould, *Moving Politics: Emotion and ACT UP’s Fight Against AIDS* (Chicago, 2009); Anthony M. Petro, *After the Wrath of God: AIDS, Sexuality, and American Religion* (New York, 2015); David France, *How to Survive a Plague: The Inside Story of How Citizens and Science Tamed AIDS* (New York, 2016); and Richard A. McKay, *Patient Zero and the Making of the AIDS Epidemic* (Chicago, 2017).

community's advice and made available condoms, drugs, and cleansing solution to sanitize hypodermic needles. Others refused, believing that such measures condoned homosexual activity and drug use. Instead, they tested and segregated HIV-positive prisoners, arguing that isolation protected not only uninfected incarcerated persons but HIV-positive prisoners themselves.²⁴

Following the U.S. Food and Drug Administration (FDA)'s approval of the antiretroviral drug zidovudine (AZT) in 1987, the introduction of combinations of three antiretroviral agents (also known as antiretroviral therapy or ART) in 1996 that suppress a person's viral load and improves immune function dramatically lengthened the lives of many people living with HIV.²⁵ The approval of these medicines shifted the meaning of HIV from a lethal virus to a chronic, manageable condition with the three-drug combination therapy. Taking a combination of two drugs, or one drug alone, may result in drug resistance and possibly death.²⁶ As new treatment options became available, the increased cost of distributing more effective antiretroviral medication informed how correctional authorities responded to the existence of HIV-AIDS in prison.

Prison authorities varied in their approaches to dealing with AIDS because of the costly treatment. Jan Diamond, a physician at the California Medical Facility at Vacaville State Prison, explained how the introduction of AZT in 1987 changed prison authorities' priorities over testing. The California legislature initially pushed to introduce mandatory testing of prisoners and quarantine those who tested positive to allegedly curb transmission. However, when "AZT became accepted therapy for treating asymptomatics, they quickly figured out how much it would cost to really know who had the virus and they dropped their push."²⁷ According to journalist Matthew Purdy, as the annual expense of treating an HIV-positive incarcerated person rose from approximately \$2,000 in the 1980s to approximately \$13,000 in the 1990s with the development of ART, "Drugs are not being widely prescribed in some prisons even though doctors acknowledge that it is unethical not to."²⁸ States willing to spend more money to address AIDS did not necessarily take a more progressive approach. Instead, as former incarcerated person John Zeh noted, less funding often resulted in fairer treatment in terms of "reduced mass testing, less segregation, and ... the early release for" people with AIDS "requiring costly long-term care."²⁹ The high cost of treating HIV drove other, more progressive prison officials, such as William Hall, the correctional assistant director for health services in Washington, DC, to distribute condoms and clean needles for the sake of preventing the spread of the virus among incarcerated persons.³⁰

²⁴Thomas Ferrick Jr. and Michael B. Coakley, "City Says No to Condoms for Inmates," *Philadelphia Inquirer*, Aug. 23, 1988, 1A; Charles W. Colson, "Condoms: No Way to Control AIDS in Prison," *Washington Post*, Jun. 26, 1991, A18; Matthew Purdy, "As AIDS Increases Behind Bars, Costs Dim Promise of New Drugs," *New York Times*, May 26, 1997, 1–2; Memorandum from Otis R. Bowen to Beryl W. Sprinkel, Chairman, Council of Economic Advisors from the Secretary, "Assessing the Benefits of Testing for AIDS," Jul. 20, 1987, 1–2, box 11, folder 2, Beryl W. Sprinkel Files, Ronald Reagan Presidential Library, Simi Valley, CA. For more on HIV testing in prisons, see Kunzel, *Criminal Intimacy*, 230–2.

²⁵Brier, *Infectious Ideas*, 158; Brian G Williams et al., "Modelling the Impact of Antiretroviral Therapy on the Epidemic of HIV," *Current HIV Research* 9, no. 6 (Sep. 2011): 367–82, here 367.

²⁶Anne-Marie Cusac, "The Judge Gave Me Three Years. He Didn't Sentence Me to Death': Prisoners with HIV Deprived of Proper Care," *The Progressive*, July 2000, reprinted in *Prison Nation: The Warehousing of America's Poor*, ed. Paul Wright and Tara Herivel (New York, 2003), 195.

²⁷Albert R. Jonsen and Jeff Striker, eds., *The Social Impact of AIDS in the United States* (Washington DC, 1993), 182.

²⁸Purdy, "As AIDS Increases Behind Bars," 1.

²⁹John Zeh, "The Agony of AIDS Inside and Out," *Studies on the New Left* XIV, nos. 1 & 2, (Spring–Summer 1989): 146–52, here 151.

³⁰Amy Goldstein, "AIDS Plan Creates Prison Paradox: Issues Collide in D.C. Proposal to Distribute Condoms to Inmates," *Washington Post*, May 19, 1992, D6.

While Hall recognized the financial and medical efficacy of providing condoms as HIV prevention in male prisons, few acknowledged the need to take comparable steps to prevent woman-to-woman transmission of HIV in women's prisons, either through education or supplying prophylactics such as condoms (for sex during conjugal visits, dildos, or use as dental dams). While the onset of HIV-AIDS led some prison authorities to more closely police women's physical contact, the lack of concern about the sexual transmission of HIV among women prisoners perpetuated the "myth of lesbian immunity" that assumed that women could not contract or transmit HIV to each other.³¹ Aware of the prevalence of same-sex activity in women's prison and the possibility of woman-to-woman transmission through blood or vaginal fluids, Felicia Davidson, a program coordinator at the Women's Project in Little Rock, Arkansas, advised women to use bread sacks, cookie wrap paper, "any kind of barrier to keep from sharing fluids," as "some protection is better than none."³² In November 1992, one lesbian prisoner at the New York Albion Correctional Facility wrote to the Lesbian AIDS Project (LAP)—a New York-based organization that fought primarily for the needs of lesbians with HIV-AIDS—explaining that prison officials dismissed the possibility of woman-to-woman HIV transmission.³³ The incarcerated person asked LAP to "please send me everything you have for gay women and HIV" due to the lack of resources on the disease available to women at her facility.³⁴

The scaling up of the carceral state from the mid-twentieth century onward failed to prepare for women's needs. The slowness on the part of prison authorities to respond to women's reproductive and chronic illnesses resulted in part from the fact that the prison system catered to the needs of the predominantly male prisoner population. The lack of maternity and gynecological care available to women in prison posed a particular danger for women living with HIV-AIDS at high risk for cervical cancer and other reproductive health complications.³⁵ Prison authorities often treated women as an afterthought in terms of the time, money, and resources spent on HIV-AIDS.

Most prison systems employed medical protocols and allocated healthcare resources using a healthy, young male as its model prisoner. Dr. Corey Weinstein, former Chair of the Jail and Prison Health Committee and member of the Governing Council of the American Public Health Association, explained that the military developed the "sick call" system, in which prisoners only received care when they requested it, because in the military, "Most of the people are healthier than the norm."³⁶ This system failed women at risk from and living with health complications and chronic illnesses needing regular care.

This military-style model that Weinstein described required women with health problems to visit sick call and persuade a prison guard with minimal medical training, who the CA Department of Corrections renamed Medical Technician Assistants (MTAs), that the problem warranted a doctor's attention.³⁷ The MTAs therefore served as the gatekeepers to receiving proper care. Making women's ability to secure regular treatment dependent on the whim of individual prison guards, who repeatedly failed to take their health complaints seriously,

³¹Kunzel, *Criminal Intimacy*, 234; Laurie Fitzpatrick, "Lesbians and AIDS," *A&U: America's AIDS Magazine* 30 (Mar./Apr. 1997): 22–24, box 47, folder 3, Ann P. Meredith Papers, Arthur & Elizabeth Schlesinger Library on the History of Women in America, Harvard University, Boston, MA.

³²Kelly Safreed Harmon, "HIV Incarcerated Women," *Positively Aware: The Journal of Test Positive Aware Network* (Jul./Aug. 2001): 18–21, here 21, box 8, folder 247, JGP.

³³Letter from P.A./Albion Correctional Facility to LAP, reprinted in *LAP Notes*, no.1 (Apr. 1993): 12, Periodicals, Schlesinger Library.

³⁴Ibid.

³⁵Nancy E. Stoller, "Project Title: Declining Health Conditions in U.S. Prisons for Women: A Twenty-Five-Year Perspective," 1998–1999, 3, box 8, folder Lawsuit for Women Prisoners in California, 1999–2000, Stoller Papers.

³⁶Quoted in Siegal, "Dying Behind Bars," 17.

³⁷LSPC, "Protecting Basic Human Rights," 1; Siegal, "Dying Behind Bars," 17.

continued the practice of heteronormative, male-led, and male-dominated medical institutions denying women decent care.³⁸ One inmate at CCWF who suffered from sickle cell anemia reported that, because the prison staff frequently denied her the consistent medical treatment needed to treat her condition, every month “like clockwork” she went into crisis forcing staff to rush her to the closest medical community center for emergency care. She explained that the center “more or less stated that they don’t do preventative care.”³⁹ Most prison authorities probably favored the sick call system because it cost less than providing continuous care for women’s long-term, chronic, and often costly healthcare needs.⁴⁰ This included treatment for sickle cell anemia, a disease that significantly impacts Black communities, and around which Black activists had organized to raise awareness about government inattention and inaction.⁴¹ The sick call system therefore perpetuated existing inequities in healthcare access.

Even when treating chronic illnesses, prison delivery systems lacked efficiency and humanity. In some facilities, prison staff made women with HIV and other chronic illnesses line up outside once a day to receive their daily bag of medicine. What was otherwise known as the “pill line” or “med line” violated confidentiality while those too sick to line up did not get their drugs.⁴² Medicines collected in the pill line did not always come with clear instructions on when and how to take them or guidance on their potential side effects, making drug regimens difficult to adhere to.⁴³ Failing to take medicines correctly puts people at risk for developing drug resistance. At CCWF, prison staff often forced women seeking any medical attention to line up outside for long periods without any guarantee of a medic seeing them, undermining their access to healthcare.⁴⁴ As the carceral state expanded, women, who suffer disproportionately from chronic as well as reproductive health complications, had to navigate health delivery systems that institutions designed for healthy men.⁴⁵

The outbreak of HIV-AIDS in the 1980s made explicit the inadequacy of medical care in prison, driving some women prisoners to begin organizing for improved conditions. Women in Bedford Hills, a maximum-security prison for women in Westchester County, New York, with high rates of HIV, began educating and counseling other women, thereby fostering a

³⁸Barbara Ehrenreich and Deidre English, *Complaints and Disorders: The Sexual Politics of Sickness* (London, 1974); Sheryl B. Ruzek, *The Women’s Health Movement: Feminist Alternatives to Medical Control* (New York, 1978); G. J. Barker-Benfield, *The Horrors of the Half-Known Life: Male Attitudes Toward Women and Sexuality in Nineteenth-Century America* (New York, 2000); Sandra Morgen, *Into Our Own Hands: The Women’s Health Movement in the United States, 1969–1990* (New Brunswick, NJ, 2002); Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women’s Health in the Second Wave* (Chicago, 2010); Nelson, *More than Medicine*; Katie Batza, *Before AIDS: Gay Health Politics in the 1970s* (Philadelphia, 2018).

³⁹Siegal, “Dying Behind Bars,” 19.

⁴⁰Pew Charitable Trusts, “Prison Health Care: Costs and Quality: How and Why States Strive for High-Performing Systems” (Philadelphia, Washington, DC, 2017), 29, https://www.pewtrusts.org/-/media/assets/2017/10/sfh_prison_health_care_costs_and_quality_final.pdf (accessed Aug. 2021); Chad Kinsella, “Corrections Health Care Costs” (Lexington, KY, 2004), 2, <https://www.prisonpolicy.org/scans/csg/Corrections+Health+Care+Costs+1-21-04.pdf> (accessed Aug. 2021).

⁴¹For more on the politics of sickle cell anemia, see Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight against Medical Discrimination* (Minneapolis, 2011), 115–6.

⁴²Carmen Retzlaff, “Can HIV Care Click in the Clink?” *POZ*, Apr. 2004, 21–25, here 24, box 8, folder 247, JGP.

⁴³*Ibid.*, 24–5; Safreed Harmon, “HIV Incarcerated Women,” 18; Beverly Henry, quoted in Judy Greenspan, “Positive Women Prisoners Speak Out,” *Positively Aware: The Journal of Test Positive Aware Network* (Jul./Aug. 2001): 25–6, box 8, folder 247, JGP.

⁴⁴Charisse Shumate et al., *Plaintiffs, v. Pete Wilson, et al.*, Defendants. Class Action Complaint (April 4, 1995), 12, <https://www.clearinghouse.net/chDocs/public/PC-CA-0011-0001.pdf> (accessed Aug. 2021).

⁴⁵Laura M. Maruschak, Marcus Berzofsky, and Jennifer Unangst, *Medical Problems of State and Federal Prisoners and Jail Inmates, 2011–2012*, NCJ 248491 (Washington, DC, Feb. 2015, revised Oct. 4, 2016); “Health in Prison: Looking after Women in a Man’s World,” International Committee of the Red Cross, Feb. 27, 2009, <https://www.icrc.org/en/doc/resources/documents/interview/women-health-prison-interview-020309.htm> (accessed Aug. 2021).

community of support.⁴⁶ Kathy Boudin and Judith Clark, two white, former members of the radical left-wing organization the Weather Underground, whose role in the 1981 Brink's robbery brought them to Bedford Hills, contributed to these early efforts.⁴⁷ As lifetime radical activists and political prisoners, the grassroots experience Clark and Boudin brought to the prison likely influenced their role in the organizing efforts among its women prisoners. The mistreatment the women with HIV and AIDS and other illnesses suffered at the facility moved other women, including Katrina Haslip, Doris Moices, Aida Rivera, and Gloria Boyd to act. With diverse racial, class, religious, sexual, and health backgrounds, each of these women shared the goal of securing proper medical attention for themselves and their peers.⁴⁸

Haslip, Clark, Boudin, Moices, Rivera, and Boyd vowed to educate themselves, staff, and other inmates about HIV to combat mistreatment, as ignorance, fear, and denial typified the prison community's attitudes toward the disease at Bedford Hills. Prison guards isolated women known to have HIV in the In-Patient Care Unit (IPU) where the medical staff often knew little about the disease and avoided physical contact with their patients.⁴⁹ Officers interacting with HIV-positive women often wore gloves and masks—an unnecessary measure, as at that point people knew that HIV does not spread through casual contact—and an action that stoked fears among the prisoners. The women visited those housed in the ICU to provide support.⁵⁰

Building on the consciousness-raising tradition of the feminist health movement of the 1960s and 1970s, the women at Bedford Hills set up prison support groups that took women's stories and perspectives seriously. They also educated women about HIV and gave them accurate information about its causes, treatments, and transmissions. In 1988, the women secured permission from the prison administration to create the AIDS Counseling and Education (ACE) program at Bedford Hills, one of the first and most comprehensive prison support groups for women prisoners in the country.⁵¹

The fact that the women did not physically resist oppression in ways similar to women prisoners during the strikes at the Massachusetts Correctional Institute in Framingham (MCI-Framingham), Massachusetts, in 1972 and the California Institute for Women (CIW) in 1973, or during the 1974 August Rebellion at Bedford Hills, did not make them passive.⁵² Like women prisoners who empowered themselves through education, they set up prison support groups with the aim to educate one another and petition for a better quality of life for inmates.⁵³ Other women prisoners across the country used ACE to model their own support groups. Linda Evans and Laura Whitehorn based their Pleasanton AIDS Education and

⁴⁶Members of AIDS Counseling and Education ACE Program at Bedford Hills, *Breaking the Walls of Silence: AIDS and Women in a New York Maximum Security Prison* (Woodstock, NY, 1998); Kathy Boudin and Judith Clark, "Community of Women Organize Themselves to Cope with the AIDS Crisis: A Case Study from Bedford Hill Correctional Facility," *Social Justice* 17, no. 2 (Summer 1990): 90–109, here 90.

⁴⁷Bruce Shapiro, "Kathy Boudin's Prison Odyssey," *The Nation*, Mar. 20, 1995, 380–2, here 381–2; Law, *Resistance Behind Bars*, 37; Tom Robbins, "Judith Clark's Radical Transformation," *New York Times Magazine*, Jan. 15, 2012, 28; "Nothing Without Us: The Women Who Will End AIDS' Chronicles Black Women's Silent Plight with HIV/AIDS," *Vibe (Online)*, Dec. 1, 2017, <https://www.proquest.com/magazines/nothing-without-us-women-who-will-end-aids/docview/2021745563/se-2?accountid=13042> (accessed Mar. 2022).

⁴⁸"The Women of the AIDS Counseling and Education (ACE) Program of the Bedford Hills Correctional Facility, New York," in *Wall Tappings: An International Anthology of Women's Prison Writings, 200 to the Present*, ed. Judith A. Scheffler (2nd ed., New York, 2002), 28–35.

⁴⁹Boudin and Clark, "Community of Women Organize Themselves to Cope with the AIDS Crisis," 92.

⁵⁰*Ibid.*, 93.

⁵¹Haslip, "A Community of Women: Living with AIDS," in *Wall Tappings*, 28–9. For more on the ACE program, see Kathy Boudin et al., "Voices," in *Women, AIDS, and Activism*, ed. Marion Banzhaf et al. (Boston, 1990), 143–55; Boudin and Clark, "Community of Women Organize Themselves to Cope with the AIDS Crisis," 90–109.

⁵²Thuma, *All Our Trials*, ch. 2; Law, *Resistance Behind Bars*, 11–3.

⁵³Faith, *Unruly Women*, ch. 7.

Counselling Program (PLACE) at California's Federal Correctional Institution at Pleasanton on ACE.⁵⁴ At the York Correctional Institution in Connecticut, Felicia Crowe, a HIV-positive prisoner, wrote letters to the warden, the medical unit, the mental health unit, and civil liberties until they approved her HIV support group.⁵⁵ These initiatives also mirrored ACE in that prison officials took similar steps to block women's initiatives when they perceived them as undermining the prison order. In line with the historic punishment of supposedly "dangerous" and "unruly" women prisoners, prison staff frequently put women who agitated for change in the SHU.⁵⁶ Complaining or organizing also threatened some women's chances of parole.⁵⁷ Despite the potential penalties, and often without administrative approval, women prisoners continued to challenge the conditions of their confinement in facilities across the country, eventually connecting with outside support.

Through Prison Walls

Unlike women such as Boudin and Clark who came to AIDS activism from other causes, the egregious medical situation in California's women's prisons in the early 1990s brought many women into activism for the first time. One of the first preventable deaths that mobilized women at the Central California Women's Facility (CCWF) in Chowchilla, California, involved Dianna Reyes, a 43-year-old Latinx woman with diabetes. On June 18, 1991, Reyes joined the sick-call line trying to get her insulin. The negligence of the medical staff irritated Reyes, and she and another woman became involved in a physical altercation. Officials sent them both to Administrative Segregation for a 10-day disciplinary isolation, during which time prison staff refused to give Reyes any medical attention. Her health severely deteriorated until officers eventually realized they needed to act and transferred her directly to the hospital. A short time later, doctors pronounced her dead. According to prisoner Linda Eagerton, officials said that Reyes died of natural causes, and prison staff added a total of ten years to the sentences of the women who refused to work that day in protest.⁵⁸ Reyes's death spoke to the medical negligence commonplace in California's women's prisons in the 1990s.

During the 1980s and 1990s, the gutting of social welfare programs and shift toward a neoliberal social agenda exacerbated existing inequities around healthcare, including HIV-AIDS, along the lines of race, sexuality, gender, and class, and converged with prison expansion.⁵⁹ In 1994, President Bill Clinton signed the Violent Crime Control and Law Enforcement Act that increased budgets for law enforcement and prisons, and made grants available for states that implemented "Truth in Sentencing" programs designed to prevent the early release of incarcerated persons from prison.⁶⁰ Across the country, many states similarly introduced punitive sentencing measures.⁶¹ In November that year, California voters approved Proposition 184, also known as "three strikes-and-you're-out" sentencing, that imposed automatic life sentences

⁵⁴Marilyn Kalman and Rachel Lederman, "Talking with Three Lesbian Political Prisoners," *Sinister Wisdom* 37 (Spring 1989): 100–10; Law, *Resistance Behind Bars*, 23.

⁵⁵Felicia Crowe, "Women Prisoners at Niantic, Ct.," *Women Alive*, Autumn 1995, 8, Subject file: AIDS, Lesbian Herstory Archive, Brooklyn, NY [hereafter LHA], 2–15, here 8.

⁵⁶Law, *Resistance Behind Bars*, 6–11; Thuma, *All Our Trials*, 56, 59–60.

⁵⁷Law, *Resistance Behind Bars*, 8–9.

⁵⁸Linda Eagerton, "Dianna Reyes," May 21, 1994, 1–2, box 5, folder 181, JGP.

⁵⁹Emily K. Hobson, *Lavender and Red: Liberation and Solidarity in the Gay and Lesbian Left* (Oakland, CA, 2016), 159, 190–1; Melinda Cooper, *Family Values: Between Neoliberalism and New Social Conservatism* (New York, 2017), ch. 5, here, 188–94, 209–14.

⁶⁰Violent Crime Control and Law Enforcement Act of 1994, Public Law 103-322, 103rd Cong. (Sep. 13, 1994), 1796–2151, here 1815–7, <https://www.congress.gov/103/statute/STATUTE-108/STATUTE-108-Pg1796.pdf> (accessed Jan. 2022).

⁶¹By 1997, twenty-six states and the federal government had enacted some form of a "three strikes" law. James Austin et al., "Three Strikes and You're Out: The Implementation and Impact of Strike Laws," NCJ 181297,

for repeat offenders without the possibility of parole.⁶² The state of California also embraced “zero tolerance” policing and harsh sentencing practices that increased its prisoner population. During the 1990s, the state boasted the largest prison populations in the country.⁶³ Between 1980 and 2000, the number of women in California’s jails and prisons increased five-fold from 4,432 to 23,597.⁶⁴ In October 1990, the state opened CCWF, the largest women’s prison in the state.⁶⁵ Five years later, the Valley State Prison for Women (VSPW) opened across the road from CCWF. Located approximately 150 miles southeast of San Francisco and covering 640 acres of land, in the 1990s the two compounds on either side of Road 24 constituted the two largest women’s prisons in the world.⁶⁶ It was no coincidence that CCWF became a site for prison activism, especially when it came to women with HIV-AIDS. With the high stakes of life and death, diverse women—united around the shared goal of securing adequate medical attention—met abuse with powerful activism.

Women faced several obstacles to accessing medical care in California’s prisons. CCWF housed no licensed infirmary. Prison officials refused to pay more to hire an HIV-AIDS medical specialist and rarely made a gynecologist available to women. Women with serious illnesses reported having to wait weeks to see a medically trained doctor, and MTAs examined and diagnosed the women themselves. Due to their limited or non-existent medical training, MTAs frequently misdiagnosed women and prescribed the wrong drugs, which led to further illness and sometimes death. One woman with HIV-related thrush in her mouth reported that an MTA gave her vaginal suppositories to eat when they could not access the lozenges she needed.⁶⁷ As the CDC based the initial diagnosis of AIDS on how HIV manifested in men, women experienced enough difficulty obtaining a HIV diagnosis without having to rely on people with minimal medical training to recognize symptoms.⁶⁸ The suffering women experienced at the hands of MTAs highlights the harmful consequences of using systems designed to punish to provide care.

Inmate Joann Walker believed that the medical neglect, segregation, lack of confidentiality, and the high stress that women prisoners with HIV experienced constituted “murder by proxy.”⁶⁹ Walker, a Black woman from San Francisco, tested HIV positive in 1986 and in 1992, a judge sentenced her to four years and four months in prison for the theft of a \$200 jacket.⁷⁰ Walker

National Criminal Justice Reference Service Virtual Library, U.S. Department of Justice, 1–108, here 1, <https://www.ojp.gov/pdffiles1/nij/grants/181297.pdf> (accessed Aug. 2021).

⁶²Ibid. 16–9; Alexander, *The New Jim Crow*, 90–1.

⁶³Robyn L. Cohen, “Prisoners in 1990,” *U.S. Department of Justice: Bureau of Justice Statistics Bulletin*, Jan. 25, 1993, 1–10, here 4, <https://bjs.ojp.gov/content/pub/pdf/p90.pdf> (accessed Dec. 2021).

⁶⁴Peter Applebome, “Women in U.S. Prisons: Fast-Rising Population,” *New York Times*, June 16, 1987, A16; Amy Pétre Hill, “Death Through Administrative Indifference,” *Hastings Women’s Law Journal* 13, no. 2 (Summer 2002): 223–59, here 231. For more on the rise and persistently high rates of women’s incarceration since the 1980s, see Wendy Sawyer, “The Gender Divide: Tracking Women’s State Prison Growth,” *Prison Policy Initiative*, Jan. 9, 2018, https://www.prisonpolicy.org/reports/women_overtime.html (accessed Dec. 2021); and Aleks Kajstura, “Women’s Mass Incarceration: The Whole Pie 2019,” Oct. 29, 2019, <https://www.prisonpolicy.org/reports/pie2019women.html> (accessed Dec. 2021).

⁶⁵CDCR, “Central California Women’s Facility (CCWF): Details and History,” <https://www.cdcr.ca.gov/facility-locator/ccwf/> (accessed Dec. 2021).

⁶⁶In 2012, the CDCR began converting the Valley State Prison for Women from an all-women’s to an all-men’s facility. In 2013, Valley State Prison re-opened as a men’s prison. On the history of VSPW, see <https://www.cdcr.ca.gov/facility-locator/vsp/> (accessed Dec. 2021). On the growth of California prisons in this period, including the opening of CCWF and VSPW, see Davis, *Are Prisons Obsolete?*, 11–3.

⁶⁷“Chowchilla Prison: A Medical Hellhole,” 1, 4–5.

⁶⁸Risa Denenberg, “Unique Aspects of HIV Infection in Women,” in *Women, AIDS, and Activism*, ed. Marion Banzhaf et al. (Boston, 1990), 31–43, here 32–3; Bell, “Rethinking the Straight State,” 936–7.

⁶⁹CSWPC, “Stop the Murder of Women Prisoners with AIDS at Chowchilla!” Poster, undated, box 5, folder 179, JGP; Joann Walker, “From a Woman’s Point of View,” undated, 1–2, here 2, box 5, folder 179, JGP.

⁷⁰Noelle Hanrahan, “To Die in Chowchilla,” *San Francisco Bay Guardian*, Jan. 26, 1994, 9.

claimed that although CCWF officials offered voluntary testing to all inmates in theory, in practice they frequently denied HIV tests to women who requested one, informing them that they could only receive a test if they showed visible signs of sickness. This requirement proved particularly onerous for women given that the physical manifestations of HIV virus in women are often not visible, with death frequently coming from opportunistic infections such as cervical cancer and other non-visible diseases. Prison officials also denied women with HIV the ability to participate in the Family Visitation Program and did not allow them to work in the prison kitchen or infirmary. Because of the housing segregation and loss of job opportunities and visitation privileges, many women hid their HIV-positive status or did not seek testing. As a result, although the California Department of Corrections and Rehabilitation (CDCR) reported that fifty women at CCWF had HIV in the early 1990s, Walker argued that the agency had no real idea of the actual number of HIV-positive women at the prison.⁷¹

The discriminatory treatment of HIV-positive women at CCWF also deterred inmates from getting tested and seeking treatment. Guards segregated HIV-positive women in C Yard alongside signs reading, “Beware! There are HIV infected inmate persons housed in this facility!”⁷² Women’s confinement in a segregated yard automatically disclosed their HIV status. Other confidentiality violations at CCWF included the circulation of a list of women with HIV after an administrator left it on his desk.⁷³

These persistent healthcare violations moved women like Charisse Shumate to act. In 1989, a judge sentenced Shumate to a life imprisonment for killing her abusive partner in self-defense.⁷⁴ As a Black woman with sickle-cell anemia, she represented the women whose mistreatment lay at the intersection of racial and gender marginalization. CCWF did not hire a hematologist for women’s sickle cell anemia, lupus, and other blood diseases, and Shumate received a blood transfusion for her illness only once every three months instead of the more regular transfusions necessary for severe and persistent anemia.⁷⁵ Shumate began educating women about the complications of sickle cell and HIV in women and the necessary treatment. At the same time, she fought to receive the proper medical care for her illness and advocated for the right to compassionate release for terminally ill prisoners, a policy designed to allow those deemed within six months of death to return home, and one that is notoriously difficult to secure.⁷⁶

Instead of supporting women, prison officials hampered their efforts to learn more about HIV-AIDS, censoring the educational materials sent to them from outside organizations such as AIDS Coalition to Unleash Power (ACT UP)/San Francisco, the American Civil Liberties Union (ACLU) National Prison Project, and the San Francisco AIDS Foundation.⁷⁷ In June 1993, HIV-positive inmate Brenda Lee Ivy wrote to AIDS advocate Paul Collins

⁷¹CSWPC, “Editorial Response to February 1 Opinion Page article, ‘Inmates are out of line,’” 1-2, box 6, folder 186, JGP; Hanrahan, “To Die in Chowchilla,” 9; Judy Greenspan to James Gomez, 1-2, here 1, Aug. 13, 1993, box 6, folder 186, JGP.

⁷²Judy Greenspan, “Voices from the Chowchilla Women’s Prison,” *Prison Legal News*, Mar. 1994, 12.

⁷³“Chowchilla Prison: A Medical Hellhole,” 4.

⁷⁴Nina Siegal, “Dying Behind Bars,” 19. For more on self-defense as a driver of women’s incarceration, see Danielle L. McGuire, *At the Dark End of the Street: Black Women, Rape, and Resistance—A New History of the Civil Rights Movement from Rosa Parks to the Rise of Black Power* (New York, 2010), ch. 8; Thuma, *All Our Trials*, ch. 3, here 88; Bailey, *Misogynoir Transformed*, 91; and Law, “How Many Women Are in Prison for Defending Themselves Against Domestic Violence?” *bitchmedia*, Sept. 16, 2014, <https://www.bitchmedia.org/post/women-in-prison-for-fighting-back-against-domestic-abuse-ray-rice> (accessed Dec. 2021).

⁷⁵CCWP, “Tribute to Charisse Shumate,” *The Fire Inside*, Issue 4 (May 1997): 1, box 8, folder 237, JGP.

⁷⁶Between 1994 and 2003, the state of California granted compassionate release to 196 of the 634 people who applied for it. “Charisse Shumate: Fighting for Our Lives,” produced by Freedom Archives and CCWP, 2004, video, 40:08, <https://vimeo.com/19050308> (accessed Aug. 2021).

⁷⁷Urszula Wislanka, “Mail Restrictions Raise the Question: What Makes Us Human?” *The Fire Inside*, Issue 6 (May 1997): 5, box 8, folder 237, JGP.

requesting HIV information. He replied one month later to inform her that “On July 26, 1993, as per your request, I mailed to you a package containing literature on HIV/AIDS. Unfortunately, that package was returned to me today, stamped by your correctional facility as unauthorized correspondence.”⁷⁸ Inmate Gina Marie Caruso wrote, “All of our mail is read and censored before it goes out of this institution ... you must understand the length and chance I’m taking to be heard. I’m not the only one that has something to say, there are several hundred women that are willing to speak out if only someone would listen.” To stop prison officials censoring her letter, Caruso sent it out with her cellmate on her release date.⁷⁹

Joann Walker, Gina Marie Caruso, and their peers believed that bringing the inhumane situation inside CCWF to the attention of outside lawyers, activists, and politicians with more resources and greater political clout increased their chances of improving healthcare at the facility. Advocacy groups such as Legal Services for Prisoners with Children (LSPC) began receiving letters from women at CCWF almost as soon as the facility opened in late 1990.⁸⁰ Twillah Wallace wrote to California assemblywoman Barbara Lee (D-CA), acknowledging that “there are many important issues that need the attention of someone from the outside and someone of power, as yourself.”⁸¹ Women contacted other politicians, attorneys, legal services, and people in positions of authority in California and beyond trying to get news out and make contact with outside organizations.⁸²

News of inmate complaints brought Fresno lawyer Catherine Campbell and Dr. Corey Weinstein to CCWF in 1992. Together, they launched an independent investigation into the healthcare at CCWF after they toured the facility and heard accounts of MTAs denying women with sickle cell anemia, HIV-AIDS, epilepsy, and other health complications adequate care, including access to their regular medication. Campbell and Weinstein began conducting independent interviews with women prisoners and collecting data.⁸³

In May 1993, Walker wrote to the Prison Issues Committee of ACT UP/San Francisco asking for support for women with HIV-AIDS at the prison.⁸⁴ ACT UP connected Walker to prisoner rights advocate Judy Greenspan, a white woman who worked with ACT UP/San Francisco’s Prison Issues Committee. Greenspan also worked as the AIDS Information Director for the ACLU’s National Project and director of the Catholic Charities’ HIV/AIDS in Prison Project in the Bay Area.⁸⁵ She already worked with prisoners with HIV and her connections with the women’s, lesbian and gay, prisoner advocacy, AIDS activist, and criminal justice communities enabled her to become the bridge between the women in prison and outside

⁷⁸Paul Collins to Brenda Lee Ivy, Aug. 2, 1993, box 5, folder 181, JGP.

⁷⁹Details of who Caruso was writing to are not included in the letter. Gina Marie Caruso, “Help!”, undated, box 5, folder 181, JGP.

⁸⁰Legal Services for Prisoners with Children, “*Shumate v. Wilson*,” 1, box 8, folder Lawsuit for Women Prisoners in California, 1999–2000, Stoller Papers.

⁸¹Twillah Wallace to Barbara Lee, undated, box 5, folder 179, JGP.

⁸²See, for example, Joann Walker to Doctor Nadin Khoury, Apr. 1, 1994; Joann Walker to Assembly Committee on Public Safety, Apr. 7, 1994; Paula Keola to Assembly Persons, Apr. 14, 1994, box 5, folder 179; LSPC, “*Shumate v. Wilson*,” 1.

⁸³Judy Greenspan to California State Assembly Committee on Public Safety, Mar. 8, 1994; Interviews with Women at Chowchilla (CCWF) on 8/19/93 by Corey Weinstein, M.D. and Catherine Campbell, 1–10, and on 8/20/93, 1–7, box 5, folder 179; Elizabeth Alexander to James Gomez, Oct. 3, 1994, box 5, folder 181, JGP.

⁸⁴Judy Greenspan, “Women Prisoners with AIDS Fight for Quality Medical Care,” Sept. 22, 1994, 1–3, here 1, box 5, folder 180, JGP.

⁸⁵Judy Greenspan, “Struggle for Compassion: The Fight for Quality Care for Women with AIDS at Central California Women’s Facility,” *Yale Journal of Law & Feminism* 6, no. 2 (1993): 383–95, here 383; Judy Greenspan Papers, “History or Bio,” LGBT Community Center, https://gaycenter.org/archive_item/judy-greenspan-papers/ (accessed Jan. 2022).

organizations.⁸⁶ In 1993, after women at CCWF such as Walker initiated contact, she helped launch the Coalition to Support Women Prisoners at Chowchilla (CSWP) that offered grass-roots support to women inside the prison.⁸⁷ Greenspan's standing within various progressive communities enabled her to bring the healthcare struggles of women prisoners to the attention of groups already involved in rights organizing around HIV-AIDS and prisons. In relating the women's stories of medical neglect and the difficulty of obtaining information about HIV-AIDS in prison, Greenspan motivated activists to approach prison organizing from the vantage point of race and gender in the 1990s and early 2000s.⁸⁸

When Walker first wrote to Greenspan, she sent her a copy of the proposal for a peer education program that she and three other Black women living with HIV at the facility—Twillah Wallace, Brenda Lee Ivy, and Deborah Paul—drafted “to provide support for CCWF inmates who are living with HIV and AIDS; to join the CCWF staff in educating the general population about HIV and AIDS; and to work effectively within the CCWF system and the larger community to promote awareness of our special care needs.”⁸⁹ Because CCWF offered no formal HIV-AIDS education program, the women endeavored to start an informal prison support group that would focus on HIV-AIDS, tuberculosis, and hepatitis C. They submitted the proposal for the prison administration's approval, but the warden initially ignored it. Greenspan circulated copies widely and asked groups on the outside to send letters of support. With the help of outside pressure, the prison administrators eventually approved the program on the condition that the four women did not question the prison's rules, policies, and staff's conduct, threatening to write them up if they did.⁹⁰ Despite approval, prison officials took no steps to implement the program and, in the meantime, the four women gave presentations on the disease to their peers.⁹¹ Not long afterward, officials told Walker that she could no longer provide this peer education due to her “negative” influence on the other women prisoners.⁹²

In July 1993, Walker sent Greenspan a copy of a petition she had initiated demanding that prison officials fire David Archer, an MTA accused of abusing women.⁹³ Over 450 women signed the petition that got Archer removed from C Yard. While the petition impressed Greenspan, as “petitioning inside under the eyes of the prison guards is quite a feat,” it also alarmed her because the “fact that so many signed a petition was a strong signal that medical care was reaching a crisis point at CCWF.”⁹⁴ One month later, in August 1993, Greenspan wrote to inform James Gomez, the California Director of Corrections, of the deep concern and alarm arising from the multiple complaints she had received from HIV-positive women prisoners at CCWF, including over the lack of medical care for women prisoners and the censorship of HIV-AIDS educational material. Greenspan, who copied journalists from leading local and national newspapers into the letter, argued that these actions abetted the spread of HIV and created a life-threatening situation at the prison, and that she, writing on behalf of

⁸⁶Joann Walker praised Judy Greenspan's advocacy work in Joann Walker, “Joint Venture Victory at Chowchilla,” Jan. 5, 1994, box 6, folder 185, JGP.

⁸⁷Mike McKee, “State Settles Suit Over Prison Medical Care,” *The Recorder*, No. 146, July 30, 1997, 1–2, here 2, box 8, folder Lawsuit for Women Prisoners in California, 1999–2000, Stoller Papers; CSWP, “Women Prisoners with AIDS Face Death and Abuse,” in *Newsline*, ed., People with AIDS Coalition (PWAC) NY, undated, 38–9, here 39, box 5, folder 179, JGP.

⁸⁸Judi Parks, “Protest on Behalf of Women Prisoners with HIV This Saturday,” *Bay Area Reporter*, Jan. 27, 1994, 11, box 5, folder 179, JGP.

⁸⁹Judy Greenspan, “Joann Walker—A Fighter and a Legend in Her Time,” undated, 1–4, here 1, box 5, folder 179, JGP; Paul, Balagno, and Walker, “HIV/AIDS Task Force Proposal,” Mar. 15, 1993, 1–2, box 5, folder 181, JGP.

⁹⁰“Chowchilla Prison: A Medical Hellhole,” 1–5; Walker, “From a Woman's Point of View,” 1.

⁹¹Hanrahan, “To Die in Chowchilla,” 9.

⁹²CCWF Medical Interviews, “AIDS/HIV Care with Joann Walker and Brenda Lee Ivy,” 1.

⁹³Greenspan, “Joann Walker,” 1; Judy Greenspan to James Gomez, 1.

⁹⁴Greenspan, “Joann Walker,” 1.

ACT UP/San Francisco, demanded an immediate investigation of medical services at the facility.⁹⁵

Owing to the absence of institutional services for women with terminal illnesses at CCWF, prisoners also pushed for the compassionate release of dying inmates. In October 1993, Walker called Greenspan to tell her about her roommate, Betty Jo Ross, a 35-year-old HIV-positive woman with deteriorating health.⁹⁶ Ross suffered from a series of serious AIDS-related ailments, including dementia, Mycobacterium avium complex, cytomegalovirus retinitis, and a T-cell count of one. The doctor informed her that she had fewer than six months left to live, making her eligible for compassionate release.⁹⁷ Walker insisted that the warden grant Ross compassionate release, but Gomez denied this request twice on the grounds of Ross's "uncontrollable conduct and pattern of assaultive behavior."⁹⁸ Angry, Walker demanded that ACT UP/San Francisco and other groups to do something immediately. She began a petition for Ross's release, which over 1,000 prisoners, all risking punishment, signed. She also made signs reading "Free Betty Jo," and "Don't let the system kill another PWA (Person with AIDS)" which the women pinned to their clothing.⁹⁹ Outside, ACT UP and the CSWP began a "Send Betty Jo Ross Home for Christmas" fax and phone campaign and organizations such as the Mobilization Against AIDS sent Gomez letters "strongly recommend[ing] that the inmate be granted an early release."¹⁰⁰ To the amazement of outside organizations who had doubted Walker's ability to do anything for Ross, the CDCR released her on January 5, 1994.¹⁰¹

Winning the compassionate release of Betty Ross—a remarkable victory for the women in CCWF—also helped attract further outside support for their cause. A few weeks after Ross's release, on January 29, the CSWP held its first demonstration at the gates of the prison to demand quality medical care for the women inside. Over 100 people from the Bay Area and central Californian organizations, including ACT UP/San Francisco, the San Francisco AIDS Foundation, and Legal Services for Prisoners with Children (LSPC), picketed the prison to support the prisoners demanding "quality health care for all women; hire an HIV/AIDS specialist; high nutritional diets and vitamin supplements for HIV+ prisoners; compassionate release for all terminally ill prisoners; support prisoner-initiated peer education efforts."¹⁰² Greenspan sought the support of lesbian and gay groups, relaying that "many of the women inside Chowchilla are lesbians of color who are fighting the worst forms of homophobia inside the prisons, compounded with the stigma of having HIV and AIDS."¹⁰³ She raised \$800 to assist protestor travel to the demonstration from the organization Resist.¹⁰⁴ Walker herself wrote to outside organizations and media, putting a "call out around the world" to "help the HIV/AIDS incarcerated women at CCWF."¹⁰⁵ She secured radio interviews and a one-page profile on

⁹⁵Judy Greenspan to James Gomez, 1–2.

⁹⁶Greenspan, "Joann Walker," 2.

⁹⁷Judy Greenspan to William Brady, Dec. 7, 1993, box 6, folder 190; "Send Betty Jo Ross Home for Christmas," Flyer, box 5, folder 180, JGP.

⁹⁸James Gomez to Teena Farmon, Oct. 28, 1993, box 6, folder 185, JGP.

⁹⁹ACT UP/San Francisco, "Prisoners and AIDS Activists Demand Compassionate Release for Woman Prisoner at Chowchilla," Nov. 8, 1993, box 5, folder 180; Greenspan, "Joann Walker," 1–3, here 2, JGP.

¹⁰⁰"Send Betty Jo Ross Home for Christmas," Flyer; Mike Shriver to James Gomez, Jan. 3, 1994, box 6, folder 185, JGP.

¹⁰¹Greenspan, "Joann Walker," 2.

¹⁰²Out of Control—Lesbian Committee to Support Women Political Prisoners & Joann Walker, "Letter from Chowchilla PWA," published in *Out of Time*, no. 21 (Jan. 1994): 1, box 5, folder 179, JGP. For more on the protest, see Robert R. Phipps, "Prison's Medical Care Protested," *Merced Sun-Star*, Jan. 29, 1994, A3; Robert R. Phipps, "Protesters Will Decry Treatment of Inmates," *Madera Tribune*, Jan. 29–30, 1994, 1–2; Judi Parks, "Activists Rally at Chowchilla for Better Prisoner Healthcare," *Bay Area Reporter*, Feb. 3, 1994, 11, box 5, folder 179, JGP.

¹⁰³Parks, "Protest on Behalf of Women Prisoners with HIV This Saturday," 11.

¹⁰⁴Nancy Moniz for the Board of Resist to Judy Greenspan, Jan. 28, 1994, box 6, folder 185, JGP.

¹⁰⁵Joann Walker, "Medical Treatment at Chowchilla," undated, box 5, folder 179, JGP.

herself in the *San Francisco Bay Guardian* three days before the protest.¹⁰⁶ Attorneys from Human Rights Watch also interviewed her.¹⁰⁷

In the wake of the protest, CCWF officials assured the press of the adequacy of their medical services. Toby Wong, the public information officer, dismissed the women's claims outright as "biased."¹⁰⁸ Wong's public relations team at CCWF worked to discredit the women and their supporters, resulting in editorials such as that published in the *Merced Sun-Star* dismissing women in CCWF's demands for better care as "out of line."¹⁰⁹

The dismissive response to the women's demands from people like Wong jarred with the deaths of several more women in the space of a few weeks in early 1994. Sonja Staples and Jackie Jenkins both died of AIDS-related illnesses after MTAs failed to give them the appropriate medical attention that their cellmates long called for. Molly Reyes died one month later, on February 25. It took over an hour after 50-year-old Reyes began throwing up blood and body tissue in her unit for medical staff to respond to the officer calling for help. She died of an internal organ rupture four hours later in a make-shift infirmary.¹¹⁰

Walker became seriously ill with severe headaches in March. Every time she visited the sick call, the staff sent her away with the ibuprofen drug Motrin.¹¹¹ In April, she began coughing up blood and staff sent her to the outside medical center in Merced where doctors diagnosed her with fungal meningitis that had spread throughout her system. A Fresno Superior Court Judge granted Walker compassionate release following a three-week-long fax and phone campaign to the warden and Gomez. Two months later, on July 13, she died of AIDS-related complications in the care of her family in Sacramento, California.¹¹² After her death, Twillah Wallace wrote that "the struggle will not end because you are gone," and, although Walker did not live long enough to see her efforts to improve the medical situation at CCWF realized, she focused public attention on the situation inside the prison.¹¹³ Through her prolific writing on the situation inside CCWF, she became a key spokesperson for women prisoners with HIV and many of her articles captured outside media attention.¹¹⁴ Her death—along with those of Staples, Jenkins, and Reyes—prompted outside activists and lawyers to call for immediate, impartial legislative investigations.¹¹⁵

A few months before Walker's death, in the spring of 1994, Greenspan contacted Amnesty International and the U.S. Department of Justice (DOJ) to provide them with information detailing the inadequate medical care and services available to women prisoners with HIV-AIDS and other medical problems at CCWF that she hoped might aid investigations

¹⁰⁶Greenspan, "Joann Walker," 2; Walker, "Letter from Chowchilla PWA"; Noel Hanrahan, "To Die in Chowchilla," *San Francisco Bay Guardian*, Jan. 26, 1994, 9, box 5, folder 179, JGP.

¹⁰⁷Joann Walker to Ellen M. Barry, Apr. 14, 1994, box 5, folder 179, JGP.

¹⁰⁸Phipps, "Prison's Medical Care Protested," A3.

¹⁰⁹CSWPC, "Editorial Response to February 1 Opinion Page article," 1–2.

¹¹⁰Greenspan, "Struggle for Compassion," 385, 393; Joann Walker, "The Murder Plot Thickens," Dec. 5, 1993, 1, box 6, folder 185, JGP.

¹¹¹Catherine Campbell, "Interview with Joann Walker on 4/22/94 in the Merced Community Hospital," Apr. 25, 1994, 2–4, box 5, folder 180, JGP.

¹¹²CCWP members, "Joann Walker 6/1/50-7/13/94," *The Fire Inside*, Issue 1 (June 1996): 1, box 8, folder 237, JGP; Miriam Berman, "Joann Walker, Prison Organizer, Granted Compassionate Release," undated, box 5, folder 179, JGP.

¹¹³Twillah Wallace, "A Tribute to Joann Walker, A Dear Friend," undated, box 6, folder 187, JGP.

¹¹⁴On references to Walker in the media, see, for example, Marx Arax, "Prison Releases Woman Dying of AIDS," *Los Angeles Times*, A3, Jan. 6, 1994; Joann Walker, "Dropping Like Flies: Another Death at the Central California Women's Facility," in *Newsline*, ed. People with AIDS Coalition (PWAC) NY, 41. On Walker's influence on other inmates in and beyond CCWF, see Frederick Carl Beasley, "Come to the Edge," undated, box 5, folder 179, JGP; and quote from Charisse Shumate in Diana Block, "Legislative Hearings: Women Prisoners Tell It Like It Is," *The Fire Inside* Issue 16 (Dec. 2000), <https://www.womenprisoners.org/fire/000223.html> (accessed Dec. 2021).

¹¹⁵Greenspan, "Struggle for Compassion," footnote 23, 385.

into the conditions at the prison.¹¹⁶ She also sent articles and statements about the treatment of HIV-positive women to large media outlets such as the *San Francisco Chronicle*, as, “National coverage of this unique struggle, involving women prisoners organizing on the inside and the Coalition demonstrating on the outside, is essential to save lives and win better health care for the women at Chowchilla.”¹¹⁷ A few months later, the DOJ informed Greenspan of their intention to initiate an investigation of her allegations pursuant to Title II of the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973, which prohibited discrimination against individuals with disabilities.¹¹⁸

DOJ investigators visited CCWF in August 1994 to interview women prisoners.¹¹⁹ In September, after two years of independent investigations, Fresno lawyer Catherine Campbell and Dr. Weinstein decided to use the evidence they gathered to launch a major class action lawsuit against the CDCR. Within a year, Elizabeth Alexander of the ACLU National Prison Project, Ellen Barry of the LSPC, and Charles N. Freiberg of Heller Ehrman White & McAuliffe filed a suit in the U.S. District Court for the Eastern District of California against California prison officials on behalf of state prisoners and parolees living under the custody and control of the CDCR. The DOJ investigation and subsequent class action lawsuit compelled the district court to approach the medical mistreatment of prisoners from the vantage point of the reproductive and chronic health rights of people in women’s prison.¹²⁰

From the Cell to the Court

The eleven attorneys’ efforts to challenge the egregious healthcare in California’s women’s prisons built upon the work of earlier civil rights lawyers, who from the late 1960s onward began suing prison systems in the federal courts and arguing that prison conditions across the nation violated the Eighth Amendment’s prohibition against cruel and unusual punishment.¹²¹ In 1972, the ACLU established the National Prison Project to defend the civil and constitutional rights of prisoners.¹²² In the 1976 case *Estelle v. Gamble*, the Supreme Court affirmed the constitutional obligation of jails and prisons to provide healthcare to those in custody, stating that the “deliberate indifference to serious medical needs of prisoners constitutes the unnecessary and wanton infliction of pain ... proscribed by the Eighth Amendment.”¹²³

The women’s claims that the state’s inadequate sick calls, use of MTAs, denial of medical care based on cost, and failure to provide proper chronic care endangered them appeared to put the California prison officials in violation of this ruling. However, *Estelle* also placed a burden on the women to prove that the alleged deficiency constituted a sufficient threat and, crucially, that the officials acted with deliberate indifference to their health and safety.¹²⁴

On April 4, 1995, twenty-six inmates at CCWF in Chowchilla, along with the CIW in Frontera, California, filed their class action lawsuit, *Shumate v. Wilson*, in the U.S. District

¹¹⁶Judy Greenspan to Amnesty Representative, Mar. 31, 1994, 1–2, box 5, folder 181, JGP; Judy Greenspan to Richard Waters, Apr. 13, 1994, 1–3, box 5, folder 181, JGP.

¹¹⁷Judy Greenspan to Susan Sward, Mar. 22, 1994, box 5, folder 180, JGP; Judy Greenspan and Rachel Lederman, General letter to the press, Mar. 10, 1994, box 5, folder 180, JGP.

¹¹⁸Merrily A. Friedlander to Judy Greenspan, Feb. 3, 1995, box 5, folder 181, JGP.

¹¹⁹Judy Greenspan to Twillah Wallace, Jun. 10, 1994, box 5, folder 181, JGP; Judy Greenspan to Judith M. Dodd, Jun. 29, 1994, box 5, folder 181, JGP.

¹²⁰LSPC draft copy of the class action complaint, Sept. 23, 1994, 1–8, box 5, folder 181, JGP; Elizabeth Alexander to James Gomez, Oct. 3, 1994, 1–5; box 5, folder 181, JGP; Charisse Shumate et al., *Plaintiffs, v. Pete Wilson, et al.*, Defendants, “Class Action Complaint,” 20.

¹²¹Hill, “Death Through Administrative Indifference,” 225.

¹²²ACLU National Prison Project, “Overview,” ACLU, <https://www.aclu.org/careers/internships/apply/?job=4879741002&type=internships> (accessed Aug. 2021).

¹²³*Estelle v. Gamble*, 429 U.S. 97, (1976), here 104–105.

¹²⁴McKee, “State Settles Suit Over Prison Medical Care,” 2.

Court for the Eastern District of California. Judge William B. Shubb presided over the lawsuit, and the defendants included Pete Wilson, Governor of California; James Gomez, Director of the California Department of Corrections; and Kyle S. McKinsey, Deputy Director for Health Care Services for the Department of Corrections, among others.¹²⁵

The plaintiffs sought injunctive relief from the prison's "knowing and deliberately indifferent failure to provide necessary care for serious medical needs" as well as relief to remedy alleged "policies, practices, acts and omissions" which "evidence and constitute deliberate indifference to the rights of prisoners and violate the Cruel and Unusual Punishment Clause of the Eighth Amendment."¹²⁶ For her ability to lead and inspire, attorneys chose Charisse Shumate as the lead plaintiff.¹²⁷ The case, *Shumate v. Wilson*, alleged that defendants failed to supply numerous adequate health provisions, including sick calls, triage, emergency care, urgent care, follow up care, chronic care, gynecological care, mental healthcare, medical equipment, specialty referrals, terminal care, dental care, medically necessary diets, health education, confidentiality, and complaints procedures. Moreover, they charged that the delivery of medical care included unsafe delays and the disruption of prescription medications.¹²⁸ Although the suit focused on two women's prisons—CCWF and CIW—Nina Siegal of the *San Francisco Bay Guardian* noted that "many of the problems alleged in the suit (and confirmed by various independent organizations) result from systemic problems built into the health care delivery system in women's prisons."¹²⁹

During the 1980s, as HIV-AIDS spread throughout the national prisoner population, the ACLU and other legal advocacy organizations began challenging the mistreatment of HIV-positive incarcerated persons, from the inadequate medical care they received to their isolation and exclusion from prison programs. The organization filed several lawsuits on behalf of male prisoners against various states' Departments of Corrections, challenging the policies and practices pertaining to the care, custody, and confidentiality issues of inmates with AIDS, AIDS-related complex (ARC), or HIV infections.¹³⁰ Because these suits predominantly involved male prisoners, the settlements frequently failed to address the distinct needs of women with HIV, including provisions for pregnancy-related and gynecological care and breast and cervical cancer. The significance of the class action lawsuit that Elizabeth Alexander of the National Prison Project, Ellen Barry of the LSPC, and seven other attorneys brought on behalf of California's women prisoners in 1995 lay not only in its challenge of the inadequate medical care in California's prisons, but in its centering of the basic healthcare rights of women prisoners with HIV-AIDS.

As *Shumate* progressed, the women involved in the lawsuit, Greenspan, and other advocates believed that "without continuous public pressure and scrutiny, nothing will change," and so held regular protests outside CCWF and CIW, the California Department of Corrections in San Francisco, and the Sacramento Federal Courthouse.¹³¹ Dorsey Nunn and Karen Shain of the LSPC told Greenspan that "lawsuits are not only fought in courtrooms, they are also fought in the public eye, through the media."¹³² To this end and aware of the importance of the continued support and involvement of community organizations, in May 1995, the women at

¹²⁵Charisse Shumate et al., *Plaintiffs, v. Pete Wilson, et al.*, Defendants, "Class Action Complaint," 1.

¹²⁶Shumate et al., *Plaintiffs, v. Wilson, et al.*, Defendants, "Class Action Complaint," 2, 18.

¹²⁷Charisse Shumate: Fighting for Our Lives."

¹²⁸*Shumate et al., Plaintiffs, v. Wilson, et al.*, Defendants, "Class Action Complaint," 11–18.

¹²⁹Nina Siegal, "Dying Behind Bars," 17.

¹³⁰For instance, see *Gates v. Deukmejian*, 1987 (Cal.); *Doe v. Meachum*, 1988 (Conn.); *Harris v. Thigpen*, 1990 (Al.); and *Austin v. Pennsylvania Dept of Corrections*, 1990 (Pa.). Resource in Subject file: AIDS, LHA.

¹³¹Judy Greenspan, "Women Campaign for Better Medical Care," 4, *The Fire Inside*, Issue 6 (Dec. 1997), <https://www.womenprisoners.org/fire/000460.html> (accessed Dec. 2021); Judy Greenspan to Lynn McCoy, Nov. 30, 1997, box 10, folder 280, JGP.

¹³²Dorsey Nunn and Karen Shain to Judy Greenspan, Mar. 14, 1995, box 5, folder 181, JGP.

CCWF founded the California Coalition for Women Prisoners (CCWP) and launched *The Fire Inside*, a quarterly newsletter that provided a vehicle for women to publicize their perspectives and experiences of the prison, and to raise public awareness of the ongoing institutionalized gender and racial violence they and other women experienced at the hands of the carceral system.¹³³

As activists continued to show up for women prisoners on the outside, on the inside CCWF officials threatened the *Shumate* plaintiffs with retaliatory treatment. Shumate claimed that officials labelled her a troublemaker for her involvement in the trial and that she accepted the role of lead plaintiff “knowing the risk could mean my life in more ways than one.”¹³⁴ The first brought against the CDCR, her complaint described how the “defendants have periodically delayed and interrupted her medication and have denied her a medically necessary special diet” for her “sickle cell anemia, heart problems, pulmonary hypertension and asthma.”¹³⁵ Despite the threat of reprisal, Shumate also stated that she would “do it all over again. If I can save one life from the medical nightmare at CCWF Medical Department then it’s well worth it.”¹³⁶ The total of twenty-six complaints chronicled the systemic medical abuse and neglect at both women’s prisons.

In August 1997, in what Karen Shain of the LSPC initially described as a “win” for the women prisoners, after two years of litigation and negotiation, the CDCR agreed to a court-approved settlement.¹³⁷ It pledged to, among other things, provide screening of contagious diseases and timely referrals for those in need of medical attention, stop untrained prison employees (MTAs) assessing prisoners’ medical needs, and provide medications without delays.¹³⁸ Nevertheless, foreshadowing the struggles to come, *Shumate* plaintiff Marcia Bunney expressed concern “that [prison officials] will never live up to this agreement, and I wonder how many women will have to die here before they make a change.”¹³⁹ On December 22, 1997, despite the women’s concerns, Judge Shubb approved the settlement and dismissed the case.¹⁴⁰

Under the terms of the *Shumate* settlement, the CDCR agreed to allow an independent court-appointed team of five medical experts to monitor the prison’s compliance for an eight-month period.¹⁴¹ The first report showed that the facilities failed to adhere to state standards in several medical areas. Although the CDCR failed the first assessment, the final report found that CIW and CCWF met most of the criteria of the *Shumate* settlement terms.¹⁴² Because the CDCR passed the second assessment, it requested unconditional dismissal of the case.¹⁴³

Although medical care at these institutions initially appeared to improve, a series of scandals in 2000—including delays in treatment and accusations of administrators tampering with medical records—called this progress into question. These incidents drove the prisoners’ attorneys

¹³³Law, *Resistance Behind Bars*, 132, 140–1; CCWP, “The Fire Inside,” <https://womenprisoners.org/the-fire-inside-archive/>; CCWP, “Our Story,” <https://womenprisoners.org/about-us/> (accessed Dec. 2021).

¹³⁴Charisse Shumate, “The Pros and Cons of Being a Lead Plaintiff,” *The Fire Inside*, Issue 6 (Dec. 1997): 2, box 8, folder, 237, JGP.

¹³⁵*Shumate et al., Plaintiffs, v. Wilson, et al., Defendants*, “Class Action Complaint,” 2.

¹³⁶Charisse Shumate, “The Battle Must Go On!” *The Fire Inside*, Issue 4 (May 1997): 1, box 8, folder 237, JGP.

¹³⁷Karen Shain, “Women Prisoners Win Shumate Case! Demonstration for Rights of Women Prisoners Set for October 4th,” *The Fire Inside*, Issue 5 (Sep. 1997), <https://www.womenprisoners.org/fire/000474.html> (accessed Aug. 2021); Civil Rights Litigation Clearinghouse Case Profile, “*Shumate v. Wilson*,” <https://www.clearinghouse.net/detail.php?id=582> (accessed Dec. 2021).

¹³⁸*Charisse Shumate et al., Plaintiffs, v. Wilson, et al., Defendants*, “Settlement Agreement,” (Sept. 9, 1997), 8–9, 14, <https://www.clearinghouse.net/chDocs/public/PC-CA-0011-0004.pdf> (accessed Dec. 2021).

¹³⁹Shain, “Women Prisoners Win Shumate Case!”

¹⁴⁰Civil Rights Litigation Clearinghouse Case Profile, “*Shumate v. Wilson*.”

¹⁴¹*Shumate et al., Plaintiffs, v. Wilson, et al., Defendants*, “Settlement Agreement,” 4–7.

¹⁴²Law, *Resistance Behind Bars*, 118–9.

¹⁴³Civil Rights Litigation Clearinghouse Case Profile, “*Shumate v. Wilson*.”

to submit a motion to the court to reopen discovery in the case.¹⁴⁴ Judge Shubb denied the motion to reopen discovery and dismissed *Shumate* with prejudice, meaning that the plaintiffs could never bring it again. He closed the case in August 2000.¹⁴⁵

As medical mistreatment persisted in California's women's prisons, the women and their advocates pursued further legal redress. Two months after the *Shumate* dismissal, on October 11 and 12, 2000, State Senator Richard Polanco (D-Los Angeles), Chair of the Joint Subcommittee on Prison Construction and Operations, led a two-day Joint Legislative Committee on Prison Construction and Operations hearing to review prison conditions at two of California's women's prisons, CCWF and VSPW. During the hearing, fifteen women prisoners from CCWF and VSPW, as well as CIW, including Charisse Shumate and other *Shumate* plaintiffs, each spoke to the pervasive medical problems at the prisons, including the failure to inform women who tested positive for hepatitis C.¹⁴⁶ As a prisoner co-infected with HIV and hepatitis C, Judy Ricci, who earned the nickname Dr. Juju for teaching herself and educating others at CCWF about both diseases, described the end-stage liver disease of a fellow co-infected inmate who had died the previous month:

The first woman that died on September 6, 1999, I had seen this woman running around for months. She had pieces of Tampax and Kleenex stuffed up in her nose to stop the flow of blood. Her stomach, she was a little skinny woman, looked like a basketball. ... Her eyes were literally the color of a pumpkin. I had never approached this woman, because while I knew what she had ... I didn't want to break her confidentiality and I didn't want to offend her. But I couldn't help asking her, "Do you need some help?" ... As a person who was informed, I could see and I knew what was happening to her, and it hurt that much worse, but anybody, even an untrained eye, could see that she was going to die. How did they release her from the hospital in this condition?¹⁴⁷

Other women testified to the negative impact that ongoing delays to testing and treatment had on their health.¹⁴⁸ They also spoke of the sexual abuse and assault they experienced at the hands of prison staff.¹⁴⁹ What State Senator Cathie Wright (R-Simi Valley) heard over the course of those two days "curdled [her] stomach."¹⁵⁰ The hearing concluded with law makers agreeing to a follow-up study and recommendations.¹⁵¹

Women continued to die in California's prisons despite this legal settlement reached on behalf of 5,000 women. *Shumate* plaintiff Brenda Otto died of a heart attack on April 28, 1996. The heart attack followed two strokes for which staff denied her treatment in the infirmary.¹⁵² In August 1999, after becoming incarcerated at CCWF, Carolina Paredes asked for a medical exam for her abdominal pains and received a diagnosis of uterine cancer a few

¹⁴⁴Civil Rights Litigation Clearinghouse Case Profile, "*Shumate v. Wilson*," <https://www.clearinghouse.net/detail.php?id=582> (accessed Dec. 2021); Law, *Resistance Behind Bars*, footnote 155, 247.

¹⁴⁵Charisse Shumate, et al., *Plaintiffs, v. Pete Wilson, et al., Defendants*, "Order" (Aug. 8, 2000), 1–5, here 2–3, <https://www.clearinghouse.net/chDocs/public/PC-CA-0011-0011.pdf>; Order of Dismissal (Aug. 21, 2000), 1–3, <https://www.clearinghouse.net/chDocs/public/PC-CA-0011-0008.pdf> (accessed Aug. 2021).

¹⁴⁶Judy Greenspan, "Positive Women Prisoners Speak Out," 25–6.

¹⁴⁷Safreed Harmon, "HIV Incarcerated Women," 18; Law, *Resistance Behind Bars*, 40.

¹⁴⁸Diana Block and Donna Willmott, "Legislative Hearings: Speaking Truth to Power," *The Fire Inside* Issue 16 (Dec. 2000), <https://www.womenprisoners.org/fire/000224.html> (accessed Dec. 2021).

¹⁴⁹Janice Jordan, "Legislative Hearings: Battered Women Speak," *The Fire Inside* Issue 16 (Dec. 2000), <https://www.womenprisoners.org/fire/000222.html> (accessed Dec. 2021).

¹⁵⁰Block and Willmott, "Legislative Hearings."

¹⁵¹Katie Szymanski, "Medical Conditions Worsen Inside State Prison for Women," *Bay Area Reporter*, Dec. 14, 2000, 18, box 6, folder 185, JGP.

¹⁵²CCWP members, "Women Sue for Healthcare," *The Fire Inside* Issue 1 (Summer 1996), <https://www.womenprisoners.org/fire/000816.html> (accessed Dec. 2021).

months later. Prison staff repeatedly interrupted Paredes's chemotherapy cycles and, in May 2000, doctors gave her a diagnosis of six months or less to live. Despite her eligibility, the prison refused to grant Paredes compassionate release and she died in CCWF on December 14, 2000.¹⁵³ Paredes's death represented a larger pattern of neglect at the prison. Seven more women died between November and December—three of whom were HIV-positive.¹⁵⁴ A total of sixteen women died at CCWF in 2000, following a total of nine in 1999 and ten in 1998.¹⁵⁵

These women's deaths drew renewed public attention to the situation inside the prison.¹⁵⁶ Amnesty International highlighted the urgent need for an "independent investigation into the deaths at California prison."¹⁵⁷ The seven deaths in December 2000 persuaded CDCR officials to allow another independent team of medical doctors to review the women's records, but their actions failed to prevent several more women, including Twillah Wallace, to die in 2001.¹⁵⁸ Charisse Shumate died at CCWF on August 4, 2001. Governor Gray Davis, a Democrat, refused to grant Shumate the clemency that the Board of Prison Terms recommended and which needed his approval—a decision that reflected the bipartisan commitment to inhumane methods of punishment at this time.¹⁵⁹ Similar to Paredes and many others, Shumate died, away from her friends and family, in prison.¹⁶⁰

Like women of all races in CCWF and other women of color beyond prison who had been long denied adequate healthcare, Shumate suffered from mistreatment at the hands of mostly male prison guards and officials who refused to take her healthcare needs seriously. She also suffered from living in a scaled-up prison system that not only failed to prepare for but proved unwilling to respond to her chronic healthcare needs. The efforts of Shumate and her peers to access efficient and humane treatment in prison was striking given how much was against them. Nonetheless, the actions on the part of prison officials to quash their protests were matched by the efforts of women to get their stories out. As prison staff frequently dismissed women's complaints and punished those who agitated for change, women believed that securing outside recognition and support offered the best chance to hold the prison system accountable for medical neglect and other acts of mistreatment. After a remarkable five-year legal battle, their deaths at the hands of the expanded prison system also highlighted the limited power of women to effect institutional change. Nonetheless, women incarcerated inside CCWF and other Californian prisons have continued, with the CCWP, to fight for justice.¹⁶¹

Activists' efforts can take years to bear fruit. Around the same time that the women filed *Shumate*, people in men's prisons filed two other cases, *Coleman v. Brown* (1990) and *Plata v. Brown* (2001), which similarly alleged that the CDCR's inadequate medical care violated

¹⁵³Silja J. A. Talvi, "Eight Prisoner Deaths in California Women's Prison," *Prison Legal News* (May 2001): 9–11.

¹⁵⁴Judy Greenspan, "Notes on the Death of Another Women Prisoner at the Central California Women's Facility," 1–2, here 1, box 6, folder 185, JGP.

¹⁵⁵Jim Davis, "3 Prison Deaths Questioned: An Independent Inquiry Is Sought at Chowchilla Facility," *The Fresno Bee*, Dec. 20, 2000, A1, box 6, folder 185, JGP.

¹⁵⁶Davis, "3 Prison Deaths Questioned"; Eric Baily and Mark Arax, "Deaths of Women in State Prison Probed," *Los Angeles Times*, Dec. 20, 2000, A3; Sabin Russell, "State Probing 5 Recent Deaths of Female Inmates at Chowchilla," *San Francisco Chronicle*, Dec. 13, 2000, A6; Sabine Russell, "2 More Die at Women's Prison in Chowchilla: 3 of 7 Recent Deaths Under Investigation," *San Francisco Chronicle*, Dec. 20, 2000, A3.

¹⁵⁷Amnesty International, "USA: Independent Investigation into Deaths at California Prison Urgently Needed," Dec. 21, 2000, box 6, folder 185, JGP.

¹⁵⁸Davis, "3 Prison Deaths Questioned," A1; Russell, "2 More Die at Women's Prison in Chowchilla," A3; CCWP, "Dedication to Twillah Wallace," *The Fire Inside*, Issue 19 (Fall 2001), <https://www.womenprisoners.org/fire/000183.html> (accessed Dec. 2021).

¹⁵⁹Law, *Resistance Behind Bars*, 39–40.

¹⁶⁰CCWP, "Charisse Shumate, a Warrior, a Friend, an Inspiration," *The Fire Inside*, Issue 19 (Fall 2001), <https://www.womenprisoners.org/fire/000182.html> (accessed Dec. 2021); The Freedom Archives, "Charisse Shumate—Fighting for Our Lives," <http://www.freedomarchives.org/Charisse.html> (accessed Dec. 2021).

¹⁶¹History of CCWP and *Charisse Shumate: Fighting for our Lives* Film, Aug. 15, 2003, CCWP, <http://womenprisoners.org/about/000085.html> (accessed Aug. 2021).

the Cruel and Unusual Punishment Clause of the Eighth Amendment, as well as the Americans with Disabilities Act and section 504 of the Rehabilitation Act.¹⁶² *Coleman* and *Plata* laid the basis for the significant 2011 decision in *Brown v. Plata*, in which the Supreme Court upheld a lower-court order for California to reduce its prison population finding the state's overcrowded prisons in violation of the Eighth Amendment. Yet *Shumate v. Wilson* (1995) also set a precedent for change, raising public awareness of the inhumanity of the expanded prison system, especially toward women with HIV-AIDS and other, multiple health conditions, at the turn of the twenty-first century. Women in prison and their allies have similarly fought for recent state-level policy wins in New York.¹⁶³

Conclusion

The medical mistreatment of women living with HIV-AIDS and other health complications in facilities such as Bedford Hills and CCWF since the 1980s underscores Emily Thuma's argument that the modern carceral state functions as a source of further harm rather than safety and redress.¹⁶⁴ Much of this harm resulted from the fact that the expanding prison system of the late twentieth century failed to respond to women's chronic and reproductive healthcare needs—a reality which inspired women to set up prison support groups that made space for women in a system built for men. The mistreatment women routinely suffered drove many to initiate contact with outside organizations, compelling activists to address the gendered and racial nature of HIV-AIDS prison issues. Their efforts culminated in a class action lawsuit against one of the largest and most powerful prison systems in the United States—a battle that the LSPC described as a “modern day David v. Goliath.”¹⁶⁵

A key to the women's success in bringing the lawsuit came from their ability to articulate their needs and to mobilize around their right to medical care and protection from cruel and unusual punishment as the U.S. Constitution guaranteed. As one advocate writing about *Shumate* in the May 1997 issue of *The Fire Inside* noted, “Women prisoners ... believe that they have a constitutional right to medical care, that their punishment is being in prison and should not be compounded by being forced to live in constant pain and fear of death.”¹⁶⁶ It remained the state's responsibility to provide for health services for those in prison. The women also argued that prisons should not only protect their constitutional rights as citizens but ensure their safety and dignity. The women's success centered on their ability to come together and work across multiple identity categories with others inside and outside prison for the shared goal of securing decent medical care for all. As Judi Ricci of CCWF put it, “I believe that every person, Black, white, male or female, incarcerated or free, has a right to decent and responsible healthcare.”¹⁶⁷

Emma Day is a Research Fellow at the Rothermere American Institute at the University of Oxford. She completed her D.Phil. in history at Oxford in 2020. Her first book, *In Her Hands: Women Protesting the AIDS Epidemic in the United States*, is forthcoming from the University of California Press.

¹⁶²*Brown v. Plata*, 563 U.S. 493 (2011), 1.

¹⁶³Angela Davis has presented prison reform as an imperfect goal of criminal justice activism, as the objective of reform legitimizes the prison system. Nevertheless, Davis also acknowledged the immediate need to stop the medical neglect and sexual abuse that remains endemic in women's prisons and other carceral spaces across the United States—a need that the *Shumate* case addressed. Davis, *Are Prisons Obsolete?*, 20.

¹⁶⁴Thuma, *All Our Trials*, 4.

¹⁶⁵LSPC, “Protecting Basic Human Rights,” 1.

¹⁶⁶CCWP, “Women Prisoners Will Have Their Day in Court,” *The Fire Inside*, Issue 4 (May 1997): 1, box 8, folder 237, JGP.

¹⁶⁷Law, *Resistance Behind Bars*, 28.