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VIA ELECTRONIC MAIL ONLY

CONFIDENTIAL
SUBJECT TO PROTECTIVE ORDERS

CDCR Office of Legal Affairs
J. Clark Kelso
Colette Peters

Re: Protection of *Coleman* and *Plata* Class Members from Extreme Heat

Dear CDCR-OLA and Receivers Kelso and Peters:

We write to raise ongoing concerns with CDCR's efforts to protect *Plata* and *Coleman* class members from extreme heat, and to request that CDCR and CCHCS, in consultation with the *Plata* and *Coleman* Receivers, work to develop and implement effective heat mitigation measures, including interim measures if necessary for the next heat season.

I. Heat Poses an Unreasonable Risk of Harm

Heat poses an unreasonable risk of harm to *Plata* and *Coleman* class members. Heat kills more people in the United States than any other type of extreme weather.¹ Extreme heat poses a substantial risk of adverse health outcomes, including: hospitalization for heart disease; heat exhaustion, stroke, and syncope; worsened asthma and COPD; dehydration and kidney injury; and death.² All people, even those who are

¹ See *Heat Safety Tips and Resources*, National Weather Service, <https://www.weather.gov/safety/heat> (last accessed April 28, 2026) (“Heat is the leading weather-related killer in the United States, resulting in hundreds of fatalities each year.”).

² See CLIMATE AND HEALTH OUTLOOK: EXTREME HEAT, U.S. DEP'T OF HEALTH & HUMAN SERVS., OFF. OF CLIMATE CHANGE & HEALTH EQUITY 3 (July 2024), <https://ghhin.org/wp-content/uploads/july-2024-climate-health-outlook.pdf>; *Tiede v. Collier*, 796 F. Supp. 3d 275, 289 (W.D. Tex. 2025) (“Dr. Vassallo credibly testified that

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young and healthy, are at substantial risk of adverse health outcomes resulting directly from heat, including heat cramps, heat syncope, heat exhaustion, and heat stroke. This risk is “well documented and well established in the medical literature.”³ People over the age of 65 and those with chronic conditions (including diabetes, pulmonary disease, or cardiovascular disease) are at increased risk of harm.⁴ As has already been established in *Coleman*, people taking medications that impair thermoregulation, including SSRIs (selective serotonin reuptake inhibitors), are also at increased risk of harm.⁵

As the *Plata* Court recently summarized, extreme heat “not only has the potential to impact the physical health of [people incarcerated in CDCR] resulting in the need for medical care, but it’s already doing that.”⁶ Recent CCHCS data shows that in 2024 alone, there were 45 heat-related hospital/ER visits in CDCR.⁷ Since 2016, there have been 245 such visits.⁸ This is likely “an undercount” of all heat-related illness in the prisons.⁹ The report only summarized hospital and ER visits; it did not include treatment provided in the prisons.¹⁰

Recent studies have also found a clear link between high temperatures and adverse psychological consequences, such as increased impulsivity and the exacerbation of

. . . risks include heat exhaustion, heat rash, dehydration, heat cramps, heat syncope, and heat stroke—the last of which carries a ‘high mortality rate’ and can have lasting negative health consequences.”).

³ Declaration of Susi Vassallo, M.D., at ¶ 27, *Tiede v. Collier*, No. 1:23-cv-01004-RP (W.D. Tex. Apr. 25, 2024) (No. 50-2).

⁴ See U.S. Centers for Disease Control & Prevention, *People at Increased Risk for Heat-Related Illness* (June 25, 2024), <https://www.cdc.gov/extreme-heat/risk-factors/index.html>; *Tiede v. Collier*, 796 F. Supp. 3d at 287.

⁵ Declaration of Susi Vassallo, M.D., *supra* n. 3, at ¶ 34. Numerous classes of prescription drugs impair thermoregulation, including anticholinergics, which are used to treat a wide variety of diseases, including depression, and SSRIs (selective serotonin reuptake inhibitors), also commonly used to treat depression. *Id.* ¶ 37. See also *Coleman* Order 2, ECF No. 232; *Coleman* Special Master’s 31st Round Focused Heat Plan Monitoring Report, Ex. A at 3, ECF No. 8558-1; HC-DOM § 3.5.13(d).

⁶ *Plata* Reporter’s Transcript, 9/15/25 at 25:10-14; see Cal. Corr. Health Care Servs., *Heat Related Hospitalization Data* (Sept. 2025), attached as **Exhibit A**.

⁷ See **Exhibit A** [CCHCS Hospitalization Data] at 1.

⁸ *Id.* at 2.

⁹ *Id.* at 5.

¹⁰ See *id.*

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existing mental health symptoms.¹¹ A recent study by Dr. Brie Williams and several colleagues showed that “extreme heat” days (defined as days with a heat index between 80 and 89° F) were “significantly associated with a 30% increase in the incidence of daily suicide-watch incidents” in a prison system without air-conditioned housing units.¹² Likewise, a recent analysis at the University of Adelaide School of Public Health found a 2.2% increase in mental health-related mortality and 0.9% increase in mental health morbidity associated with every 1.8°F rise in ambient temperature.¹³

Our monitoring has also found that high temperatures are correlated with worsening mental health symptoms. Last summer (August 2025), for example, we conducted extensive class member interviews about heat-related issues at three CDCR prisons which performed poorly in the Special Master’s focused review of heat plan compliance.¹⁴ During these interviews, class members reported their mental health deteriorated in periods of extreme heat. At SATF, for example, [REDACTED], who is diagnosed with hearing voices, reported that when it gets hotter the voices in his head get louder. At CCWF, [REDACTED] reported that the high temperatures in her cell pushed her into a suicidal crisis (she reported breaking a window and attempting to hang herself).

It is also clear that periods of extreme heat are becoming more frequent and severe in the State.¹⁵ In its June 2025 *Climate and the Impact on CDCR* publication, the

¹¹ See Stephanie Pappas, *How heat affects the mind*, 55 MONITOR ON PSYCHOL., no. 4, (June 1, 2024), <https://www.apa.org/monitor/2024/06/heat-affects-mental-health>.

¹² See David H. Cloud, PhD, JD, et al., *Extreme Heat and Suicide Watch Among Incarcerated Men*, 6 JAMA NETWORK OPEN, no. 8 (Aug. 11, 2023), <https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2808211>.

¹³ See Jingwen Liu et al., *Is there an association between hot weather and poor mental health outcomes? A systematic review and meta-analysis*, ENV’T INT’L 153 (2021), <https://doi.org/10.1016/j.envint.2021.106533>.

¹⁴ We conducted 63 interviews with heat-risk CCCMS and EOP class members at the Substance Abuse Treatment Facility (SATF), Central California Women’s Facility (CCWF), and Pleasant Valley State Prison (PVSP). See Coleman Special Master’s 31st Round Heat Plan Monitoring Report, ECF No. 8558, attached hereto as **Exhibit B**.

¹⁵ See Gov. Newsom, *Protecting Californians From Extreme Heat: A State Action Plan to Build Community Resilience* at i (2022), <https://resources.ca.gov/-/media/CNRA-Website/Files/Initiatives/Climate-Resilience/2022-Final-Extreme-Heat-Action-Plan.pdf> (“California’s best climate science projects that every corner of our state will be impacted in years and decades to come by higher average temperatures and more frequent and severe heat waves.”).

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Department stated that “many” prisons “are built in locations that are likely to experience more extreme impacts from climate change,” including “temperature increases of 8.5°F.”¹⁶

CDCR has also acknowledged that only 24% of its housing units have mechanical air conditioning and that the “concrete construction and the lack of insulation means that there is little barrier to the transmission of both heat and cold from the walls directly into cells.”¹⁷ CDCR reported **indoor temperatures of 90°F or higher** on at least 211 occasions in 2023-24.¹⁸

Finally, the National Commission on Correctional Healthcare recently released a position statement regarding extreme temperatures in correctional facilities, stating that “[e]xtreme indoor and outdoor temperatures adversely affect the health of people residing and working in carceral settings” and calling upon “[e]very carceral facility [to] implement standards to minimize extreme temperature exposure indoors and outdoors and adopt steps for prevention and mitigation.”¹⁹

* * *

Despite the seriousness of this issue and the significant, known risk of harm to class members, CDCR has failed to take reasonable steps to protect class members. CDCR’s current Heat Plan is outdated and inadequate to protect against this risk of harm. Even if it were effective, our monitoring, and an investigation by the California Office of the Inspector General,²⁰ has revealed that CDCR consistently ignores the requirements of the existing Heat Plan. Action is urgently needed to protect class members.

¹⁶ See Cal. Dep’t of Corr. & Rehab., *Climate and the Impact on CDCR* at 2 (June 2025), <https://www.cdcr.ca.gov/green/wp-content/uploads/sites/176/2025/06/Climate-and-the-Impact-on-CDCR.pdf>; see also Cal. Dep’t of Corr. & Rehab., *Change Adaptation* at 10-11 (2020), <https://www.cdcr.ca.gov/green/wp-content/uploads/sites/176/2020/05/2020-21-1-CHAPTER-ONE-CLIMATE-CHANGE-ADAPTATION.pdf>.

¹⁷ See *Climate and the Impact on CDCR*, *supra* n. 16, at 2-4.

¹⁸ *Id.* at 2.

¹⁹ Nat’l Comm’n on Corr. Healthcare, *Climate Control for Extreme Temperatures for Corrections* 1 (Aug. 2024), <https://www.ncchc.org/wp-content/uploads/Climate-Control-for-Extreme-Temperatures-in-Corrections-2024.pdf>.

²⁰ See Section III.A., *infra*.

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II. CDCR’s Heat Plan is Outdated and Insufficient

The Heat Plan – which represents CDCR’s current plan to protect *Coleman* and *Plata* class members from this risk of harm – is outdated and insufficient.

The Heat Plan was developed at the beginning of the *Coleman* case based on a stipulated order for preliminary injunctive relief in 1992.²¹ As the *Coleman* Special Master outlines in the background section of his 31st Round Heat Plan Monitoring report:

The May 7, 1992 Stipulated Order applied to part of the Plaintiff class who are at “heat risk,” i.e. those inmates who were prescribed, or who will be prescribed, “psychotropic drugs” in this litigation. ECF No. 232 at 2. The 1992 Stipulated Order required that CDCR institutions maintain a weekly list of the inmates prescribed the heat-risk medications. *Id.* at 3. In addition, institutions were required to keep records concerning outside air temperatures in excess of 90 degrees, inside air temperatures in excess of 90 degrees, and medical incidents significantly related to heat exposure. *Id.* at 5-6. The stipulated order also established requirements for three stages of Heat Alerts (Stages I, II, and III). See *id.* 8-10; see also *infra* pp. 5-6 for discussion of the three Heat Alert stages. Whenever, in a clinician’s judgement, a heat risk inmate was suffering from a medical condition that is related to heat exposure, it was required to be documented on a standard form “heat incident log.” ECF No. 232 at 8. Finally, the stipulated order required staff to receive annual training regarding the heat plan and its requirements. *Id.* at 11.

The Heat Plan states that all incarcerated patients prescribed any of the designated Heat Alert Medications are considered heat-risk patients. The plan sets forth three stages of heat alerts: stage one occurs when outside temperatures rise to 90 degrees or more, stage two occurs when inside temperatures rise to 90 degrees or more, and stage three occurs when inside temperatures rise to 95 degrees or more. See 2025 Heat Plan Memorandum, attached hereto as **Exhibit C**. At each stage of the heat alert, staff are required to take certain action.

In the 30 years since the Heat Plan was ordered, medical science has evolved significantly—leading to a much better understanding of the effects of heat on the body and how to prevent heat-related harm—while climate change has made the summers in California hotter and more dangerous. As a consequence of both changes, it is now clear

²¹ *Coleman* Order, ECF No. 232.

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that the existing heat plan is increasingly inadequate to protect class members from the serious risk of harm.

A. The Heat Plan is Underinclusive

As an initial matter, the Heat Plan is inadequate because it is far too narrow in who it is designed to protect. The protections called for in the Heat Plan are largely limited to “incarcerated persons currently prescribed any of the designated Heat Alert Medications.”²² But as described above, all people face a risk of adverse health outcomes in extreme heat. And in addition to those prescribed medications that impair their ability to thermoregulate, people over the age of 65 and those with certain chronic conditions (including diabetes, pulmonary disease, or cardiovascular disease) are also at significantly increased risk of harm.²³ CDCR’s current Heat Plan ignores these risks.

B. The Heat Plan is Based on Faulty Metrics and Dangerous Assumptions

As described above, the Heat Plan requires prison staff to act to mitigate the risk of harm from heat when certain threshold temperatures are reached. Those foundational thresholds are flawed in at least three critical respects.

The first set of heat plan requirements kicks in when it is 90 degrees or higher outdoors. However, waiting until it is 90 degrees outside to act will not protect class members from exposure to harm from heat. This is true for several reasons.

First, as we have previously raised,²⁴ **the appropriate metric to measure risk of harm from heat is *heat index***, not temperature. The heat index is the accepted holistic measure used by the National Weather Service to issue heat advisories and by medical

²² **Exhibit C** [CDCR’s 2025 Heat Plan] at 3.

²³ *See People at Increased Risk for Heat-Related Illness*, U.S. CENTERS FOR DISEASE CONTROL & PREVENTION (Feb. 20, 2024), <https://www.cdc.gov/extreme-heat/risk-factors/index.html>; *Tiede v. Collier*, 796 F. Supp. 3d at 287.

²⁴ *See* Ltr. from T. Nolan to CDCR Office of Legal Affairs Re: *Coleman v. Newsom* Serious Heat Plan Issues Underscored by Current Heat Wave and Recent Likely Heat-Related Death at CCWF at 5 (July 26, 2024); *see also* Ltr. from Sophie Hart to CDCR and CCHCS Re: Installation of Heat Sensors in CDCR at 2 (Feb. 12, 2026) (attached as **Exhibit D**).

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professionals.²⁵ The heat index is calculated by combining air temperature and humidity, and it is a better gauge of the body's reaction to the external environment than temperature alone.²⁶ Even when humidity is moderate, heat index is generally higher—and sometimes much higher—than the ambient temperature.²⁷ Thus, relying on measurements of temperature alone may dramatically underestimate the heat risk to which class members are exposed. Further, relying on staff to manually determine when the temperature reaches the 90-degree threshold is an unreliable process that is “prone to errors and missed temperature readings,” including because temperature readings are sometimes taken in inappropriate locations.²⁸

Second, **the threshold of 90 degrees is simply too high.** “[P]opulation-level studies show[] elevated heat-related mortality” and morbidity among older adults (defined as those 65 and older) as soon as the outdoor temperature exceeds 78.8 degrees.²⁹ California’s Department of Housing and Community Development recommends a statewide maximum safe indoor air temperature of 82°F.³⁰ And “a heat

²⁵ Declaration of Susi Vassallo, M.D., *supra* n. 3, at ¶ 14; *see also* Nat’l Weather Servs., *What is the heat index?*, <https://www.weather.gov/ama/heatindex> (last accessed Apr. 28, 2026).

²⁶ Declaration of Susi Vassallo, M.D., *supra* n. 3, at ¶ 14.

²⁷ *Heat Index Chart*, NAT’L OCEANIC & ATMOSPHERIC ADMIN., (last accessed Apr. 2, 2026), https://www.noaa.gov/sites/default/files/2022-05/heatindex_chart_rh.pdf.

²⁸ Office of the Inspector General, Audit of the California Department of Corrections and Rehabilitation’s Management of Temperature Conditions Within California’s Prisons at 17, 14 (Sept. 2025) (“OIG Report”) (“Departmental staff ... told auditors that temperature readings were sometimes taken in locations that would not show the most accurate reading, such as locations near doorways.”); *Coleman* Special Master’s 31st Round Heat Plan Monitoring Report, **Exhibit B**, at 31 (prison staff at one prison used cell phone weather app to determine temperature, and staff at another prison determined temperature based on a thermometer taped to a window in an air-conditioned, staff only space).

²⁹ *See* Robert D. Meade et al., *Effects of Daylong Exposure to Indoor Overheating on Thermal and Cardiovascular Strain in Older Adults: A Randomized Crossover Trial*, 132 ENVTL HEALTH PERSPECTIVES, no. 2, (2024) [<https://doi.org/10.1289/EHP13159>].

³⁰ *See Policy Recommendations: Recommended Maximum Indoor Air Temperature*, CAL. DEP’T HOUSING AND COMMUNITY DEV. 2 (2025), <https://www.hcd.ca.gov/sites/default/files/docs/policy-and-research/plan-report/ab-209-policy-recommendations.pdf>

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index of 88° or higher poses a substantial risk of adverse health outcomes in all inmates—even those who are young and healthy.”³¹

Third, the Heat Plan requires additional action be taken when *indoor* temperatures rise to 90 degrees. But **the plan fails to require that temperatures be measured in peoples’ cells**. This is a serious, dangerous problem, because as the Department itself has acknowledged, cells can be significantly hotter than common areas and incarcerated people are often confined to their cells during periods of heat. In its June 2025 *Climate and the Impact on CDCR* publication, **the Department reported that when it is 88.2 °F in a dayroom, it may be 109.1 °F in a cell.**³² Despite this acknowledgment, the 2025 Heat Plan Memorandum has no requirement that temperatures be taken in cells.³³

We understand that CDCR is considering installing heat sensors to automatically capture heat data. We support this effort. Installing sensors capable of automatically measuring and transmitting data is key to generating reliable information about heat in the prisons. However, and as we have previously emphasized: (1) the sensors must measure and record heat index, not just temperature; and (2) the sensors must be installed in locations that will adequately and accurately capture the highest heat index people are exposed to inside housing units.³⁴ The Department’s plan – to install sensors only on the wall above the control room – is clearly inadequate.

C. The Risk Mitigation Measures Mandated by the Heat Plan are Insufficient

The mitigation measures required by the Heat Plan to protect class members once the heat thresholds are reached are also unsuited to preventing heat-related illness and death.

1. Stage One Heat Alerts

During a stage one heat alert, when outdoor temperatures rise to 90 degrees, the Heat Plan mandates that heat-risk individuals be brought indoors. This requirement does

³¹ *Tiede v. Collier*, 796 F. Supp. 3d at 289 (“Dr. Vassallo credibly testified that a heat index of 88° or higher poses a substantial risk of adverse health outcomes in all inmates—even those who are young and healthy.”).

³² *See Climate and the Impact on CDCR*, *supra* n. 16, at 2.

³³ **Exhibit C** [CDCR’s 2025 Heat Plan] at 4.

³⁴ *See Exhibit D* [Ltr. from Sophie Hart to CDCR and CCHCS Re: Installation of Heat Sensors in CDCR].

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not prevent exposure to extreme heat, *and may in fact expose class members to a greater risk of harm.*

First, and fundamentally, bringing class members indoors when it is 90 degrees outside will not reliably protect them from exposure to extreme heat, because most housing units are not air-conditioned, and many people end up locked in their cells, *even though, as described above, cells are often the hottest part of a unit.*

Again, the Department has reported that when it is 88.2 °F in a dayroom, it may be 109.1 °F in a cell.³⁵ Our class member interviews confirmed that the cells are often the hottest part of the unit. At SATF, for example, [REDACTED] reported that the cell is “way hotter” than other parts of the unit, and that three weeks prior to his interview, he lost consciousness for thirty seconds due to the high temperature in his cell. His cellmate assisted him by throwing water on him. Also at SATF, [REDACTED] reported that he has observed people reporting medical emergencies (going “man down”) when it is too hot, just to escape their cells. And [REDACTED] described the bottom tier of his unit as “bad” and the top tier as “worse.” He similarly said that in-cell heat is so unbearable that he has observed people in his unit reporting medical emergencies just to get taken out of the cell. At CCWF, [REDACTED] reported that when swamp coolers are off, the cell heats up quickly and can feel hotter than outside, even with the door open. At PVSP, [REDACTED] reported that the hottest part of the unit is his cell, which is especially difficult when the unit is on lockdown and he is restricted to his cell.³⁶

These accounts are consistent with those recently reported by the Office of the Inspector General, in its September 2025 *Audit of the California Department of Corrections and Rehabilitation’s Management of Temperature Conditions Within California’s Prisons*.³⁷ The OIG quoted an incarcerated person at Corcoran State Prison who reported suffering “anxiety attacks” while locked down in their cell in the heat,

³⁵ See *Climate and the Impact on CDCR*, *supra* n. 16, at 2.

³⁶ Our interviews also confirmed that the hottest part of the unit is often based on the unique orientation of the building in relation to the sun, and can vary from building to building based on multiple factors. For example, at CCWF, [REDACTED] reports that her hall is the hottest part of the unit because of constant exposure to the sun’s rays on the outside wall closest to her dorm, and because her unit has windows with no shades. At PVSP, [REDACTED] reports that the hottest areas of his unit are the cells in the “back” of the unit which face the west.

³⁷ OIG Report, *supra* n. 28.

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“because there was not enough air flow in the cell.” Another person reported it was “too hot” and they “couldn’t breathe” in their cell, and that “[t]he day room is cooler than the cells.”³⁸

In our July 2024 letter, we reported that, during heat alerts, CDCR often holds vulnerable individuals in cells, because of staffing shortages.³⁹ Prison Law Office monitors also previously reported this problem at CMF⁴⁰ and SATF.⁴¹ The *Coleman* Special Master raised the same concern in his 30th round reporting.⁴² During somewhat more recent interviews, interviewed class members again raised concerns about the impact of staffing shortages on out-of-cell time during heat alerts. For example, [REDACTED] reported that CCWF reception center housing often allows only one hour out-of-cell time a week, and only if two officers are present. She reports that when only one officer is present, there is no release at all, leaving people stuck in hot cells.

2. Stage Two Heat Alerts

During a stage two heat alert, when *indoor* temperatures rise to 90 degrees, the Heat Plan requires staff to “initiate cooling and hydration measures,” and increase their observations of incarcerated people for signs of heat-related illness. The “cooling and

³⁸ OIG Report, *supra* n. 28, at 14.

³⁹ See Ltr. from T. Nolan to CDCR Office of Legal Affairs Re: *Coleman v. Newsom* Serious Heat Plan Issues Underscored by Current Heat Wave and Recent Likely Heat-Related Death at CCWF, *supra* n. 24.

⁴⁰ Ltr. from M. Hatton to CDCR Office of Legal Affairs Re: *Coleman v. Newsom* Dangerous Heat Conditions at CMF (Aug. 2, 2024) (reporting that in M-3, the third-floor EOP RHU, class members are not allowed out of their hot cells on weekends due to staffing issues).

⁴¹ Email from R. Lomio to CDCR Office of Legal Affairs Re: Extreme Heat at SATF (July 15, 2024) (reporting both that temperature measurements in dayrooms were “in some cases are at least ten degrees cooler than the cells in which people are confined” and that on some yards, people were “largely locked in their cells/pods . . . for a variety of reasons, including staff shortages, altercations on the yard, and because that dayroom is closed whenever someone is on suicide precautions in the unit”).

⁴² See *Coleman* 30th Round EOP Report, ECF 8095 at 684 (CCWF staffing shortages impacting ability to provide dayroom during heat alerts).

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hydration measures” called for in the plan – providing cool showers,⁴³ cold drinking water,⁴⁴ and fans⁴⁵ – can provide a very limited amount of cooling and some increased comfort to incarcerated people living with extreme heat, but, without additional interventions, they do not adequately “guard against the health risks” of extreme heat.

3. Medication Lines

The Heat Plan permits heat-risk individuals to spend 30 minutes outside to perform officially sanctioned activities, such as returning to housing units and receiving medications, during heat alerts. However, on many yards, medications are distributed on the yard, at a pill call window, with no or plainly inadequate shade cover.⁴⁶

For example, at SATF, CCCMS class members reported having to walk to the yard and wait in a medication line for an extended period before receiving their medications. Some class members expressed that waiting in long lines in the sun discourages them from retrieving their medications. [REDACTED] reported that he sometimes refuses to take medication because he does not want to wait in a long line in the intense heat. At CCWF, [REDACTED] reported that she has to wait up to an hour in the sun to retrieve her medications, and that she

⁴³ See *Tiede v. Collier*, 796 F. Supp. 3d at 312 (“Cold showers do not guard against the health risks of constant extreme heat.”); Butts CL et al., *Physiologic and Perceptual Responses to Cold-Shower Cooling After Exercise-Induced Hyperthermia*, 51 J. OF ATHLETIC TRAINING, no. 3, (2016) [doi:10.4085/1062-6050-51.4.01] (while cold showers are better than no treatment for exertional heat stroke, the cooling rate is unacceptable for effective treatment).

⁴⁴ See *Tiede v. Collier*, 796 F. Supp. 3d at 313 (“Access to cold water is inconsistent and does not reduce the long-term effects of the heat on TDCJ inmates.”).

⁴⁵ See *id.* (“Fans are inadequate and can be counter-productive in extreme heat.”); *Heat Cramps, Exhaustion, and Stroke*, NAT’L WEATHER SERV., <https://www.weather.gov/safety/heat-illness> (accessed April 2, 2026, and on file with author) (“Using a fan to blow air in someone’s direction may actually make them hotter if heat index temperatures are above the 90s.”); Meade, Robert D et al., *A critical review of the effectiveness of electric fans as a personal cooling intervention in hot weather and heatwaves*, 8 THE LANCET PLANETARY HEALTH, no. 4, (2024) [doi:10.1016/S2542-5196(24)00030-5] (“Health agencies should continue to advise against fan use in air temperatures higher than [95°F], especially for people with compromised sweating capacity (eg, adults aged 65 years or older).”).

⁴⁶ See, e.g., Ltr. from S. Hart to Clark Kelso Re: VSP Post-Delegation Site Visit 2-3 (July 24, 2019) (describing issues caused by lack of covering over VSP pill line).

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sometimes skips her medications to avoid that exposure. At PVSP, [REDACTED] [REDACTED] reported that he stopped going outside because of the heat, including to get his medication. He reported having trouble sleeping because he had not been taking his medications.

The practice of running medication lines on the yard, where patients must wait for extended periods of time in the direct sun, with no or insufficient shade and cooling measures, is dangerous, as it puts class members at unreasonable risk of heat-related illness, and discourages people from taking necessary medications.

III. CDCR Has Demonstrated They are Incapable of Properly Implementing A Heat Plan

For the reasons described above, CDCR’s existing Heat Plan is fundamentally flawed and does not adequately protect class members from serious harm. Even if CDCR were to adopt a scientifically sound Heat Plan to mitigate the risks of harm—and it is vanishingly unlikely that such a plan could be developed given the unsafe temperatures regularly recorded in CDCR housing units—years of monitoring has made clear that staff could not reliably implement such a plan.

A. CDCR Fails to Collect Accurate and Reliable Heat Measurements

The existing Heat Plan requires CDCR to take temperature readings in the housing units and document those temperature readings in a log from May 1 through October 31 each year. Those measurements are the core of the Plan because Plan activation and deactivation turns on certain thresholds, as described above.

Yet the OIG’s recent review found significant noncompliance with these requirements; specifically, the OIG documented “multiple days in which custody staff failed to perform and document temperature readings in several housing units.”⁴⁷ At Lancaster, for example, staff failed to record temperatures in one housing unit on 95 days.⁴⁸ The OIG concluded “this manual process is prone to errors and missed temperature readings.”⁴⁹ The OIG also noted “Departmental staff . . . told auditors that temperature readings were sometimes taken in locations that would not show the most accurate reading, such as locations near doorways.”⁵⁰

⁴⁷ OIG Report, *supra* n. 28, at 15.

⁴⁸ *Id.*

⁴⁹ *Id.*

⁵⁰ *Id.* at 14.

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This is consistent with the reports *Coleman* counsel heard during our interviews during the summer of 2025. Class members at each institution visited reported that they have not seen a fixed thermometer in their unit, and many also reported that they had never observed staff members taking temperatures using portable thermometers. Some class members who reported having seen thermometers in the unit also reported that they are unreliable, displayed incorrect readings, and break easily. At SATF, [REDACTED] reported that the thermometers are “cheap and unreliable” and often display temperature readings of 80 degrees on much hotter days. [REDACTED] reported that for many months this summer, the thermometers in his unit were broken, and staff ignored complaints to replace them. At PVSP, an anonymous class member in D-4 reported that there is a thermometer on the second floor behind the podium that he and others believe is broken because the temperature reading never changes.

B. CDCR Does Not Consistently Implement Stage One Heat Alerts When Required By Policy

CDCR also often fails to implement Stage One heat alerts when the Heat Plan requires. For example, at SATF, although class members on EOP yards (F and G yards) reported that staff usually call them inside on hot days, CCCMS class members on C and D yards reported that there is no process in place to call heat-risk individuals back to the unit when temperatures rise above 90 degrees. [REDACTED]

[REDACTED] all reported that they had not heard a single heat alert called all summer. They also reported that there is no procedure in place on their yards to prevent or discourage heat risk individuals from going out to yard and staying out on the yard during heat waves.⁵¹ Similarly, at CCWF, [REDACTED] reported that staff do not review the list of heat-risk individuals, and people are free to go outside during heat alerts. She reported that although heat alerts are announced over the loudspeaker, people prefer to stay outside because of the lack of yard time in general.

One reason for these failures may be due to lack of custody staff knowledge. For example, in the Thirtieth Round Monitoring Report, the Special Master reported that only

⁵¹ We discovered that entire yards at SATF were not following basic Heat Plan measures, and shortly after our interviews we sent an email to Defendants, the *Coleman* Special Master, and the *Coleman* Receiver notifying them of this issue. See August 20, 2025 Email from Thomas Nolan attached hereto as **Exhibit E**.

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60% of interviewed custody staff were knowledgeable about the heat plan, with some staff not even knowing when the Heat Plan went into effect.⁵²

Additionally, many yards enforce “hourly unlocks.” Through this system, people are only able to return indoors once an hour during the hourly unlock period. Many class members from all three institutions we visited reported that they have gotten stuck outside on hot days. [REDACTED]

[REDACTED] n his Heat Plan Monitoring report, the *Coleman* Special Master also expressed concern with the use of “unlock periods,” specifically at CCWF. His report found that the use of unlock periods was not compliant with required policy.⁵³

C. CDCR does not consistently implement Stage Two heat alerts when required by policy

CDCR does not consistently provide the “hydration and cooling” measures called for during Stage Two heat alerts. For example, [REDACTED] reported that on C-Yard at SATF, staff do not consistently distribute ice water. He described how staff place a water cooler on a bench in the dayroom, but people often cannot access it because they are locked in their cells. Others at SATF [REDACTED]

[REDACTED] PVSP [REDACTED] and CCWF [REDACTED] reported that communal water coolers run out quickly and often do not get refilled. Further, in the February 2025 Heat Plan Monitoring Report, the *Coleman* Special Master reported that at SATF and KVSP, “ice machines were broken on various units and custody staff reported running out of ice during Stage II heat alerts.”⁵⁴ During a visit to CCI-Tehachapi earlier this week, a class member reported that during heat alerts last summer, two individuals routinely took the cooler with ice water into their own cell for private use and that custody staff failed to intervene to stop them.

⁵² *Coleman* Special Master’s 30th Round Monitoring Report – Part C, ECF 8095 at ECF p. 181.

⁵³ See *Coleman* Special Master’s 31st Round Heat Plan Monitoring Report **Exhibit B** hereto, at 15 (“This reflected noncompliance given that, according to the 2024 Heat Plan and Updates Memorandum, heat risk patients must be restricted to a maximum of 30 minutes outside to perform officially sanctioned activities, such as returning to housing units and receiving medications.”).

⁵⁴ *Id.* at 38.

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The OIG similarly found “custody staff are not consistent in providing these options” and that “[t]he frequency of showers and the amount of ice that can be provided to mitigate against the heat is dictated by staff availability.”⁵⁵

D. CDCR/CCHCS Fail to Provide Comprehensive Patient Education

The Heat Plan requires that providers, when prescribing heat risk medication, inform incarcerated people about heat stress symptoms as well as any recommended precautions to avoid heat-related illness.⁵⁶ The PVSP Local Operating Procedures specify that this must be both a verbal and written notification.⁵⁷ Unfortunately, many class members *Coleman* counsel interviewed last summer did not know the symptoms of heat-related illnesses and reported that they never had a discussion with their doctor beyond being told they were on heat-risk medications.

At SATF, for example, [REDACTED] reported that he was not aware of the name of the medication he was on, and that the psychiatrist did not warn him about the medication being heat risk. He reported having found out about heat risks after staff recently put up informational posters about the heat plan. [REDACTED] said he was told he is taking heat medications but did not know which of his medications are heat medications. He reported that he has been prescribed Remeron for years, but only two weeks before the interview he learned about the heat-related risk from a staff member at the pill window. He did not know the symptoms of heat-related illness. At CCWF, [REDACTED] who is prescribed Haldol, Abilify, and Lithium, reported that she was not informed by staff about her medications being heat-risk, and instead found out from a posted list. She reported that she had to ask her psychiatrist for information about symptoms of heat illness. At PVSP, [REDACTED] reported that he was never told that he was on heat risk medications or informed about the symptoms of heat illness.

E. CDCR Staff are Not Adequately Trained on the Plan

It is also clear that staff lack adequate knowledge of the Heat Plan. In *Coleman* counsel’s July 2024 letter, we reported deficiencies in staff knowledge on heat issues,

⁵⁵ OIG Report, *supra* n. 28, at 23.

⁵⁶ **Exhibit C** [CDCR’s 2025 Heat Plan] at 3.

⁵⁷ *See Exhibit F*, 2025 Pleasant Valley State Prison Local Operating Procedure at 3.

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which were raised during the Special Master’s 30th round of monitoring.⁵⁸ The *Coleman* Special Master again reported on custody officers’ and leadership staff’s knowledge of heat plan activation in the 31st Round Heat Plan Monitoring Report. They found that custody staff at seven out of fourteen institutions (including SATF, PVSP, and CCWF), demonstrated a lack of adequate knowledge of heat plan protocols.

F. CDCR Fails to Ensure Equal Access to Programming

Finally, the 2025 Heat Plan requires institutions to provide reasonable alternative accommodations to yard activities and other programs to provide heat-risk individuals with equal access to programs during periods of high heat. Those alternatives could take the form of additional dayroom time or evening yard instead of outdoor yard activities.

Coleman counsel’s class member interviews revealed that SATF, PVSP, and CCWF are not providing heat-risk individuals with alternatives to outdoor yard activities. At SATF, class members reported that when they are called inside from yard during a stage one heat alert, they return to their cells and are not provided with alternative recreation. [REDACTED] At PVSP, class members reported that there are no modifications to programming, and that having to remain inside on hot days limits access to programming (an anonymous class member on D-5). Class members at CCWF reported that they never receive alternative programming during heat alerts, which in turn negatively affects people’s mental health, making them frustrated and sometimes violent [REDACTED]

Through his monitoring, the *Coleman* Special Master also found that SATF and CCWF were noncompliant with required policy to provide programming accommodations.⁵⁹

* * *

CDCR does not adequately protect people from the significant risk of heat-related illness and death. As the OIG recently concluded: “If the department does not address extreme temperature conditions in its prisons, it not only risks being out of compliance

⁵⁸ See Ltr. from T. Nolan to CDCR OLA, *supra* n. 24; *Coleman* Exit Report on KVSP Tour; *Coleman* 30th Round EOP Report, ECF 8095 at ECF pp. 684, 648, 725 (noting that at LAC “multiple interviewed officers on Facilities A, C and D yard were unaware of the heat plan’s three stages.”).

⁵⁹ See **Exhibit B** [*Coleman* Special Master’s 31st Round Heat Plan Monitoring Report] at 34.

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with its heat plan, but also risks exposing incarcerated people and staff to potentially life-threatening heat-related conditions.”⁶⁰ Urgent action is required.

IV. Requested Action**A. Urgent Installation of Air Conditioning Statewide**

As we asserted in our July 2024 letter, the only effective long-term solution to addressing extreme heat is the installation of air-conditioning in housing units statewide. *See Tiede v. Collier*, 796 F. Supp. 3d at 316 (“Air Conditioning is the Only Effective Protection from Extreme Heat.”).

CDCR has reported that only 24% of housing units statewide currently have mechanical air conditioning.⁶¹ Fifty-two percent of housing units have evaporative cooling (swamp coolers). The remaining 24% have only fans/air handlers.

It is clear that swamp coolers are not adequate to manage extreme heat. As the Department itself has acknowledged, swamp coolers “can provide little relief in extreme heat events”⁶² and are not “sufficient to provide adequate relief from excessive heat during summer months.”⁶³ The OIG likewise determined “evaporative cooling is ineffective when the outside temperature exceeds 100°F” and that “[e]vaporative cooling systems can only lower the temperature of an area by 10°F to 15°F.”⁶⁴

Monitors have also repeatedly documented problems with the functionality of swamp coolers. The Special Master found in his 31st Round Heat Plan Monitoring Report that swamp coolers at CCWF “frequently broke” and “had not been utilized for several weeks because they were broken and leaking.”⁶⁵ The Report also discussed the July 4, 2024 apparent heat-related class member death at CCWF, and noted that defendants reported that on the day of the patient’s hospitalization, “the swamp cooler in Building 514 was blowing warm air but was fixed the same day.”⁶⁶ Interviewed class

⁶⁰ OIG Report, *supra* n. 28, at 15.

⁶¹ *See Climate and the Impact on CDCR*, *supra* n. 16, at 3.

⁶² *See Climate Change Adaptation*, *supra* n. 16, at 11.

⁶³ Cal. Dep’t of Corr. & Rehab., Air Cooling Pilot Program, Fiscal Year 2025-26, at 3 (Jan. 2025).

⁶⁴ OIG Report, *supra* n. 28, at 4.

⁶⁵ *See Exhibit B* [Coleman Special Master’s 31st Round Heat Plan Monitoring Report] at 54.

⁶⁶ *See id.* at 14.

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members made similar reports about the ineffectiveness and unreliability of swamp coolers. At SATF, [REDACTED] reported that the swamp cooler in his building blows out hot air. At CCWF, [REDACTED] reported that only one out of four swamp coolers in her unit is functional because staff do not clean the air ducts.⁶⁷

The Governor's 2025 Budget allocated funds toward implementing an Air-Cooling Pilot Program to test air-cooling mechanisms at three CDCR institutions: California State Prison – Los Angeles County (LAC), Kern Valley State Prison (KVSP), and Central California Women's Facility (CCWF). However, the program appears to involve only 20 housing units out of approximately 1500 statewide. And, critically, **results from the project are not expected until the 2028-29 fiscal year.**⁶⁸ Moreover, the Pilot is, by definition, preliminary and provides no guarantee of future action based on the results. This is insufficient to address this urgent threat to Plaintiffs' health. CDCR must complete this pilot project on a much quicker timeframe – e.g., within a year – and expeditiously begin installing air-cooling systems statewide.

We further urge CDCR to consider the vulnerability of the population at each prison when determining how to prioritize the installation of air-cooling systems. We understand the *Plata* Receiver has commissioned an epidemiological study on the medical impacts of exposure to extreme heat in CDCR, with preliminary results expected within the year. We appreciate and support this work, and believe it will provide helpful data regarding the vulnerability of patients in CDCR.

B. Interim Measures

Even if CDCR expedites the pilot program and adopts an appropriately urgent timeline for statewide installation, all housing units will not have air conditioning installed before the coming heat season. We therefore also urge CDCR and/or CCHCS, in consultation with the Receivers, to immediately take the following interim measures:

⁶⁷ The 2019 Kitchell infrastructure reports recommended repair or replacement of many HVAC systems in prison housing units, including evaporative coolers, many of which were in "poor" or "failed" condition. *See, e.g.*, 2 Kitchell/HOK, Statewide Study for the Renovation/Replacement of the 12 Original Institutions, Part 3 – California Institution for Men Institution Summary & Facility A & B, at 107, 122, 127, 142, 149 (2019); Part 3 – California Institution for Men Facility C & D, at 21, 26, 33, 38, 130, 139 (2019); Part 10 – Folsom State Prison, at 81, 95, 111, 119, 137, 154 (2019).

⁶⁸ *See Climate and the Impact on CDCR, supra* n. 16, at 4.

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1. **In-cell heat sensors:** CDCR should (1) purchase reliable heat sensors that measure heat index and (2) install the sensors in locations that will adequately and accurately capture the highest heat index people are exposed to inside housing units. Installing sensors that only measure temperature and only in dayrooms will dramatically and dangerously underestimate the risk of medical harm that incarcerated people are exposed to.⁶⁹
2. **Highest risk patients:** CDCR and CCHCS should evaluate all patients and identify those most at risk of harm from exposure to extreme heat. Those patients should be offered to move to housing units that are air-conditioned. This may require CDCR to install air-conditioning, potentially temporarily, in some housing units before the peak of the current heat season.
3. **Cooling centers:** CDCR should ensure all incarcerated people have access—at least three hours a day—to air-conditioned spaces during the current heat season. CDCR could accomplish this by dedicating existing air-conditioned spaces as “cooling centers” or by installing temporary air-conditioning in spaces like gyms, classrooms, and/or chapels.⁷⁰

⁶⁹ See **Exhibit D** [Ltr. from Sophie Hart to CDCR and CCHCS Re: Installation of Heat Sensors in CDCR].

⁷⁰ We recommend this as an essential, interim harm-reduction measure, but emphasize that cooling centers are not an adequate long-term solution, as they do not sufficiently protect class members from the risks of extreme heat. As the Court correctly concluded in *Tiede*, the use of cooling centers (or “respite rooms”) is problematic because (1) it requires individuals to self-monitor and self-identify when they are exhibiting symptoms of a heat-related illness, and those symptoms can be very hard to identify; and (2) it provides only a temporary relief from heat and leaves people at risk of serious harm for many hours of the day. See *Tiede v. Collier*, 796 F. Supp. 3d at 311-12.

We note that when we interviewed EOP patients in the hot dormitories on G Yard and F Yard at SATF, our interviews on the unit took place in air-conditioned individual classroom spaces just off the dayrooms in the building. Those rooms were not being used for classes or other programming in the late afternoon, and could have been made available to EOP patients as a cool area in which to watch television. We recommend that SATF consider using these rooms as cooling areas in the future.

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4. **Installation of shade & mist structures outdoors:** CDCR should install shade structures and misting systems on every yard, to ensure people can safely spend time outdoors during the heat season. CDCR should also separately install shade structures and misting systems adjacent to the pill call windows that are sufficient to provide shade/mist over the entire pill call waiting area.
5. **Other measures:** CDCR should require that all incarcerated people be provided with ample access to ice water, cool showers, and personal fans, at no cost, during the next heat season. CDCR should educate all patients on how to safely use these comfort measures, and develop and implement a plan to monitor compliance with this policy during the next heat season.
6. **Staffing prioritization:** CDCR should require the use of mandatory overtime and use other emergency staffing measures when staffing shortages interfere with the completion of Heat Plan mitigation measures (including access to water and cool showers).
7. **Staff and patient education campaigns:** CDCR and CCHCS should develop and implement staff and patient education campaigns, with an emphasis on reaching heat risk individuals, for the next heat season.

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To guarantee the safety of heat-risk class members and the entire prison population, CDCR must consider heat issues with urgency and care. We request that CDCR immediately, in consultation with the *Plata* and *Coleman* Receivers, work to develop and implement both the interim and permanent measures described above.

Sincerely,

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