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ABSTRACT

As the number of incarcerated women in the United States increases, it is important to address the persistent lack of care for women's health. Research is only beginning to be done on how the health needs of incarcerated women are equal or even greater than that of non-incarcerated women. In and out of prisons, proper reproductive care is a basic, undeniable human right to have. In this literature review, we aim to raise awareness about the current state of reproductive care in prison settings. Comprehensive reproductive care includes access to sexual health supplies, menstrual products, prenatal care, and OB-GYN appointments, which are currently almost absent or dismally deficient in prisons. When considering the population of incarcerated women, it is important to keep in mind the systemic inequalities that have already made women of these socioeconomic backgrounds more susceptible to harm due to an inability to access health insurance and higher risks for infectious diseases. Preventative medical care such as STI testing and quality menstruation products, in addition to prenatal care for expecting mothers, is severely lacking. The experiences of transgender women reveal inadequacies in structural policies and consideration for mental health. In order to reform our prison systems to become more rehabilitative, we propose implementing structural interventions that account for a comprehensive reproductive healthcare system within prisons. This includes the enforcement of stricter accreditation for physicians working in prisons, utilization of telehealth, and comprehensive sexual and reproductive care protocol.

INTRODUCTION

The U.S. government spends billions on correctional facilities and criminal punishment, but jails and prisons continue to be underfunded and under-resourced. The discriminatory practices of the criminal justice system in America has led to mass incarceration of folks without consideration of restorative justice, healing, availability of education, and most importantly, access to basic healthcare. In particular, we are interested in the unique, compounded difficulties faced by women, specifically pregnant women, in the prison system. Women's health is a topic that is constantly overlooked and neglected in the policy making halls of Congress, and it is no surprise that prisons lack essential resources for reproductive health. In this time sensitive period of pregnancy, both the health of the mother and the baby are paramount for the overall success of the pregnancy and normal childbirth. However, prisons lack the standard procedures, labs, radiology imaging, therapy services, and new parent education that is mandated for hospitals and clinics in the nation to provide to pregnant, non-incarcerated citizens. This has led to increased mortality rates and lifelong health risks for both the mother and the baby.

In order to uncover the extent of inaccessibility, we survey articles and papers documenting the experiences of incarcerated women. First, we focus on the rate of STIs and chronic, infectious disease in prisons. Then, we analyze the discrimination intrinsic to criminal justice systems and how it is reflected in the socioeconomic background of women who become incarcerated. Next, we examine specific standards in pregnancy and how prisons fall short of these requirements. Finally, we shift our focus to the experiences of transgender women in prison, examining the importance of gender identity and mental health within the microcosm of prisons.

DISCUSSION

It is not a surprise that prisons lack essential resources, but the extent to which healthcare is inaccessible to the incarcerated population, especially women, is beyond acceptable. Currently, prisons prioritize urgent conditions, which means that preventative STI testing is overlooked and

only provided to select inmates.[1] Less than half of the prisons in the United States have comprehensive chlamydia testing. There is a general absence of testing for life debilitating STIs such as HIV. Furthermore, incarcerated women are more likely to be diagnosed with chronic diseases like diabetes and cervical cancer.[2]

In the article, "Reproductive Healthcare for Incarcerated Women: From 'Rights' to 'Dignity'" by Samantha Laufer, a law graduate from Georgetown University, further implementation and improvement of reproductive healthcare for incarcerated women is dissected. Over the last 30 years, the number of incarcerated women has increased by seven times from about 26,000 in 1980 to now more than 220,000.[2] This is mostly attributed to the war on drugs. The increase in incarcerated women has decreased the amount of supplies and healthcare resources required to sustain every inmate. Additionally, it is estimated that 6-10% of women that are in prison are pregnant during the time they enter. Every year, around 1,400 babies are born in the system. They are often separated from their mothers within 24 hours of birth and placed in foster care or with relatives. Only 12 states have programs where mothers and their newborns do not need to be separated, but rather placed in a special unit.[2] Furthermore, there is very little prenatal and postnatal care for both the mother and baby. Though the constitution details incarcerated pregnant women are required to receive care, there are no written federal standards. Eight states do not include any policies on prenatal care for incarcerated women.[2] Prenatal care consists of urine samples, weight checks, ultrasounds, and blood checks throughout the pregnancy. Postnatal care consists of health checks for the child and psychological/mental check-ins for the mother. These services are not easily accessible in prisons.

Another consideration for women's health is access to proper menstrual products. Products need to be changed every few hours. Due to limited quantity, women often instead create tampons or pads out of toilet paper, old bedding, and clothes.[2] According to federal law,

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[1] (2022, April 11). Do They Do STD Testing In Jail? Retrieved March 1, 2023, from https://www.stdcheck.com/blog/stds-jail-prison-system-inmates/

[2] (2019). Reproductive Healthcare for Incarcerated Women: From "Rights" to "Dignity." Retrieved March 1, 2023, from https://www.law.georgetown.edu/american-criminal-law-review/in-print/volume-56-number-4-fall-2019/reproductive-healthcare-for-incarcerated-women-from-rights-to-dignity/

prisons must provide free sanitary pads and tampons free of charge. Obstacles preventing change in these policies include the lack of money or budget to provide healthcare, menstrual products, and pregnancy care.

The prison and justice system of the United States itself is built on innate inequities. The incarcerated population is often neglected when it comes time to consider equitable healthcare, unfortunately, the foundations of healthcare in the prison system are very rudimental. In "The Reproductive Health Care and Family Planning Needs Among Incarcerated Women" by Jennifer Clarke et al., the research team focuses on incarcerated women and the adverse effect that poor reproductive healthcare has on their lives. The authors have spent a lot of time conducting this research and studying the implications of reproductive care in prisons. Besides being a general public health issue, this topic integrates concepts from sociology, psychology, and history. Their research discovered that for both inmates and for those getting released, there are higher rates of STIs (49%) and unplanned pregnancies (83.6%) due to the insufficient healthcare and health education.[3]

In addition, researchers conducted a study to characterize the different issues that arise when there is a lack of reproductive care in prisons. The study was administered to 484 incarcerated women in Rhode Island, consisting of a 45 minute survey of questions pertaining to past risk factors and current needs.[3] The survey identified risk factors for STIs, sexual violence, and unplanned pregnancy; it also took into account that many women who were in prison had suffered from previous sexual and physical abuse, dealt with substance issues, and came from marginalized neighborhoods. It is important to recognize the demographic of women who were incarcerated. Many women who had experienced trauma before prison had a higher chance of not being able to find the right resources while they were in prison.

The prison system itself is a large part of the issue. The foundations of prisons in America have never been meant to help prepare people to reenter society: it has been to punish and control. Seeing that so many women in prison have had such traumatic pasts, it should be all the

[3] (2011, October 11) Reproductive Health Care and Family Planning Needs Among Incarcerated Women. Retrieved March 1, 2023, from https://doi.org/10.2105/AJPH.2004.060236

more important to offer them proper reproductive care. To underscore the larger audience that this affects, it is important to remember that "at any point in time, between 6% and 10% of incarcerated women are pregnant."[3] Knowing that there is no opportunity for any woman to see a gynecologist or get an ultrasound while in prison is terrifying, for a pregnant woman could have complications and not know it, endangering both her life and that of her child. This issue has a lot of breadth to it, as it affects women in all phases of the prison system, whether that be pre-sentencing, serving, or release. "Women who are awaiting trial but are not sentenced often do not receive these services because of the short time span between commitment and release."[3] Overall, reproductive justice is lacking in all facets, whether it be education, treatment, or access. Many of the women in prisons don't even know what they are "missing out on" because it has never been a norm to consider reproductive justice in prisons.

During pregnancy, prenatal care is of utmost importance for the health and survival of the mother and the baby. Standard prenatal care, from weekly doctor's visits to monthly ultrasound appointments, have been established by hospitals and clinics around the world, but these same standards are not implemented in jails. In "Violations of Ethical Standards in Reproductive Healthcare in the U.S. Incarceration System" by Kendall Moore of Santa Clara University's Markkula Center for Applied Ethics, there are various reports of how the U.S. incarceration system doesn't care about women's health. There are numerous disparities in reproductive healthcare for imprisoned women, especially Black women who are imprisoned at a rate twice as great as that of white women.[4] Many times, pregnant women are completely neglected and are left alone to give birth in their cells. Due to the lack of care, miscarriage and premature births are 3% higher in prisons as compared to the national average.[4] Major violations of care include failing to meet nutritional standards required by pregnancy. This includes providing necessities like prenatal vitamins, nutrients, calorie requirements, and an overall general diet. Incarcerated women also don't receive necessary medical screenings and prenatal care from physicians. Infant mortality is 40% more likely when women don't receive prenatal care.[4]

[4] (2011, May 4). Violations of Ethical Standards in Reproductive Healthcare in the U.S. Incarceration System. Retrieved March 1, 2023, from https://www.scu.edu/ethics/healthcare-ethics-blog/violations-of-ethical-standards-in-reproductive-healthcare-in-the-us-incarceration-system/

Women deserve basic rights during their birth and pregnancy, like being able to give birth without being handcuffed or restrained. Furthermore, mothers are separated from their newborns within the first 24 hours of birth, after which babies are either given to family or put in foster care.[4] Often the mother has little to no influence in this decision. Family members or DCFS (Department of Children and Family Services) spearhead these decisions while mothers lose their children. This can lead to a higher risk of emotional and mental health problems for the babies and an increased risk of psychological trauma and postpartum depression for mothers. Effective solutions include clear nutritional guidelines, multiple meetings with physicians, restrain-free labors, nursery programs, community residential programs, and a range of educational classes. Reproductive healthcare quality is so inferior in prisons, partly due to the inconsistency and vagueness of policy across prisons. For example, California is the only state that has detailed the exact extra food and supplements an incarcerated woman must receive during her pregnancy.[4] Other states have not done this or simply don't have policy written out.

Within the walls of prisons, certain communities experience significant stress and discrimination due to their chosen gender identity. Our current healthcare system provided for incarcerated individuals is very poorly designed, resulting in adverse health disparities for incarcerated transgender individuals. In the article, "Exploring Healthcare Experiences for Incarcerated Individuals Who Identify as Transgender in a Southern Jail," Erin McCauley, an assistant professor and postdoc in the Sociology department at UCSF, studied the experiences of incarcerated transgender individuals on their experience with healthcare access while in jail. The qualitative study interviewed ten transgender females currently located in male prisons asking questions pertaining to social history and previous incarceration, transgender identity development, access to healthcare in the community and correctional settings, and environmental and context issues in carceral settings that may impact health.[5]

The study found that many transgender incarcerated individuals face issues related to (1) housing, (2) mental health, and (3) access to hormone therapy. When these individuals first came to the prison, they were placed into housing assignments based on their gender assigned at birth.[5]

[5] (2018, February 1). Exploring Healthcare Experiences for Incarcerated Individuals Who Identify as Transgender in a Southern Jail. Retrieved March 1, 2023, from https://doi.org/10.1089/trgh.2017.0046

However, they ended up being moved to the "second floor" which has a special unit for those who identify as LGBTQ+, suffer from mental health issues, have committed a sexual crime, or have a disability. Having LGBTQ indivudals share a unit with those who have committed a sexual crime poses a major threat to the LGBTQ+ individuals. Some participants of the study described feeling uncomfortable being housed with individuals who have committed sexual crimes as they feel threatened and have been sexually assaulted by these individuals before.[5]

In terms of mental health, being forced into these housing arrangements has caused a negative impact. The harassment and dehumanizing experiences within these housing arrangements triggered a mental health crisis for the transgender women in the prison.[5] Mental health for these transgender women continue to deteriorate as the prisons have no therapeutic resources they can rely on. Third, incarcerated transgender women face a lack of access to hormone therapy. Transgender women no longer have consistent prescriptions once they enter prison, resulting in discontinuation of their hormone regimen. Many of the participants are worried about the withdrawals they will face from pausing their hormone medication.[5] Overall, the current healthcare policies present in our prisons do not consider the needs of the LGBTQ+ community. They do not have the resources and support to address the housing, mental health, and medical needs of their inmates.

CONCLUDING REMARKS

A possible point of intervention to improve healthcare access in prisons is to reevaluate the medical team that provides those services. Doctors and medical staff in prisons often lack the qualifications and credentials required for their job. The current credentials required to work in a hospital or as a physician in the United States are a bachelor's degree, an MD, board certification, and completion of a residency program, and a sworn promise of the Hippocratic Oath. Many prison doctors have been accused of mistreatment leading to death that could have easily been preventable. However, these doctors still remain on the state's payroll even after being sued. In 2017, at least four doctors in Illinois were found to have caused preventable

deaths, two of which are still working.[6] It is important to change the standards of how prison doctors are hired through implementing stricter standards of certification and ensuring the doctors that work in prisons are educated about their specific patient population. Furthermore, the utilization of telehealth could be useful for correctional healthcare. Not only does it improve safety and bridges the accessibility gap, it is cost effective.[7]

In order to emphasize restorative justice over retribution and punishment in jails, inmate health and wellbeing should be a greater priority. At the center of reproductive rights in prison is the need for reform. Care should be offered during every step of the incarceration process and at any point where women are kept in custody. Knowing that many women in prison have past abuse and history of STIs, there should be even more of an incentive to improve the support that exists within prisons. Moving forward, we need to support policies and groups that advocate for women in prisons both during incarceration and after. We often fail to acknowledge people in prison because of their incarcerated status. This is a flaw in the system of mass incarceration itself: there is no rehabilitation effort made in prisons to help people build a better life outside. The goal should not be to retraumatize people who are incarcerated, and this can be avoided with a more comprehensive sexual and reproductive care protocol. We need to implement a policy that accounts for women's health within prisons and provide proper support to women who have been incarcerated.

The first step in addressing the absence of prenatal care for pregnant women in prison is creating a standard of care that includes comprehensive reproductive and sexual care. However, many of the proposed solutions, such as clear nutritional guidelines, multiple meetings with physicians, restrain-free labors, nursery programs, community residential programs, and a range of educational classes, may be too ambitious. The key to making change is addressing the issue holistically and trying to solve the overarching problem. The "Pregnant Women in Custody Act" (H.R. 6878) proves to be promising in this goal. It ensures certain services and programs are provided to women in custody that address health needs related to pregnancy and childbirth,

[6] (2019, November 8). Why Prisoners Get The Doctors No One Else Wants. Accessed April 1, 2023, from https://theappeal.org/why-prisoners-get-the-doctors-no-one-else-wants/
[7] (2021, October 27). Correctional Healthcare is Changing and Here's Why. Accessed April 1, 2023, from https://www.globalmed.com/correctional-healthcare-is-changing/

including but not limited to access to contraception and testing for pregnancy and STDs, access to a summary of all protocols pertaining to her well-being, education on parental rights and family services, and information about nutritional standards.[8] It was introduced to the House in March 2022 and passed in December 2022. It has been read twice and referred to the Committee on the Judiciary in the Senate, still awaiting Senate approval.[8] It has not been put into practice yet, so its effectiveness has yet to be determined. However, the protections it provides and the services it would grant could make pregnancy in prison safer and potentially save many lives. Again, this is very difficult as it involves creating solutions at the policy level and enforcing a standard care on a federal level is also very hard to do.

The best way to improve healthcare and safety for incarcerated individuals, and specifically for individuals part of the LGBTQ+ community, is to increase access to medical resources and healthcare. Currently, one solution is the use of telemedicine to increase incarcerated individuals' access to physicians across the nation, not just those serving a particular prison. In a demonstrative project conducted by the U.S. Department of Justice and U.S. Department of Defense back in 1994, the outcomes show that the use of telemedicine in U.S. prisons can improve the quality of healthcare received by incarcerated individuals.[9] Following this project, the U.S. Department of Justice is currently working on implementing telehealth options into prisons. If successful, this would ensure these individuals will have more access to physicians for regular check-ups, psychiatric and behavioral therapy, and specialized medication regimens, such as hormone therapy. Following the COVID-19 pandemic, many prisons began utilizing telemedicine more. According to a study done by Tadros et. al, the beginning of the pandemic caused an increase in physical, behavioral, emotional, and relational health concerns, as incarcerated individuals were barred from family visits, as well as medical personnel.[10] Although telemedicine has been used in prisons since the 1980s, the pandemic popularized the use of contacting physicians and therapists through phone and video calls.[10] Now there is a push

[8] (2022, March 1). H.R. 6878-Pregnant Women in Custody Act. Accessed April 1, 2023, from https://www.congress.gov/bill/117th-congress/house-bill/6878/text
[9] (2022 May). Implementing Telemedicine in Correctional Facilities. Accessed April 1, 2023, from https://www.ojp.gov/pdffiles1/nij/190310.pdf
[10] (2021, April 18). COVID-19 Inspired Relational Telemental Health Services for Incarcerated Individuals and Their Families. Accessed April 1, 2023, from https://doi.org/10.1007/s10591-021-09578-6

for improving the telehealth system within prisons so that incarcerated individuals can have increased access to the resources they need.

REFERENCES

1. Ducre, K. (2022, April 11). Do They Do STD Testing in Jail?. STDcheck. Retrieved March 1, 2023, from https://www.stdcheck.com/blog/stds-jail-prison-system-inmates/

2. Laufer, S. (2019). Reproductive Healthcare for Incarcerated Women: From "Rights" to "Dignity." American Criminal Law Review, 56 (4). Retrieved March 1, 2023, from https://www.law.georgetown.edu/american-criminal-law-review/in-print/volume-56-number-4-fall-2019/reproductive-healthcare-for-incarcerated-women-from-rights-to-dignity/

3. Clarke, J.G., Hebert, M.R., Rosengard, C., Rose, J.S., DaSilva, K.M., & Stein, M.D. (2011). Reproductive Health Care and Family Planning Needs Among Incarcerated Women. *American Journal of Public Health,* 96 (5). Retrieved March 1, 2023, from https://doi.org/10.2105/AJPH.2004.060236

4. Moore, K. (May 4, 2022). Violations of Ethical Standards in Reproductive Healthcare in the U.S. Incarceration System. Markkula Center, Santa Clara University. Retrieved March 1, 2023, from https://www.scu.edu/ethics/healthcare-ethics-blog/violations-of-ethical-standards-in-reproductive-healthcare-in-the-us-incarceration-system/

5. McCauley, E., Eckstrand, K., Desta, B., Bouvier, B., Brockmann, B., & Brinkley-Rubenstein, L. (February 1, 2018). Exploring Healthcare Experiences for Incarcerated Individuals Who Identify as Transgender in a Southern Jail. *Transgender Health,* 3(1). Retrieved March 1, 2023, from https://doi.org/10.1089/trgh.2017.0046

6. Eldridge, T.E. (November 8, 2019). Why Prisoners Get The Doctors No One Else Wants. *The Appeal.* Accessed April 1, 2023, from https://theappeal.org/why-prisoners-get-the-doctors-no-one-else-wants/

7. Barthelemy, J.E. (October 27, 2021). Correctional Healthcare is Changing and Here's Why. *GlobalMed.* Accessed April 1, 2023, from https://www.globalmed.com/correctional-healthcare-is-changing/

8. Bass, K. (March 1, 2022). H.R. 6878-Pregnant Women in Custody Act. Congress.Gov. Accessed April 1, 2023, from https://www.congress.gov/bill/117th-congress/house-bill/6878/text

9. Nacci, P.L., Turner, C.A., Waldron, R.J., & Broyles, E. (May 2022). Implementing Telemedicine in Correctional Facilities. U.S. Department of Justice. Accessed April 1, 2023, from https://www.ojp.gov/pdffiles1/nij/190310.pdf

10. Tadros, E., Aguirre, N., Jensen, S., & Poehlmann-Tynan, J. (April 18, 2021). COVID-19 Inspired Relational Telemental Health Services for Incarcerated Individuals and Their Families. *PubMed Contemporary family therapy,* 43(3), 214–225. Accessed April 1, 2023, from https://doi.org/10.1007/s10591-021-09578-6