

Reproductive Health Behind Bars: A Discussion with the Experts

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Viking Theater, St. Olaf College*

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Health Perspectives: Well-being in the US Capstone

Major Advisor: Kevin Crisp, PhD

The following is a transcript of an event organized by Anna McWilliams '18, at St. Olaf college on April 24, 2018 from 7-8pm titled "Reproductive Health Behind Bars: A Discussion with the Experts". The speakers have given consent for this transcript to be made public. The numbers in parenthesis correspond to a citation in the works cited page in order for the listener to learn more, or to alert the listener of a previous time during Anna's independent project in which she encountered the discussed topic.

Youtube link: <https://www.youtube.com/watch?v=MRMShbohW7w>
Related Presentation(StoTalk): <https://www.stolaf.edu/multimedia/play/?e=2225> @1:08:05

Anna: Good evening, and welcome to what I am sure is to be a very thought-provoking discussion with two very special individuals. Before we begin, I'd like to introduce myself and the individuals who have been generous enough to be with us tonight. I am Anna McWilliams, I'm completing an individual major titled "Health Perspectives: Well-being in the US", a major that has allowed me to explore the intersections between the multiple facets and opinions in the US healthcare system. To see more about the major, please reference the handout you received on your way in. Tonight's event is the capstone project for my major, as I have been studying the specific topic of perspectives on incarceration&reproductive health throughout this academic year. Along the path of studying this topic, I had the pleasure of meeting the two very fascinating and inspiring people seated beside me.

(14) Pamela Winn, a Just Leadership fellow as well as an Errin J. Vuley Fellow from the Feminist Women's Health Center, flew in all the way from her home town of Atlanta, Georgia to be with us tonight. She works tirelessly to help women affected by incarceration, greatly inspired by her own experience of being pregnant while in a Georgia federal holding prison, having received unacceptable pre-natal care during her incarceration. Pamela holds three post-secondary nursing degrees, and has herself worked as an OB (obstetrics) nurse. She is a co-author of the "Dignity for Incarcerated Women" act, and has been working with New Jersey senator Corey Booker to promote this act that would provide reproductive resources to incarcerated women. As another part of her work on policy, she is working in collaboration with multiple organizations to create a multi-state anti-shackling bill and a bill of rights for incarcerated pregnant persons to serve as guidance in detention facilities. Additionally, she is the founder of "RestoreUs, RestoreHer", a nonprofit aimed at providing societal re-entry support to women who recently

have been discharged from prison or jail. As if this was not sufficient for advocacy work, Pamela is the co-founder of the Formerly Incarcerated College Graduates network which promotes higher education of convicted individuals, she's a member of the Women's Advisory Team of the Nonprofit "Human Impact Partners" which seeks to determine the social determinants of criminalization.

(15) Dr. Rebecca Shlafer is an assistant professor of Pediatrics at the University of Minnesota Medical School. Rebecca holds a PhD in child psychology and a Masters in public health. She has led several research projects focused on determining the effects that parental imprisonment can have on children and families, as well as projects identifying and evaluating reproductive health support systems for incarcerated individuals. She was the chair of the advisory committee for Minnesota's anti-shackling law for pregnant individuals in prison/jail, which passed in 2015. Additionally, she co-founded the Minnesota prison doula project, an organization that provides support to imprisoned mothers-to-be before, during, and after they give birth. Additionally, Rebecca serves as a volunteer "Guardian ad litem", advocating for abused & neglected children in juvenile court. She also works to promote restorative justice, recently co-founding project teddybear, a program in her students collect&send yarn to a Minnesota State prison, where the individuals there create teddy bears, and send them to the Ronald McDonald house.

Pamela and Rebecca have generously agreed to take part in a conversation about reproductive health in the carceral setting; we will begin with a 30-40 minute discussion, and then move to a q&a session for the about 20 minutes, during which you all are invited to offer any questions or comments you may have relating to their expertise; if you have questions about the individual major, you can ask those at that time as well. Thank you both for being here, and thank you all for coming to hear these women give a voice to the people often silenced by mass incarceration. So welcome, everyone.

(Question #1) I'd like to begin by asking about what your own individual experiences are with the carceral system, especially relating to reproductive healthcare. Pamela, as someone who has

been pregnant in a prison, if you could talk about your experience; and then Rebecca, if you can talk about how the women in Minnesota would experience it.

Pamela: Sure. Ok. My experience. I was sentenced to 78 months. During that time I spent 18 of those months in a privately owned facility that serves as a holding facility for the federal bureau of prisons. When I got there, I did not know I was pregnant until I went to intake and they did a pregnancy test on me. When I got the pregnancy test back, I noticed that the whole atmosphere in the room changed; the looks on everybody's faces, their attitudes, it got, like, really tense in the room. I didn't understand why or what was going on, but eventually I would. After I initially found out about my pregnancy, I guess about 2 or 3 weeks later I was taken out to the court and as part of transporting me to court, I was shackled (21) (23). By shackled I mean that I had handcuffs on my ankles that were chained together, which prevented my instep from being more than only a few inches apart. There was another chain that was around my belly that was connected to handcuffs at my wrists to basically keep me from being able to move, you know, from that position. At this point, I'm asked to step into a van, which I'm being transported in, and I'm 5'1" so my instep isn't too wide already and to limit it with these shackles, it was very difficult for me to try to lift up high enough to get into the van, and on one of the days I was being transported I fell trying to step into the van. And, being shackled, you can't brace your fall, you just basically, you fall. After that, I started experiencing seeing spotting, streaks of blood in my urine, and just sporadically. I sent several medical requests to medical stating that I was having bleeding and I was concerned about it, and requested to be seen. Initially I didn't get any response back for a couple weeks then finally I got a response back saying that was normal in pregnancy. And when I got that response back I responded back myself and I explained to them that my background was nursing, and obstetric nursing, and that that was not anything normal that I had learned in my studies. At that point they brought me up front and I was introduced to the head nurse of the medical department, and the doctor that was contracting with the facility to provide medical care. And basically they explained to me that the correctional facility was basically set up for men, and they had not expected to have any women, definitely not any pregnant women, and that would explain what the change in the atmosphere was when they

found out that I was pregnant. She said that they didn't have a clue what they were gonna do, they just didn't know; they didn't have a plan, they couldn't even provide me a prenatal vitamin at this point (5). So, another week went by and I guess they were trying to figure things out; they brought me back up, they told me that they would have to send out a request to the US Marshall to get permission to take me to the emergency room; and now I'm like "this has been about four weeks now since this happened" and it was another 4 weeks before we got a response back from the marshals that said that I could come to the ER. So then we were talking almost eight weeks, and they take me to the ER doctor that's like "really?" this is the quote-on-quote emergency room; emergencies happen within 24 hours, this is weeks old, we're not, you know, this is not what we do; she needs to see an obstetrician. He was like, "better yet, how about a perinatologist?" Their response was they couldn't take me anywhere other than where they had been approved. So we had to send out another request, which was another turnaround time of 4 weeks, so this time we went to the Obstetrician, get there, they don't have an ultrasound machine in their office, but I couldn't go to the hospital to get the ultrasound; we had to put in another request. So in the midst of putting in all of these requests, which, the turnaround time was another four weeks, I ended up miscarrying, and I never received any type of medical care. So that's my experience with healthcare in a correctional setting. There was no medical care, there was no counseling, there was no educating, basically there was nothing.

Anna: That was at the beginning, right?

Pamela: Yes.

Anna: So you had another four years or so left?

Pamela: Umhmm

Anna: Did they provide any sort of...could you talk with your family? Or...? [*Here I was trying to ask about non-medical support they may have indirectly offered through the prison*]

Pamela: No. The night that I miscarried, the way that the facility was designed, at 10 o'clock you were locked into a cell, and that cell didn't have any lighting, no call buttons, no anything, so you're just locked in a dark room from 10 o'clock to 6am. And once we were locked in, that particular day, the drinking water was not drinkable; we had brown water coming out of the water fountain; I had put in a request to the warden about the water, he had come down and examined the water and he did agree that it was not drinkable and he had instructed the staff to provide us with ice and water on a daily basis. But, most days the ice machine did not work; on this particular day it wasn't working, so it was an entire day that I had gone through without drinking anything. So once we were locked in, I started having a little cramping, and I knew from my experience that I was dehydrated, which precipitates cramping, and, miscarrying. So at that point I went to the sink, and I'm drinking water out of the sink and the cramps got a little more intense, so I decided it would be better to just try to go to sleep and I'd wake up in the morning and there'd be ice, there'd be water; I'd be fine. So I dozed off, but the cramping got more intense to the point where it actually...the pain woke me up. So once it woke me up, I decided that I needed to try to drink more water; when I stood up to go to the sink, I felt a gush of wetness, and because it was dark, I couldn't see what it was. From that point, the pain really got excruciating; to the point where I could tell that I was having contractions because I could actually feel my belly knotting up. I guess around this time I should have been around 18/20 weeks pregnant. So the pain was to the point where I was starting to moan out in pain, and I woke up the lady that was sharing the cell with me, and she asked me what was wrong, and I told her I was having contractions; I could feel it, that's what it was. So, because we were locked in, you can't call anybody, she went to the door, and she...I remember her putting her face in the crack of the door, and she was yelling out, ya know, to the other ladies that were there, that something was wrong with me, something was wrong with my baby. I remember all of the ladies just screaming to the top of their lungs trying to get anybody's attention for me. They were yelling for hours; it was about 3 hours before anybody finally came. So when they finally made their way there and opened up the cell door, we finally had some light so we could see...blood was everywhere. At that point, the guards were looking, they didn't know what to do. They

didn't want to touch me; they didn't want to touch me, they weren't sure what to do, they were asking me, "can I walk" and I was located on the top floor and I was like "no, I'm in too much pain, I can't walk, can't do anything". So I just remember some kind of way they got a stretcher up there and they took me down. The nurse that was working that night, I'm not sure if she was a new nurse or she just hadn't had any experience with emergency situations, because she was just like a deer caught in the headlights. She was just not sure what to do. She was taking blood pressures on this arm, then this arm, then she was on my ankles and I'm like "Why are you down there taking my blood pressure?", she's going, "Well, it's dropping! It was 87 over and now it's 70 over....". I said, "I am bleeding, I am hemorrhaging, it's not gonna go up. Can you just call 911 and get me outta here?" And she was like "I don't know if I can. I don't know if I have to call the Marshals or what to do" so I asked her, "Can you just call the doctor?" So she did call the doctor, and she told the doctor, "Well, she's hurting", and I'm like, "Hurting? No, I'm about to die here!" and so I'm screaming in the background, "No, I'm not hurting, I'm dying! I'm having contractions! Right now, they're 2 minutes apart, they're lasting up to a minute, so can you please please please tell them to dial 911?!" Since the doctor was familiar with my background, I remember her telling her, "listen to what she's saying, she knows what she's talking about, just go ahead and call 911, and the Marshals will have to figure it out". She did, and I got there, and the Marshals knew I was there, and as soon as they got there the first thing they did was shackle me to the bed. And so now I'm hurting like, I don't know, I can't even describe the pain, but, ya know, it's excruciating. And, I can't do anything but bear it; I can't brace myself, can't ball up, because, ya know, I'm shackled to the bed. I remember the nurse doing the ultrasound to see what was going on, and she told me that she didn't see a baby, that I had passed it, and we needed to find where it was to make sure that there were no parts of conception left inside of me; if I needed a D&C. I was like, "I don't know where anything is; I was busy trying to get myself here. And she looked to the two officers that were with me, and they said to her, "Oh, we threw it in the trash." And even now, all these years later, just to think, and to hear their voices, to say that, "your child is just discarded in the trash" like it was nothing; when I think about everything that I've experienced in life that has to be the lowest or the worst ever, to just heart that (10). So, afterwards, they wanted to do a D&C. I refused, and the reason

that I refused, is because, back to your question, when they take you out, you're not allowed to contact your family so no one knew where I was, and my concern was: if something were to happen to me, my family wouldn't know, I don't know what they would tell my family. So I didn't want to put anything that was gonna put me at risk. So unless they could do the D&C with me awake, we weren't doing the D&C. I'd rather take my chances with, ya know, whatever would happen if there was something left there, than to allow them to put me to sleep and, ya know, not wake up again, not have my family know where I was or what happened, but no you can't contact your family, they don't know anything until after the fact; I don't think I spoke to my family until about 5 days later, and of course they were worried because they hadn't heard from me, and when they call to inquire about you they won't even tell them what happened or that you're in the hospital or any other information.

Anna: I am so humbled that you are willing to share such a traumatizing story. What happened to, I think everyone here would agree, it just breaks our hearts, and we're very touched that you're stronger from it; you're making so much change, and it's really powerful to hear your story. I wonder, (gesturing at Rebecca), what do you think of, when you hear this terrible thing that happened?

Rebecca: Yeah, I wish I could say that it's unique. I think that's the part that's so unsettling to me, is that we've heard, over the years, so many stories that don't have the same detail per se, but have the same core. That, I think, is one thing that I keep expecting; and so often in the corrections world we're met with "Well that was one person's story" or "that's an exception" and at some point you start hearing the same narrative over and over again that you need any more stories, right. The conditions in which we're incarcerating women are horrifying; they were horrifying then, and they continue to be horrifying all across this country. And so (gesturing to Pamela), I'm so sorry that you had your experience, but I feel so thankful that you are advocating because you know that this continues every day, all across the country; in this state.

Anna: So what can be done about it? I know there's the Prison Doula project, but systematically, how can we move forward to ensure that no one should have to experience (gesturing to Pamela) that, or the horrors that (gesturing to Rebecca) you have heard about?

Rebecca: Well I think we have to ask ourselves if prison is a place for pregnant women to be. Fundamentally, do we think that this is a place where any pregnant person should be? And, to Pamela's point, prisons and correctional facilities were not set up for women; they were designed for men by men (30), fundamentally, at that level, and very little has changed to think about gender-specific or trauma-informed care for women in these facilities(1). Layer on the pregnancy, and they're just ill-equipped to handle pregnant women. I've certainly heard pregnant women in our program say, "Prison saved my life, and I needed to come here to save my life and to save my baby", but as we dig into that a little bit more, it's very clear that what she needed was sober housing, she needed drug treatment, she needed protection from an abusive partner, she needed to be able to live safely, and those things could happen not outside of a prison, right? And so what she needed to save her life was a support system and a safety net in a community that is there for her. And I think that that's what we see so often when we think about who is coming into prison, and when we look at the pathways to prison for women: histories of trauma and failures of safety nets in the community to provide basic support.

Anna: (Question #2) (26) (16) I have something I would like to bring up to that point. There was a woman who was unable to come today, she's the senior nurse at the Hennepin County Medical Center [jail], and I emailed her and asked, "would you be willing to come talk about this?" and she couldn't come, but she gave me this note; she says, *"In regard to prenatal care for incarcerated women, I think one thing that would help them a lot would be community-based interventions to help them get prenatal care BEFORE they are incarcerated. Maybe partnerships with groups that already work with high-risk populations could help (homeless, substance-use). Often we have women who come to jail, already far into their pregnancy, who have not had any prenatal care before coming to jail. The first trimester is so important for fetal development, and I think they could really benefit from education and healthcare before they even come to us."*

And then that reminded me of a quote I read in Carolyn Sufrin's book "Jailcare" which I have with me, I won't read the quote, but it's (gesturing towards book) it's this book; highly recommended if anyone wants to read it; where this person was saying that if someone is pregnant and living in a community that makes the pregnancy high-risk, we should almost advocate for them to go to prison, because at least they'll get prenatal vitamins, prenatal care. What is your response to that?

Pamela: Lies. Lies. That's my response to that. Lies. I'll say this: Every prison or correctional facility or jail, they're all different. We don't have central monitoring, so what you get at one place you do not get at another place. I won't say that there are not, because there are some prisons, like here in Minnesota, you all have the doula program,

Rebecca: We have a lot of room to grow, though.

Pamela: Yes, but the women are getting some education, they have someone to advocate to make sure they get decent care, whereas in a smaller or rural setting, they're not gonna have anything; it's not even a thought. The thought is more along the lines of security, monitoring, discipline; they don't even think "rehabilitation, healthcare", you understand what I'm saying? Depending on the setting, it determines what you get. So for me, I think what's necessary is if we could have a central monitoring of all these different facilities, and put them on one accord at least when it comes to healthcare or best practices for incarcerated women where they have some type of protocol that everybody follows so you know that they're getting it. So right now, to bring any of these changes about, what we're doing right now, [we need to be] bringing awareness, because it's astounding to me how many people, well I guess it's not really astounding but it does blow me away, but I talk to people and they don't have a clue that these things are happening. Most people think like what you just said: they go to prison, prison is gonna give them everything that they need, and, honestly speaking, before I had my own personal experience, that's exactly what I thought. Because I've had friends and family that have been incarcerated, and when they would call and say, "Can you send money because I need this, I need this", I'm like, "They feed them,

they give them this, they give them everything they need; I don't really need to do that right now" But now, from my own personal experience, I understand that's not always the case, it just depends on where you are.

Rebecca: I think Pamela's point about differences across correctional facilities is so important and one that's really often lost. So we have, in Minnesota, one state prison: the Shakopee women's prison, and that means that from Bemidji to Akon, everybody is going to the women's state prison if you're convicted of a felony-level offense. But, we have 84 county jails, county correctional facilities spread all across the state. After working with women at our prison (this is where our prison doula project started), it was the women who said to us repeatedly, "you've got to go to the county jails, you've got to go to the county jails. The conditions in the county jails are horrifying, I sat in county jails for months and had no care, you've got to go to the county jails. And so we listened and we started doing interviews with jail administrators and health service providers all across the metro area and then beyond, to ask them about the care of pregnant women in their facilities. (29:10) What we heard repeatedly was exactly what you said in the beginning, Pamela, which is: "We don't really know how to handle pregnant women. We have them so 'rarely' that we don't really know how to handle them in these situations, so yeah, we try to get them extra meals, we try to get them a prenatal vitamin". But one of the things we heard over and over again which was so astounding and which is what ultimately led us to push for some legislation here was that we asked them about how they identify pregnant women, right, because at the prison they're screening all women for pregnancy under the age of 65. But at the jail, several of the things that we heard over and over again was, "We don't test for pregnancy, because if we find out that they're pregnant, then we have to provide them with care, and that care is expensive"

Pamela: Right.

Rebecca: "And because they're turning over so fast, it's not worth our money to test them." And so they were making this economic tradeoff at a local correctional facility, hoping that women

would just bail out, bond out, get out before they needed care. But what we were hearing at the prison, right, by the time women had moved through the system, is that some of them had sat in county jail for months, not receiving any prenatal care, not knowing they were pregnant until they got to the prison, only then finding out that they were pregnant, and we have missed this huge window of opportunity for intervention. And so I think it's important that even though we have the doula program now in Minnesota in our state prison and women across the state have access to a doula now if they're incarcerated the whole state, that we still have huge variations in care, and a lot of corrections administrators who think that this is a population of folks who are undeserving of care, and that treating the baby or responding to the pregnancy is not their problem and not their job. So I think that's hugely important: this variation in care and attention to this issue.

Anna: (Question #3 @ 31:17) (4)(6) Pamela, you're a mother, right? And (gesturing towards Rebecca) I'm certain that several of the women you interact with are mothers? So there's something that I recently learned about and read about in the American Journal of Criminal Justice talking about conjugal visits, and visits where the family members are alone with the incarcerated individual for up to, I think it's 48 hours(?). Initially, I thought, "this is great!"; I don't have children, but I think if I did, I would like to see them while I was behind bars, and that would impact the development of the children. But then, I continued reading and it said that now the number of states that have this program has decreased to 4, so now it's just Washington, California, Connecticut, and New York. So I'm wondering why you think that's happening, and what kind of impact do you think a conjugal visit would have had on yourself, Pamela, if you could see your children and be alone with them, and (gesturing towards Rebecca) the children who are impacted in the MN prisons?

Pamela: Well, I think the reason they were doing away with it is for the same reasons that Rebecca just talked about. It means that it's more money and more time that they have to invest in providing that type of visit. Would it be good? Yes and no. Yes it would be good to spend personal time with your family; however, I think it's more traumatic at the end when the visit is

over. You know, you think “I’m doing a good thing because I’m allowing them to come”, but you don’t think ahead to when the time ends, because when the time ends is when it just really goes bad, which is why a lot of women opt to not even see them because you can’t deal with that. Ya know, the kids are crying, they don’t understand why they gotta be separated now; “I’ve just had all this great time with you and now you’re just gonna snatch me away and strip me of that and now I’m gonna go back to not seeing you for who knows how long; months, maybe years, whenever I can come back and then....to me that’s more traumatic on the child.

Rebecca: Yeah, I think one of the things I hear a lot with my corrections colleagues is that visits is the number 1 way that contraband comes into the facility, and so for safety and security reasons, it’s really easy to stop those kinds of visits, to stop any kind of in-person visit frankly. We’re seeing more and more corrections facilities across the country turn back any kind of contact visit. So, almost all of the jails in our state, for example, are all non-contact, meaning they’re visiting through plexiglass or through virtual visitation which is through a phone or like FaceTime, but 1980s crappy FaceTime, and I think that’s why they’re moving away. Now the conjugal visits is an interesting piece, and I guess philosophically for me, I think if a particular person, a currently incarcerated person, doesn’t pose a risk to their family and their children, such that they can have that kind of contact over a long period of time, the taxpayer in me, the community citizen, the person, the mom in me says, “Are they a public safety risk, and why are they still incarcerated?” And I know that’s really basic thinking, but in some of these states they have trailers that are like apartments that currently-incarcerated people can go to with their families for the weekend, and I think, “Ok, so then why are they still locked up, right? Why are we not providing structure and support in the community so that they can be with their children?” Because to Pamela’s point, visits for most currently-incarcerated people, face-to-face visits for most people are few and far between, they take tremendous amounts of resources, and there’s a lot of mixed evidence in terms of the benefits for kids.

Anna: So I think a follow-up question to that would be: what about your child psychologist, your inner child psychologist? What do you think of that?

Rebecca: Yeah, so it's impossible for me to answer that question without putting on my....so yes, I'm a child psychologist, but also I unexpectedly became a foster parent four years ago and then unexpectedly kids, both whose parents were involved with the criminal justice system, and I can't separate those, and I'm also a guardian ad litem, and so I've seen lots of kids come through child welfare because they've been abused and neglected. So, I feel like I've seen this from lots of different angles and so I'm conflicted. I think I was just on a call with a person today who had supervised a visit with an incarcerated mother and her 18 month old, and she, the professional that was calling me was really upset because the 18 month old just screamed through the entire visit. She said, "Rebecca, I don't know why we're still doing these visits. This is clearly not good for this kid, this kid had so much trauma, this kid is in such a bad place", and I said, "Well how much time does mom have left on her sentence?" and she said, "4 years", and I said, "Well, that begs the question, mom's not getting out for 4 years, this kid is gonna be 5 1/2 at that point; are we gonna keep up these traumatic visits? for how long?" I think often child protection works in the way that we have to demonstrate that visits are bad for kids before we hold them back. So it's often re-traumatizing to the kids to be in that situation, to demonstrate that "oh this is bad, let's not do this", and the circumstances could be wildly different if you had a mom who was getting out in three months. So there's not an easy answer; if that mom was getting home in 3 months and she was gonna retain custody of her kid, then I think: what are the interventions that could be put in place to help the mom repair this relationship with her kid so that she can be the attachment figure for her kid, so that she can help nurture this child during this time of distress, so that this child can see mom as this source of support? But we're not talking about 3 months, we're talking about 4 years, and so there are all these factors that I think make this incredibly complicated, on the "are visits good or bad" kind of scenario (13) (19) (24).

Anna: So at the Shakopee prison, I'm pretty sure it's at the Shakopee prison, is it true that they do a mother's day type thing where they children of the women can come in and meet with them?

Rebecca: At Shakopee there's the standard visiting room where there are regular visits, they're called "contact visits" but it's a hug and a brief kiss on the cheek and then you sit opposite each other; so the distance between where Pamela's chair is and yours, in rows, lined up. But then in addition to those, moms who are in the "Anthony" unit, which is a privileged living unit within the facility, participate in parenting education (8), and they get to have extended visits with their kids. And so those are probably what I think you're talking about, they happen on weekends, they get 4 hours with their kids; I have seen birthday parties happen in that room, I have seen holiday celebrations in the children's room, and moms get 4 hours of basically child-friendly, family-friendly activities; they do a craft, they have a meal, they get to spend time together, and they get to process the visit afterwards. So, having been to a lot of extended visits, and seeing those happen, they can be really wonderful things. Shakopee used to have overnight visits, and so actually the beds in the Shakopee prison in that unit have trundles underneath them from probably now more than a decade ago, when kids could stay overnight, and that has gone away with the fear of contraband and others, so that's changed over the years in terms of how much contact moms can have with their kid (19) (24).

Anna: I'd like to move to the audience question and answer session because I'd like to be respectful of everyone's time here, so Audrey, are you willing to do the mic? If you have a question, if you can just raise your hand, Audrey will bring you the mic.

Audience member #1: Simple question, or may not be....can you explain what the "doua" is here in Minnesota?

Rebecca: Oh yeah, thank you. So, it's "doula", d-o-u-l-a, and that is a non-medical birth support specialist, like a birth coach, and essentially, we didn't get to this, but before we implemented our program in Minnesota, *we had our first birth in 2010*, before that what would happen was that women who were pregnant in prison when they went into labor, they would go to the local hospital to deliver. They would, as Pamela described, not have any contact with an outside

support person; they couldn't call their husband, they couldn't call their mother, they couldn't call their sister. They would labor and deliver alone, save for 2 armed correctional officers who had to have eyes on them the whole time, often male.

Pamela: Yes.

Rebecca: A doula, in the community, is somebody who often is just another birth support coach who is there to make sure that that person's plans go as she'd hoped, to advocate for her, to support her partner if she has one there, to educate, nurture, provide a back rub, hold a hand, and talk her through the process. So, doulas offer physical, mental, and instrumental support during the whole pregnancy and postpartum period. Our doulas, then, are responsible for providing support to all of the pregnant women who want to have a doula who come through Shakopee. So, not only do the pregnant women of Shakopee now get group-based, weekly support from their peers and education, but they're also matched with a doula who provides at least 2 one-on-one visits; they talk about the birth plan, what do they hope for the birth? her previous pregnancies? When the woman goes into labor at the hospital, the watch commander calls the doula and says, "Miss Anna just went into labor", and then our doula rushes to the hospital as fast as she can get there, hopefully it's not 5 o'clock in the metro, and meets her at the hospital and provides continuous labor and delivery support. Then, when the woman is discharged and she's gonna go back to the prison and separated from her infant, that's about 48 hours after she delivers.; so our doulas come back and provide support during separation, and that's essentially the time that moms have to say goodbye to their babies, and so our doulas are there again to provide comfort and support; hold a hand, listen, just be there, because that's a really really difficult time for the moms. So then they go back to prison, baby goes with an elected caretaker in the community, our doulas come back to the prison and provide support at least twice during the postpartum period to talk to moms about how they're doing, to provide some informational support about their body after birth, often there's a lot of questions about lactation; and so our doulas do all the things that doulas do in the community, with some of the added layers of the complexities of women who are incarcerated (17) (19) (21).

Audience member #2: (44:23) Hi, my name's Ava. My question might be kind of broad, but also if you can focus in on one part, that'd be good too. I'm kind of wondering of what the role of fathers are for women behind bars, in terms of providing support if you see that a lot, or if they're allowed to bring prenatal vitamins, things like that, or provide support that way.

Rebecca: I can talk about it in Minnesota, and then (gesturing towards Pamela) do you want to talk about it? So in Minnesota, about a third of the moms who deliver in custody, their babies go with the biological fathers. About another third of the time they go with a maternal relative, most often maternal grandmother. It really depends, right? I think people have this assumption that there aren't dads, they aren't involved. But we've had moms who have been married, who have had several other children, and they support a committed, loving relationship, and those dads can't be there. So in many ways, even if there is an engaged and committed father, the correctional system has cut him out of the picture. We also know that there are a lot of dads who need a tremendous level of support; often, for the moms that we work with, many of the moms that we are working with, they've had a long history of trauma, sometimes with baby's biological father, really traumatic romantic partner history, and many of them are in prison for crimes related to their romantic partners. There are a lot of conspiracy things where dad might be messed up and do a lot of criminal activity, girlfriend should've known "did know" and ends up going to prison for a pretty long period of time for stuff that dad was messed up in. My child psychology hat is on then, and I always think, "Well, what are the circumstances in which babies are going home to be with biological fathers who have little support?" I don't know about anybody in this room, but if you walked out of here today and said you're taking a baby home with you, how hard that would be for any of us. And so, I'm always challenged to think about what are the resources that our dads have when they are taking on this role when they're bringing a brand new baby home from the hospital, even if they have their lives together, which we know is challenging for a lot of them.

Pamela: Ok in Georgia we don't have a doula program, and even in the criminal system they have a men program but basically they can visit but visitation has its limitations as far as how far they can sit from you, their interactions with you; everything is restricted and monitored. The phone calls are 15 minutes, so I don't know how much information you can really get in in those 15 minutes; and then after a 15 minute call, you're blocked out for another half hour to an hour before you can use the phone again. When you're going to deliver your baby, you can't contact anyone, so they don't even know that you're having the baby; they don't find out until after the fact. And, again, like Rebecca was saying, you're sending your baby home. In my case, I had 2 sons, that my significant other was already at home trying to take care of, and not to sound cliché, but men cannot take care of responsibilities like women can. I mean he was just really having a hard time; he was like, "How do you do this? I'm going to work and taking care of the boys", I was like, "It's the stuff that I do every day".

Rebecca: In his defense, he had just lost a partner he cared about, so that's challenging, too.

Pamela: Right, and so I'm like, "It's the stuff that I do every day" and he's like, "Ok I have a new respect for you because I'm trying to balance it all out and trying to make sure I'm there for you" and ya know, so, it's really difficult for them, and again, the system basically just cuts them out and they don't even acknowledge that, you know, that's something that maybe should be looked at. (2) Ya know, if you had a support system, maybe it would make things better for the facility if they would find a way to allow you to have that support which would alleviate some of the expense or some of the things that they have to provide for the women that are incarcerated, but as of right now, they don't acknowledge them.

Rebecca: That reminded me of a story that I heard. We've been working with Alabama to provide training and technical assistance to community organizations there that are starting, and actually have had their first birth at the Tutwiler women's prison. But when we went down, maybe now 3 or 4 years ago, for the first time, we were talking with women about their experiences, and one of the most horrifying stories I've heard to this day that still sticks with me

was...2 moms had been transferred from the prison to deliver their babies the same day: an african-american woman and a white woman. The dad came to pick up one of the babies, and the nurse said, "Here's your baby", and he starts to walk away and he says, 'Ma'am, this isn't my baby", and she says, "Yes it is. Take your baby and get outta here". He said he felt so disrespected, he was really upset, and he looks at this baby and he's pleading with her, "Ma'am, this isn't my baby, I know this isn't my baby", and the nurse is like, "Well how would you know? You weren't even here." And then he looks at the baby and he's like, "...because I'm black and my partner is black, and this is a white baby...I'm not an idiot, and you've treated me like one". It was so telling, and this mom was just so upset, to (gesturing to Pamela) your point about the lackluster and limited attention paid to just passing babies out in the hospital...just terrifying.

Audience member #3: (50:14) So know how you talked about how at jails they don't wanna give pregnancy tests, also for financial reasons. I know some, at least 1 of the prisons has public health. So, how feasible of a change would that be to make, and why does some jails have it and some not, and would it make a big difference?

Rebecca: Yeah, so Alex is cheating; he's come down from my class at the U which I didn't know he knew about but it turns out you have a partner here, so here we are. We talked about this a little bit in class. So, yes, county jails, and state prisons, depending on how they're run, the health services may be run by private companies; most often that's the case; the state prison here, and state prisons across our state, the health services are run by private companies. A lot of our jails in our state, also the health services are run by private companies. You often hear in the popular press this discussion about public versus private prisons, and while we have public correctional facilities, a lot of it had been privatized, so I think it's really important for people to think about the fact that the food that comes in has been privatized, the healthcare that's come in has been privatized, they've privatized the phone and video visitation; so someone is making a lot of money on the backs of people we have incarcerated in the state, and that should be in back of mind. Many local jurisdictions have said, "We're gonna retain health services in our county public health", so Washington county, for example, which is where Stillwater is, Ramsey county,

Hennepin county is in a little bit of a unique situation, where they have said, “We don’t wanna privatize health services, we actually want our county public health folks to do it”. That is costly. The jail administrators that I work closely with have said it costs them more to do it that way, but they do it because they philosophically and fundamentally believe that folks in their facilities should get the quality and the same kind of care that they would get in the community, and they’re not gonna treat them as “different” or “other”; they're gonna provide them with the best healthcare and the same public health nurses and physicians that they would have access to in the community. So, that is a choice, but it is not the fiscally-conservative one, and they have had to make really compelling arguments to their county boards and their county commissioners about why it’s so important to do so. Again, it is not the cheapest option, but I think it does come back to better quality healthcare.

Pamela: And 99.9% of the other facilities do not have that attitude; it’s about bringing the profit in, and not spending any of it out.

Rebecca: Yeah, we heard that loud and clear from the jails as well when we were interviewing them; one of the things that, so in addition to not pregnancy testing, they said they had very few pregnant women, but they might have 1 or 2 here this week, ya know, or 10 over the last year, they never really kept count, and then we would ask them how many births they had, and we heard more than once, “We don’t have any births”. We would say, “Well, that doesn’t quite compute; you have pregnant women; ultimately, those pregnancies resolve in some way...what happened?” And we heard, on more than one occasion, that the jail administrators would call the judge, and have the woman released right before she would go into labor, so, like 8 months 5 days, because, and I quote, “One birth would kill our county budget for the year”. So they were financially motivated to get pregnant women who were out, who were going to reach the end of term, out of the jail, so that if she delivered in custody, they didn’t have to pay for the healthcare. That was very clearly stated.

Anna: We have time for one more question, unfortunately.

Audience member #4: (54:34) I have a question about abortions in jails; whether that's accessible at all, whether it's encouraged for financial reasons, or allowed. Can you speak to that?

Pamela: Again, that's another one of those variable things; it depends on what facility you're in. Some facilities welcome that, because if they can get you to opt-in to an abortion, that's less money they have to spend on your care and on your delivery (20). So, it's cheaper for them to take care of it with an abortion than the long overhaul of you carrying and having your baby. Other facilities, they don't want to spend money on anything; if they're not gonna give you pregnancy tests, they're definitely not gonna pay for an abortion; they don't even mention that there is an option for you to get an abortion, so it just really depends on what facility you're at.

Rebecca: Definitely. I had a healthcare provider once say to me that if he heard a woman ask about an abortion, he was trained and told to essentially ignore her questions. So the woman came in the facility, and said, "I'd like to go over options about terminating my pregnancy" and he literally said he would just ignore the question and pretend he didn't hear her. No state dollars can be used, so public dollars, the department of corrections, county jails, can't pay the termination procedure. In the state of Minnesota what that means is that women have been told that if they want to terminate their pregnancies, they will have to pay for not only the procedure, but the transportation to and from the clinic, the wear and tear on the vehicle that will get them there, the officers' time to transport them, and so the financial barriers particularly for a person who's currently incarcerated maybe making 25 cents an hour if they have been able to get a job, means that that is cost prohibited. It's this really interesting paradox, in terms of not providing women with comprehensive healthcare to support maternal and child health and yet not providing them with access to terminating their pregnancies. So, it still boggles my mind... what's the ideal situation here? We're treating people like crap and we're not giving them access to terminating their pregnancies when they want to, and that is an ethically complicated situation, but I think I can say hands down that we're not quite doing it anywhere near right right now.

Anna: And can they use their personal insurance they have to help pay for the procedure?

Rebecca: No. So once you're currently incarcerated, if you have private insurance that's a different situation, but then your ability to actually use that private insurance and, you can't, as a currently incarcerated, you can't schedule your own health appointments, right? Everything is going through health services, as Pamela described. So you are at the mercy of whoever is going to schedule those appointments. If you had public health insurance, when a person becomes incarcerated in the United States, if they've had public health insurance, they can no longer access those-that service is terminated. So medicaid, even though we cover pregnant women, all pregnant women in the community under medicaid, everybody would be eligible if you're in the community, that public benefit is terminated upon incarceration. And so again, this is a really interesting policy piece in the sense that "if we covered pregnant women, would they actually get better care if they were incarcerated because there would be a mechanism for health insurance and therefore a key to healthcare?"

Anna: (Question #4@ 58:34) We are nearing the end of our allotted time, I just wanted to sneak in one last question: So over the course of this evening, all of us have learned about the terrible systematic things that are going on, especially relating to pregnancy and reproductive health; what can we do to help?

Pamela: Well, what you're doing right now, these kind of conversations, bringing awareness, that's really key. Like I said, there are so many people that don't have a clue, just based on the questions we're getting, don't have a clue of what's going on and what's happening, and many of them think, "Oh it's 2018, clearly we're doing better than that", but we're not; so definitely education and bringing awareness are the main things you can do and those things are free and cost you nothing but some time. Other than that, when we put these policies in place, we're working daily putting out policies and new bills and everything; if everyone would turn out and

vote for them and help get them passed to make changes because that's the only way we're gonna make the change.

Rebecca: I would just say, locally, if you are interested in continuing to support this work, to reach out, there are certainly ways to financially support the prison doula project; we run on grants and donations, so we hold fundraisers regularly, we have one coming up on Monday night which is hosted by "eat for equity". But frankly, spreading the word, as Pamela said, and helping people understand what's happening in Minnesota; our goal would be to make sure that every woman who is in custody never births alone, and that takes financial resources, and so if you're thinking about ways that you can contribute or just contribute your time, we're certainly happy to have budding advocates, and people who are enthusiastic about this topic join us.

Anna: The link to the prison doula site as well as (gesturing to Pamela) your change.org petition are both on the bottom of your handout that you received, and so you can access those easily.

Rebecca: Thanks for that. So sign the petition.

Anna: I think that a really big part is just having individuals like yourselves willing to give the time out of your day, I mean, it's an evening, you've both been through a big day I imagine, so I'm just overwhelmed with thanks for you coming and sharing your insights. So let's thank the panelists.

Works Cited/Further Background

The information in this section contains the resources I consulted as part of my independent project for my major. Many of the resources are from suggestions I received from individuals I met at both of the conferences I attended (The Convening on Pregnancy in Correctional Settings and the Academic Consortium on Criminal Justice Health), my individual major advisor, mentors I met in my summer internship working with the Hennepin county jail, as well my assigned librarian. If a certain number is not present in the above transcript, it is either because we did not get to it in the discussion, or because it was relevant to almost all pieces of the discussion.

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