INCARCERATED WOMEN IN SC: CHALLENGES AND OPPORTUNITIES

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Objectives

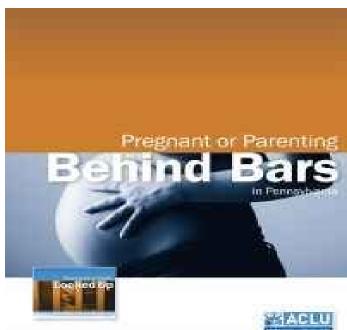
- Participants will:
 - Identify challenges to caring for incarcerated women during pregnancy
 - Discuss gaps in services and resources for incarcerated women
 - Identify opportunities and resources for incarcerated women in South Carolina



Disclosures

 The presenters do not have any dualities of interest or conflicts to disclose





What's the carceral landscape for women in the U.S.?

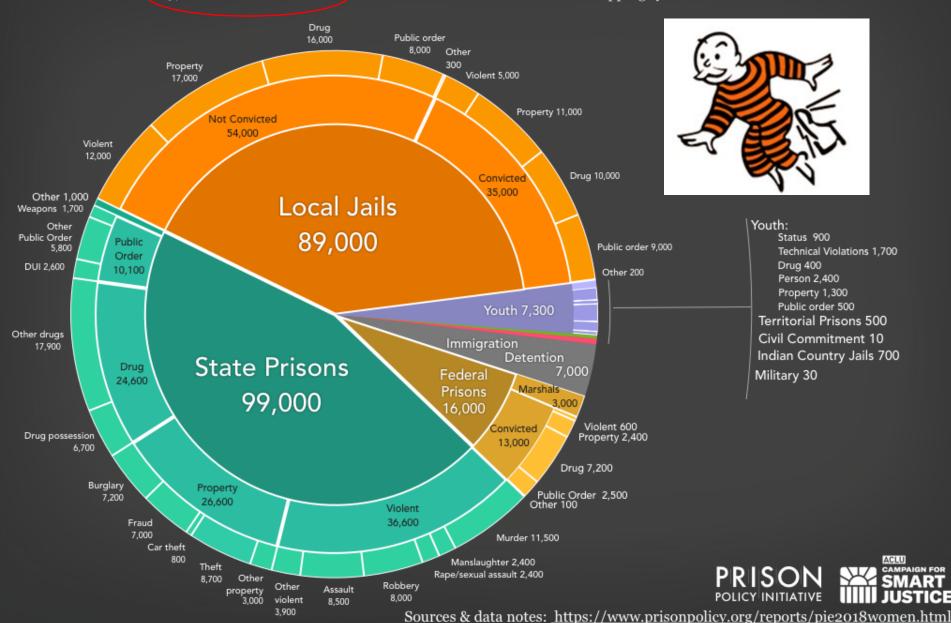
- At a historic and global high
- Higher than any other country
- U.S. incarceration rate of 133 per 100,000 people
- Only 4% of world's female population lives in the U.S. but U.S. accounts for 30% of worlds incarcerated women



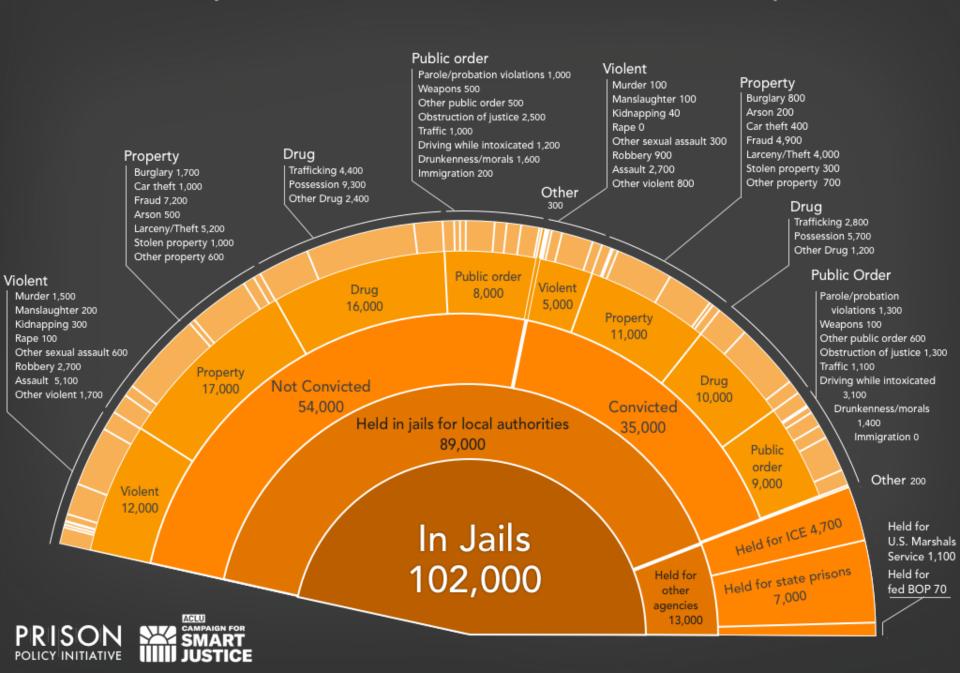
Data from the 2018 Prison Policy Initiative

How many women are locked up in the United States?

The United States is one of the top incarcerators of women in the world. Changing that will require knowing where 219,000 incarcerated women fall within our decentralized and overlapping systems of mass incarceration.



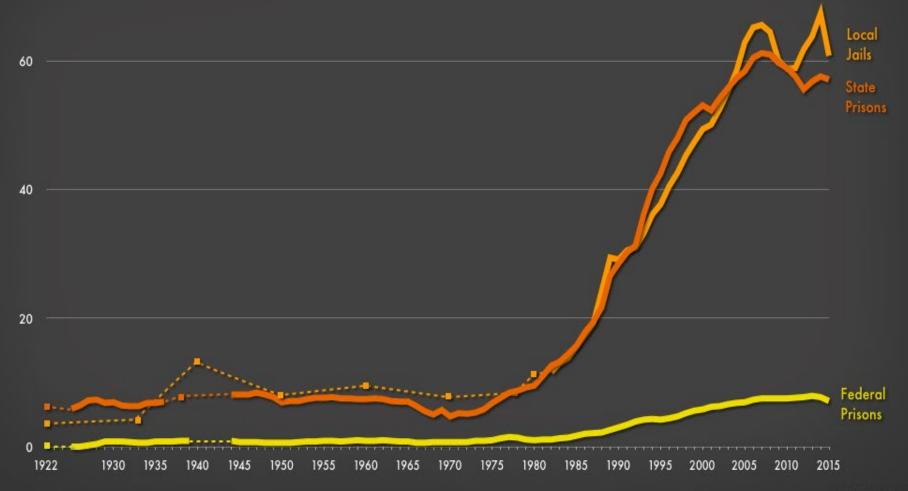
Nearly half of incarcerated women are held in jails



Increases in Women in Carceral Systems

State policy drives women's incarceration growth

Number of women incarcerated by federal, state or local governments per 100,000 female residents, 1922 - 2015



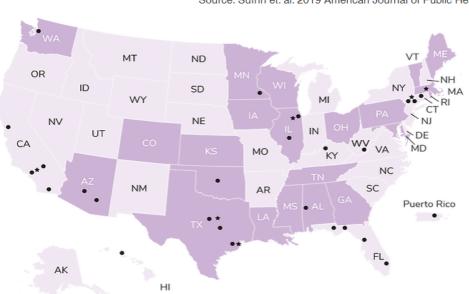
The number of women in prison has been increasing at a rate

50%

HIGHER

than that of men since 1980

The 1st study on incarcerated pregnant women in the U.S.



Source: Sufrin et. al. 2019 American Journal of Public Health

Collecting Data on Pregnant Incarcerated People

From 2016-2017, statistics were collected on pregnancy outcomes from a sample of prisons and large jails across the US, representing 57% of females in prison and 5% of females in jail. Participating prisons and jails reported aggregate data on a monthly basis for one year.

- State Department of Corrections
- * Jails
- Federal Bureau of Prisons

FIRST REPORT ON PREGNANCY IN PRISON STATISTICS

A sample of prisons that house 57 percent of imprisoned women in the U.S. were surveyed from 2016-2017



Live births:
Preterm births = 6 percent
Cesarean deliveries = 30 percent





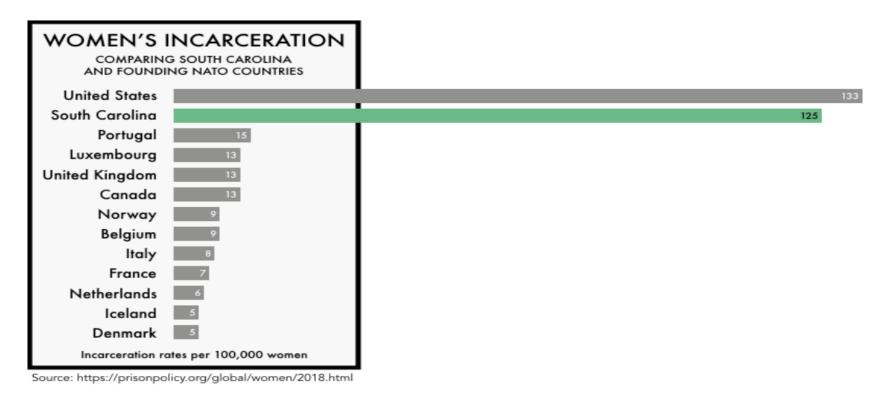
There are no mandatory standards of care for pregnant people in U.S. prisons. Researchers from Johns Hopkins Medicine found that:

- approximately 1,400
 pregnant women were
 admitted to 22 US state
 and all federal prisons in a
 recent year
- most of the prison pregnancies – over 90 percent – ended in live births with no maternal deaths.

Credit: Johns Hopkins Medicine/Raigan Wheeler

Credit: Johns Hopkins Medicine

South Carolina

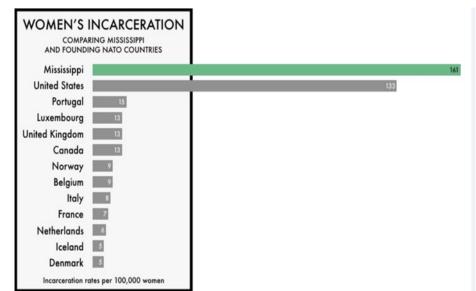


(Graph: Aleks Kajstura, June 2018)

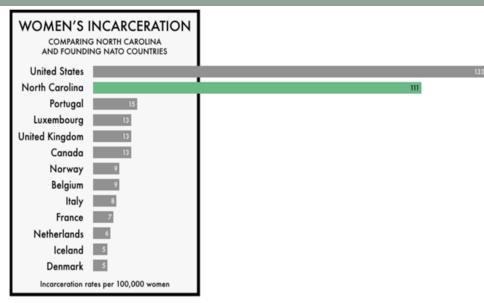
This graph is a part of the Prison Policy Initiative report, States of Women's Incarceration: The Global Context 2018.



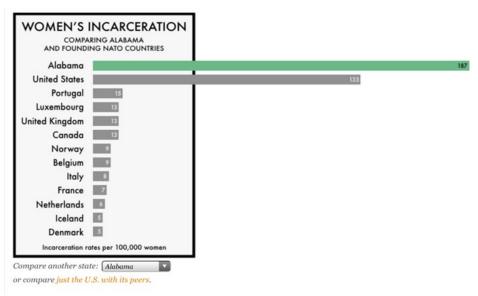
SC: Rank 29/50



MS: Rank 20/50



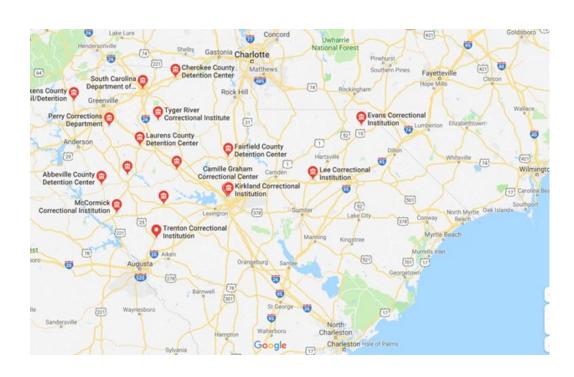
NC: Rank 35/50



AL: Rank 10/50

SC Landscape

- South Carolina Department of Corrections founded in 1960 currently has some 5,700 employees, just over 20,000 inmates and operates 21 institutions
- 2 SCDC State-level Correctional Centers for Women
 - Camille Graham Columbia, Level 2 (730)
 - Leath Greenwood, Level 2 (600)
- 46 County Detention Centers
 - Smaller jails at municipalities
- 3 Juvenile Detention Centers
 - Charleston
 - Columbia
 - Greenville
- 2 Federal Prisons
 - Male only



Estelle v. Gamble & the 8th Amendment

- "These elementary principles (contained in the 8th Amendment) establish the government's obligation to provide medical care for those whom it is punishing by incarceration..."
 - AND
- "We therefor conclude that the deliberate indifference to serious medical needs of prisoners constitutes the 'unnecessary and wanton infliction of pain," proscribed in the Eight Amendment."

Estelle v. Gamble & the 8th Amendment

Estelle's Three Basic Rights

- Access to care
 - Access to specialists and to inpatient hospital treatment, where warranted by the patient's condition, is also guaranteed by the Eighth Amendment.
- The right to care that is ordered
 - Estelle imposes a legal duty on administrative and custodial staff to honor medical orders and extends liability to those who interfere with ordered care.
- The right to a professional medical judgement
 - The right to professional judgment places an outer, constitutional limit on medical discretion by ensuring that it is exercised in making decisions in individual cases.
 - By requiring professional judgment, the federal courts have not only protected the sphere of discretion surrounding medical practitioners' diagnostic and treatment decisions, but have also enhanced them in the unique environment in which they are undertaken.

The Burden on Counties & States

- Medicaid's Role in Paying for Care...
 - Individuals are ineligible to use their Medicaid benefit while they are incarcerated due to a federal law known as the Medicaid Inmate Exclusion Policy (MIEP)
 - The MIEP bars states from receiving federal Medicaid matching funds, except when beneficiaries are hospitalized for 24 hours or longer.
 - Therefore, the entire cost of providing medical care in jails or prisons falls on the shoulders of counties and states.
- The incarcerated population has significant physical and behavioral health needs. Chronic disease is prevalent among the population with higher rates of a variety of high-cost conditions.

What's the carceral landscape for women in South Carolina?

- The female jail population percentage increased from 12.6% to 15.2% from 2005 to 2017 (BJS/USDOJ, 2019)
- Applied to Prison Policy Initiative's 2015 report of 11,000 individuals in SC Jails Nearly 1,700 women are in SC Jails (SC should have 1535 based on U.S. jail detention rates)
- SCDC reports having 1,344 female inmates (SCDC, Sept. 24, 2019) (SC should have 1435 based on U.S. prison incarceration rates)
 - Lower than the SC Jails' female carceral population
- Currently Camille Graham (SCDC) houses 11 pregnant inmates

How many babies are born to women incarcerated in county jails?

- In the U.S., there are 1,400 pregnant women in prison
- Nearly three-quarters of incarcerated women are aged 18-44 — prime childbearing years — and two-thirds of incarcerated women are mothers and primary caregivers to minor children.
- The Bureau of Justice Statistics estimated...
 - In 2002, 5% of women in jail were pregnant at admission
 - In 2004, 4% of women in state <u>prisons</u> were pregnant at admission
 - These estimates have not been updated ~Bronson, J. & Sufrin, C. (2019)
- "Pregnant, incarcerated people are among the most marginalized and forgotten groups in our country...

 Women who don't count, don't get counted; and, women who don't get counted, don't count." ~Carolyn Sufrin (NPR, March 21, 2019)

How many babies are born to women incarcerated in county jails?

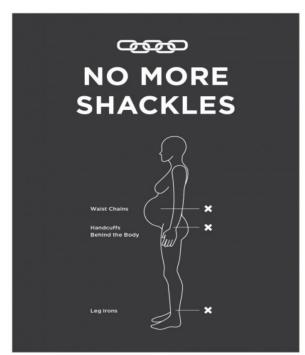
- Texas has passed legislation (HB 1140 & 1651) requiring each jail's medical plan to include care by an OBGYN for pregnant prisoners.
- The *Texas Jail Project* indicates 4000 pregnant women are incarcerated in Texas county jails each year.
- A simple proportional application of that number to South Carolina would indicate 725-750 pregnant women enter SC county jails annually.
- BJS' estimate of 5% of women in county jails are pregnant upon admission would indicate there are <u>85 pregnant</u> women in South Carolina's county jails at any given point in time.

How many babies are born to women incarcerated in county jails?

- Greenville & Charleston Counties report a combined 11 live births in 2018.
- These facilities make up approximately 15% of the state's women jail population.
- Application of these numbers would indicate that in South Carolina as many as <u>75 live births</u> were to women in county jails in 2018.

Pregnant and Parenting Project in SC

- Conducted through the South Carolina Birth Outcomes Initiative (SC BOI) Behavioral Health Work Group (BHWG)
- Project started from:
 - Sheer interest
 - Increases in cases of incarcerated pregnant women delivered at local hospital
 - BHWG inquiring about health of incarcerated women
 - Cases of women with Substance Use Disorder being incarcerated and not receiving their Medication Assisted Treatment (specifically pregnant women)
 - Rates of behavioral health issues among women in jails
 - Federal Legislation changes in 2018
 - Concern about infants/ children of incarcerated parents









Perinatal Needs of Pregnant, Incarcerated Women

Barbara A. Hotelling, MSN, CD(DONA), LCCE, FACCE

ABSTRACT

Pregnant prisoners have health-care needs that are minimally met by prison systems. Many of these mothers have high-risk pregnancies due to the economic and social problems that led them to be incarcerated: poverty, lack of education, inadequate health care, and substance abuse. Lamaze educators and doulas have the opportunity to replicate model programs that provide these women and their children with support, information, and empowering affirmation that improve parenting outcomes and decrease recidivism.

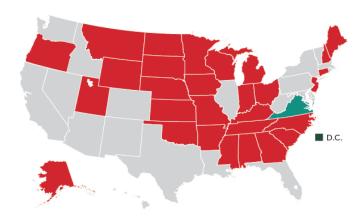




29 States And D.C. Don't Prohibit Shackling Prisoners While They Give Birth

Shackling of pregnant prisoners during labor and delivery is regarded by human rights groups and medical professionals as unnecessary and potentially harmful to the health of both the mother and her child. Shackled prisoners are not able to adequately position themselves to cope with labor pains, and can be bruised or cut by shackles during the strains of childbirth. Restraints used during labor and delivery also restrict how doctors are able to manipulate a woman for the safe delivery of her child, and can limit their ability to perform emergency C-sections. In at least two states with prohibitions on shackling during labor and delivery – Texas and Pennsylvania – investigations revealed it was happening in violation of the law.

- States with no laws on shackling during labor and delivery
- States where laws that prohibit shackling during labor and delivery have been introduced but not passed
- States with a set of regulations on shackling issued by the Department of Corrections
- States with laws that prohibit shackling during labor and delivery



Source: ACLU THE HUFFINGTON POST

What's the problem in SC?

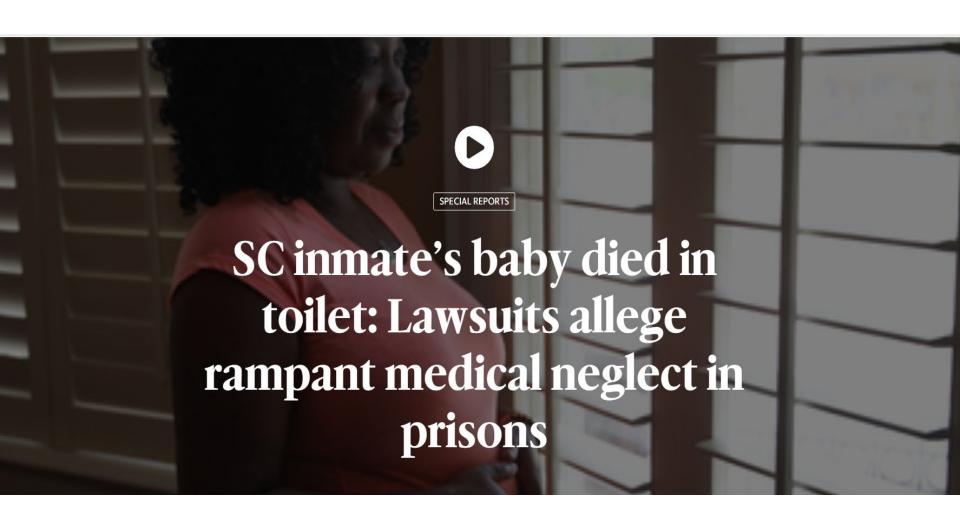
- No uniform standards of care
- No real time data on:
 - number of pregnant women incarcerated
 - women of child bearing age
 - women who deliver and return to jail/prison
 - number of the amount of incarcerated parents
 - pregnancy outcomes
- Being incarcerated as a parent can mean termination of parental rights if CPS/DSS involvement
- No universal standard for pregnancy screening
- 27 states have adopted policies prohibiting or limiting the use of restraints on pregnant prisoners...SC has pending legislation (H 3967) currently in Senate C&P Committee



What are we doing?

- Monthly SC BOI BHWG meetings of multidisciplines focusing on pregnant women in our carceral systems
- Meeting with SC Jail Administrators Association
- Development of Survey for detention centers and DJJ
- Awareness:
 - Presentation at SC Jail Administrators Conference
 - SC BOI Symposium Presentation
- Site Visits to facilities in SC
 - Greenville County Detention Center
 - Charleston County Detention Center
 - Camille Graham Correctional Facility

In the news....



Care of Incarcerated Patients

- Varies among facilities
- Resources vary among counties
- Care is often contracted
- Medical staff on site provides 24-hour routine medical care, mental health and dental services, but not specialized care
- Costly to send out for care
- Gaps:
 - in identification of pregnant women
 - services and care for incarcerated pregnant women
 - education



Challenges

- No universal central SC data base
- No consistent:
 - health screening form
 - wording of questions
 - transfer of medical information from facility to facility
 - access to resources statewide
- Medical care costs for incarcerated comes out of individual detention center budgets
- Detention Centers are run by Sheriffs/Department of Public Safety
- Increase in numbers of incarcerated (especially women)
- More chronic and complex health conditions
- Older inmates
- Longer stays
- Higher rates of substance use disorders and mental health issues
- Not enough staff Detention Centers, Correctional Officers, & Medical Staff
- Lack of training to medical staff on complex issues
- Older facilities
- Lack of medical equipment and supplies
- Hospice



Opportunities

- Prenatal and perinatal care through local community partnerships
 - Hospital systems
 - Providers
 - Public health educators
 - Volunteers
- Education & Training for carceral staff
- Contraception (continuation and LARCs)
- Participation in Dr. Carolyn Sufrin's study
- Behavioral health interventions
- Interest
- Legislation
- Site Visits
 - Administrators and Staff Receptive
- Survey
- To increase access to resources improve the health of current and future generations



Our Survey

- What does South Carolina's system of care for pregnant women in our carceral system look like?
- What is the need among jails for assistance in meeting women's health issues, including prenatal care?
- How many pregnant women enter jails annually?
- How many babies are born in South Carolina to women in jails?

Let's talk about it...

- What do you see as opportunities at your local level?
- What needs to happen at the statewide level?
- What challenges do you foresee?
- What do you think the next steps should be for the BOI's Behavioral Health Work Group?