RESOLUTION 22-015 IMPROVING HEALTH IN INCARCERATED WOMEN

Introduced By: Rebecca Nunge, MSS; Lucy Brown, MSS; Sydney Clark, MSS, MPH; Trilliah Fazle, MSS; Siena Cooper, MSS; and Roberto Darroca, M.D.

Referred To: Reference Committee 2

Whereas, research often uses gendered language such as "women" or "woman" to describe patients; however, the authors of this resolution recognize that individuals of all gender identities can become pregnant; and

Whereas, between 1980 and 2020, the number of incarcerated women in federal and state prisons and county jails has increased by more than 475%; and

Whereas, though more men are incarcerated than women, the rate of growth for incarceration of women has been twice that of men since 1980; and

Whereas, the imprisonment rate for Black women was 1.7 times the rate of imprisonment for White women, and the rate of imprisonment for Latinx women was 1.3 times the rate of White women in 2020; and

Whereas, in 2020, Indiana had the 12th highest female imprisonment rate nationally, at 64 per 100,000, while the national average was 42 per 100,000; and

Whereas, the number of women incarcerated in Indiana's jails has increased more than 25-fold from 1970 to 2015, while the number of women in Indiana prisons has increased more than 19-fold from 1978 to 2017; and

Whereas, a 1999 report by the Federal Bureau of Justice Statistics, which is the most recent report to study abuse prior to incarceration, found that 57% of women in state facilities had experienced sexual or physical abuse prior to their incarceration; and

Whereas, the link between domestic violence and incarceration of women is evidenced by the fact that the crimes for which women are incarcerated are often directly related to domestic abuse; and

Whereas, a 2008 report from the Bureau of Justice found 4% of state and 3% of federal inmates to be pregnant at the time of admission, while only 54% received some type of prenatal care; and

Whereas, Indiana does not provide screening and treatment for high-risk pregnancies and only recently passed legislation to limit the use of restraints; and

Whereas, a 2016-2017 survey conducted by the Pregnancy in Prison Statistics Project found 3.8% of newly admitted women and 0.6% of all women were pregnant in December 2016, with 92% of these pregnancies resulting in live births, meaning that policymakers and public health practitioners can optimize outcomes for incarcerated pregnant women and their newborns; and

Whereas, a 2008 report from the Bureau of Justice found a statistically significant difference between reported specific medical problems among females (57% in state prisons, 52% in federal prisons) compared to their male counterparts (43% in state prisons, 36% in federal prisons), with arthritis, asthma, and hypertension being the most commonly reported problems; and

Whereas, three fourths of incarcerated women are of childbearing age (18-44 years old), and therefore are still menstruating but must pay for their own feminine hygiene products if they do not have the means to afford necessary hygiene products; and

Whereas, the AMA (H-525.974) recognizes the financial burden of feminine hygiene products, classifies them as medical necessities, and advocates they be provided free of charge to all incarcerated women; and

Whereas, women have specific health needs, including reproductive, gynecologic, and prenatal care, traumainformed mental health care, and substance abuse care; and

Whereas, prisons remain ill-equipped to provide adequate mental and physical healthcare for women inmates; and

Whereas, ISMA (RESOLUTION 15-31) advocates for improved health care of incarcerated individuals; therefore, be it

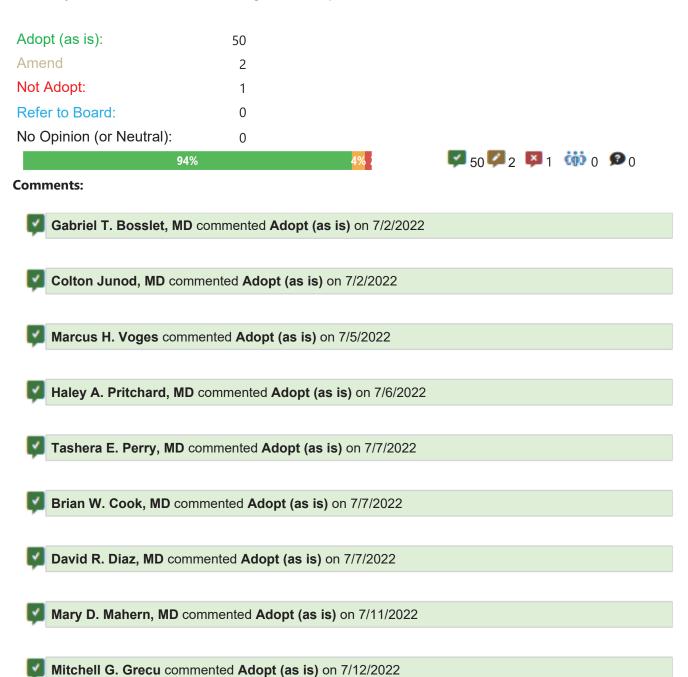
RESOLVED, that ISMA seek and support legislation that improves access to comprehensive reproductive and physical health care services to women throughout their incarceration from intake to re-entry into the community; and be it further,

RESOLVED, that ISMA seek and support legislation that increases allocation of healthcare for women's prisons within the Indiana Department of Corrections and local county jails in Indiana; and be it further,

RESOLVED, that the ISMA adopt AMA H-525.974, as amended, as follows:

AMA-ISMA: (1) recognizes encourages the Internal Revenue Service to classify feminine hygiene products as medical necessities; (2) will work with federal, local, state, and specialty medical societies, and other relevant stakeholders to advocate for the removal of barriers to feminine hygiene products in state and local prisons and correctional institutions to ensure incarcerated women be provided free of charge, the appropriate type and quantity of feminine hygiene products including tampons for their needs; and (3) encourages the American-National Standards Institute, the Occupational Safety and Health Administration, and other advocates and seeks legislation for the state to provide access to free, readily-available feminine hygiene products to all incarcerated women. relevant stakeholders to establish and enforce a standard of practice for providing free, readily available menstrual care products to meet the needs of workers.

Summary of Comments received during comment period



David J. Welsh, MD commented Adopt (as is) on 7/13/2022

adopt as listed above.

Bree A. Weaver, MD commented Adopt (as is) on 7/14/2022

Eli G. Schantz commented Adopt (as is) on 7/14/2022

Ana R. Danner commented Adopt (as is) on 7/15/2022

Meredith N. Bellamy, DO commented Adopt (as is) on 7/15/2022

Cynthia Heckman-Davis, MD commented Adopt (as is) on 7/17/2022

Caryn C. Anderson, MD commented Adopt (as is) on 7/25/2022

Joseph Ballard commented Adopt (as is) on 7/28/2022

Michael J. Gamble, MD commented Adopt (as is) on 7/29/2022

Dan Pfeifle, MD commented Adopt (as is) on 7/30/2022

Bruce E. Burton, MD commented Adopt (as is) on 7/30/2022

Caprice D. Gilpin, MD commented Adopt (as is) on 8/3/2022

Mary lan McAteer, MD commented Adopt (as is) on 8/3/2022

I am curious as to whether or not inmates may be encouraged to breastfeed the babies they deliver while they are serving their sentence?

Emily Zarse, MD commented **Adopt (as is)** on 8/3/2022

Erin K. Jefferson, DO commented Adopt (as is) on 8/3/2022

Erica L. Swanson, MD commented Adopt (as is) on 8/5/2022

Donald J. Giant, MD commented Adopt (as is) on 8/5/2022

Roberto J. Darroca, MD commented Adopt (as is) on 8/6/2022
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Alexandria Carter commented Adopt (as is) on 8/7/2022
Lucy D. Brown commented Adopt (as is) on 8/7/2022
Rebecca Nunge commented Adopt (as is) on 8/7/2022
L Elizabeth Struble MD commented Adent (as is) on 9/7/2022
J Elizabeth Struble, MD commented Adopt (as is) on 8/7/2022
Andrea Patterson, MD commented Adopt (as is) on 8/7/2022
Margaret Tharp commented Adopt (as is) on 8/7/2022
Oliva K. Murray commented Adopt (as is) on 8/8/2022
Amy C. Wilson, MD commented Adopt (as is) on 8/8/2022
William W. Pond, MD commented Adopt (as is) on 8/9/2022
It is reasonable to provide medically necessary health items to all incarcerated persons, regardless of gender.
Taylor A. Hahn, MD, FACOG commented Adopt (as is) on 8/9/2022
Kelsey A. Kinney commented Adopt (as is) on 8/9/2022
Sarah E. Hopfer commented Adopt (as is) on 8/10/2022
Brianna M. Serbus, MD commented Adopt (as is) on 8/11/2022
Natalie M. Cox commented Adopt (as is) on 8/11/2022
Cupthia L. Vanderbesch, MD commented Adapt (as is) on 9/12/2022
Cynthia L. Vanderbosch, MD commented Adopt (as is) on 8/12/2022
Stacie Wenk, DO commented Amend on 8/13/2022
I would agree with supporting these resolves but not necessarily seeking legislation

Lisa A. Hatcher, MD commented Not Adopt on 8/13/2022

This is already codified in Indiana law - as of May 2019. Feminine hygiene products are available for purchase in the commissary and are provided free to inmates who cannot afford them. See Manual of Policies and Procedures of the Indiana Department of Corrections. IC 11-11-4-2
Syed A. Ali, MD commented Adopt (as is) on 8/13/2022
Bernard J. Emkes, MD commented Amend on 8/13/2022
Support - question seek. Do we have any idea of the magnitude of the issue?
Sean Sales, MD commented Adopt (as is) on 8/13/2022
Nicole M. Sonn, MD commented Adopt (as is) on 8/14/2022
Sunland Gong commented Adopt (as is) on 8/14/2022
Ellyn T. Stecker, MD commented Adopt (as is) on 8/14/2022
Women are not always kept in the same prison but are moved from one to another. If health care is provided at all, it may change or be delayed due to staffing and other issues. COVID and other illnesses have lead to lockdowns where inmates could not work for even the 35 cents an hour that some get. Many inmates are poor entering prison and if they have money at all, it may go for children's care or for attorney fees. There are still pay inequality situations with white females making more for the same line of work as black women or hispanic women. Medical and nursing staffing may be episodic during but not just during the pandemic.
Deepak G. Azad, MD, MPH commented Adopt (as is) on 8/14/2022

Sydney Q. Clark commented Adopt (as is) on 8/14/2022