

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2015/02/16/women-in-new-york-state-prisons-face-solitary-confinement-and-shackling-while-pregnant-or-sick/>

Campaign and Advocacy

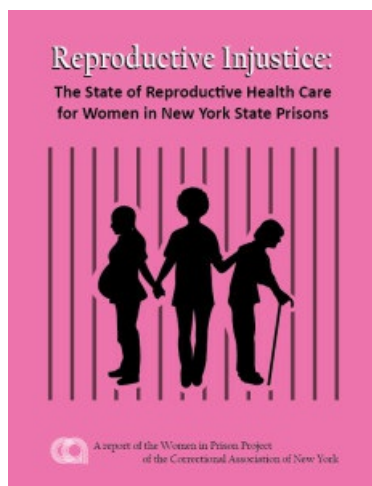
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by [Victoria Law](#) | February 16, 2015



What does solitary confinement have to do with reproductive justice? Quite a lot, says a new report about reproductive health care in New Yorks womens prisons. The Correctional Association of New York, a criminal justice policy and advocacy organization, released [*Reproductive Injustice: The State of Reproductive Health Care for Women in New York State Prisons*](#). The report is a culmination of the organizations five-year study of the states womens prisons, including in-person interviews with over 950 incarcerated women and 1,500 mailed-in surveys.

New York State incarcerates nearly 4,000 women each year. On any given day, the New York Department of Corrections and Community Service (DOCCS) imprisons 2,300 women, for which it is responsible for providing health care, including reproductive health care. But that care is woefully substandard, charges the report. The Correctional Association found that DOCCS systemically offered substandard medical treatment, inadequate access to gynecological care, poor conditions for pregnant women, and insufficient supplies of feminine hygiene products and toilet paper. In addition, pregnant women are routinely shackled during labor, delivery, and postpartum recovery, in violation of the states 2009 law.

Solitary confinement exacerbates these problems. Approximately 1,600 people are placed in solitary confinement in New Yorks womens prisons each year. On any given day, 100 women are held in solitary confinement. Until recently, no exceptions were made for pregnant women. But even women who are not pregnant have found that solitary confinement further obstructs their ability to access reproductive health care. Solitary is especially dangerous for pregnant women because it impedes access to critical OB care and prevents women from getting the regular exercise and movement that are vital for a healthy pregnancy, the report states. In addition, many pregnant women already experience stress and depression, feelings intensified by isolation. For pregnant women, the additional stress of being locked in a cell for 23 hours a day lowers their ability to fight infection and increases the risk of preterm labor, miscarriage, and low birth weight in babies.

Among the women surveyed by the Correctional Association, the three most common charges for isolation were, in order, disobeying a direct order, creating a disturbance, and being out of place. Its one of the clearest examples of how the prison system is a system of punishment and only uses punishment to address behaviors that need intervention and support, Tamar Kraft-Stolar, director of the Correctional Associations Women in Prison Project and the author of the report, told Solitary Watch.

DOCCS has two forms of solitary confinementthe Special Housing Unit (SHU), which is used to punish more serious rules violations, and keeplock, for less serious infractions. People placed in keeplock are usually confined to their own cells; if they live in a dorm setting, they are sent to a separate keeplock unit. SHU cells are in a separate area. In keeplock, individuals are allowed to keep their possessions

while those in SHU are denied almost all of their property and receive only the minimal number of state-issued items. People generally spend no more than 60 days in keeplock, whereas people can spend months, years or even decades in the SHU.

Whether in SHU or keeplock, people are confined to their cells 23 hours each day. They cannot participate in programs, receive packages, or use the phone except to make legal or emergency calls. In addition, they are limited to one non-legal visit per week and three five to ten minute showers per week. They often have difficulty accessing doctors. When they are visited by medical staff, they are frequently forced to shout their concerns through a locked metal door, allowing people in neighboring cells and nearby staff to hear.

Until 2014, no written policy regulated pregnancy and solitary confinement. But as part of the settlement for the class-action lawsuit *Peoples v Fischer*, DOCCS issued a memo establishing a presumption against SHU placement for pregnant women unless a watch commander believes she poses an immediate and substantial risk [to herself or others] or an immediate and substantial threat to the safety and good order of the facility, which remain left to the discretion of prison staff and officials. The memo does not restrict pregnant women from being placed in keeplock, instead suggesting it as an alternate placement for pregnant women who receive a SHU sentence.

The Correctional Association identified seven women held in solitary while pregnant between 2009 and 2012. All had problems accessing prenatal care from isolation. In one instance, a woman spent four weeks in keeplock where her complaints of bleeding were ignored. After the Correctional Association intervened, she was given medical attention and diagnosed with an ectopic pregnancy, in which the pregnancy occurs outside the womb and, if unaddressed, can be fatal.

Elle Farah was pregnant when she arrived at Albion Correctional Facility for a work release violation. The week before, she had visited the emergency room for what she had thought was a miscarriage. They told me to wait and come back on Friday [two days later] for a sonogram and a D&C, she told Solitary Watch. But work release rules dictated that she return to prison on Friday for the weekend and so she missed the appointment. When she was released on Sunday, she had a drink. After that, I got sick. I was throwing up. I was throwing up on my way to parole [the next day], she said. At the parole office, she failed her breathalyzer test and was sent to Albion. When her vomiting continued, she wondered whether she was miscarrying. When she told the sergeant that she was pregnant, she recalled that he was really nasty about it. He said, 'That's not gonna get you out of SHU.' The prison sent her to an outside hospital where she was told that she was having a miscarriage, that doctors could do nothing, and that she simply had to wait.

A prison nurse served as her hearing officer. At one point, Elle recalled, he stopped the recorder and told her that he had looked at her sonogram and, although she had been told that she was miscarrying, the baby looked fine. He then turned the recorder on and sentenced her to 90 days in SHU. She received no additional medical care or extra food. She was able to shower three times a week and exercise by herself in a small outdoor cage.

Because Albion has no facilities for pregnant women, Elle was transferred to Bedford Hills two weeks later. She was fully shackled, including waist chains, for the entire ten-hour bus ride. When she arrived at Bedford, she was placed in SHU. Even though I was in solitary in both places, I was happy to go from one solitary to another because Bedfords was a little bit better, she said. But even with the extra snack that Bedford provides pregnant women (usually a bologna sandwich, she recalled, although pregnant women are advised to avoid deli meats which can be life-threatening to a fetus), she remembered that she was always hungry. I had to wait a long time to eat and there wasn't a lot of healthy food.

Even women who are not pregnant face reproductive injustices while in isolation. Donna Hylton was in the SHU at Bedford Hills for three months when she sought care for a burning sensation in her urethra. First, she had to tell the officer that she wanted to sign up for sick call. You have to yell your business down a corridor full of women, she explained. Hours later, a male officer arrived and asked, 'Who signed up for sick call? Why do you want to sign up for sick call?' The response, Hylton remembered, felt like a gross violation of my privacy.

Two days later, a nurse, accompanied by two officers, stopped in front of her cell and spoke to Hylton through the closed door. Two weeks after that, Hylton was placed in handcuffs, ankle cuffs and a waist chain before being escorted to the prison's medical unit. There, a nurse asked if she had been having sex. The door was open and a sergeant was right outside, she remembered. There was no privacy. Another week passed before she was once again shackled and brought to the gynecologist, who asked the same question about sex. He did not examine her before prescribing Tylenol.

Finally, the woman in the adjoining cell, Judith Clark, helped Hylton figure out that she had a urinary tract infection triggered by antibiotics for a sinus infection. To access medical care, Hylton once again had to yell down the corridor to sign up for sick call and go through the whole process again. But this time, the gynecologist examined her. Although her waist chain and ankle cuffs were removed, she remained cuffed by one hand during the exam. You're cuffed, you're chained, you're strapped. You have to take off some of your clothes while being restrained, she explained. Being a [rape] survivor, it was very violating. I was re-traumatized.

Hylton was taken off the antibiotics for her sinus infection and placed on medication for a urinary tract infection. But it was only because of Judy that I learned what was causing it, she remembered. No one had asked me anything about my medications.

Hylton's medical ordeal happened in 1987. Nearly 30 years later, the Correctional Association found that women face the same obstacles. Nearly half of the women surveyed attempted to access gynecological care while in isolation. More than one-third reported that the officers refused to place their names on the sick call list unless the woman described her concern. The practice has caused some women to refrain from seeking medical, particularly gynecological, care while in solitary. Given that the average SHU sentence is about three months and that the average keeplock sentence ranges between 14 and 27 days, not seeking health care can have deleterious, and sometimes long-lasting, effects.

In addition, some women have reported that nurses on sick call rounds dismissed their concerns and refused to allow them to see a doctor. Even when nurses are not dismissive, they must assess the woman through the closed cell door. Women also reported waiting for weeks before seeing a doctor. In the meantime, their symptoms often worsened. Like Hylton, women in the SHU are taken to gynecological appointments in shackles. DOCCS policy is to remove shackles for the appointment at the doctor's request, but seven of the 25 women who had GYN exams while in isolation reported that they remained in restraints while being examined.

The Correctional Association also has a Prison Visiting Project, which visits and monitors conditions in both mens and womens prisons in New York State. Scott Paltrowitz, the projects associate director, points out that many of these concerns, such as access and quality of medical care, are also experienced in mens isolation units. Solitary confinement is torture for all people because of the intense suffering and severe physical and psychological debilitation it causes, he told Solitary Watch. The particularly devastating gender-specific impacts on women in solitary highlighted in *Reproductive Injustice* epitomize the egregious nature of this practice and the extreme punitive approach utilized in New York State prisons. New York needs to end this practice for all people.

Hylton agrees. No one should be dehumanized in such a fashion. So does Elle Farah. Dont put no pregnant person in SHU, she recommended, adding, I hope the whole solitary thing ends. The crime doesnt justify the punishment.

These [stories] are examples of why we need to keep people out of solitary and keep people out of prison altogether, said Tamar Kraft-Stolar. The report is the launching point for the Correctional Associations [Campaign to End Reproductive Injustice](#), which seeks to raise reproductive health care standards in prison, end shackling during all stages of pregnancy, and push New York to continue shifting away from incarceration by utilizing more alternatives to incarceration and ending the criminalization of social and economic issues.

Victoria Law is a freelance journalist and author focused on incarceration. Her books include *Resistance Behind Bars*, *Prison By Any Other Name*, and *"Prisons Make Us Safer" and 20 Other Myths About Mass Incarceration*. She tweets [@LVikkiml](#).

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