

LOCKDOWN

Health Care for Women in Prison Is Dismal *By Katti Gray*

T

he day prison guards drove her past the towering barbed-wire fence of Bedford Hills Correctional Facility, then through its fortified front gate, she was carrying her private angst and 125 pounds of excess weight.

"I came in here at 300 pounds, depressed and sluggish," says the 29-year-old, a black woman convicted in 2009 of second-degree manslaughter. She'd packed most of the extra weight onto her 5-foot, 8-inch frame during 26 months of pre-trial lockdown at a New York City jail with, she says, limited access to nutritious food and no gym equipment.

Thus far, she has lost 90 pounds while at Bedford Hills, a women's prison 45 miles north of her native Big Apple. She works out five days a week in its gym, she says. She tries to eat well. She maintains her regimen of anti-depressant and anti-anxiety medication. Her mental and physical health are improving incrementally, she tells a reporter, and the prison's medical and public relations directors, asking that her name not be published. "Slowly, I'm getting there," she says.

When you're on the roll call at prisons in the United States, where women were incarcerated at twice the rate of men between 1977 and 2007, mostly for non-violent crimes, your level of self-care certainly helps dictate how healthy you are. But self-care is one aspect of what is a highly nuanced issue, say researchers and prison-based clinicians involved in a mounting discourse about the health status and health care of prisoners. An equally essential fact, they say, is that it has been impossible to comprehensively gauge wellness and sickness among the incarcerated. There is no sin-

gle, national standard for dispensing medical care in jails and prisons. Instead, the type and quality of inmate care varies from jurisdiction to jurisdiction; where one state may provide its own medical services, another outsources health care to for-profit companies. Also, while several localized studies and ample anecdotal evidence show prisoners suffer the same maladies as the general population—everything from HIV to hepatitis to assorted psychoses—inmates are excluded from surveys by the National Institutes of Health, the federal government's lead medical and health researcher.

"How much of the problem are we missing simply because we are not counting these folks?" asks Nicole Redmond, M.D., a Harvard Medical School research fellow and physician at Brigham and Women's Hospital in Boston. She was among the presenters at a March 2011 Incarceration and Health Disparities Symposium, sponsored by Brigham and Women's Center for Community Health and Health Equity.

"There are just so many layers to the issue," says Dr. Redmond, whose focus on inmates began in 2005 when she treated them during her medical residency at Emory University in Atlanta. "The big issue for me was the lack of efficacy for the inmate: Once you're arrested you have no control. ... You get in line at med-call to get your medication, unless, depending on the jurisdiction, there are some special [accommodations] and circumstances. There's no control over diet or activity, all those things [doctors] take for granted in terms of advising someone on maintaining their health. In many cases, they don't even have access to over-the-counter medication."

What's clear, however, partly based on prisoner self-reporting for U.S. Department of Justice surveys, is that the incarcerated, overall, are in worse health than the general population, and that women prisoners are more likely than incarcerated men to be afflicted by particular diseases. "They have significantly higher prevalence of heart problems, high blood pressure, diabetes," says Ingrid Binswanger, M.D., another presenter at that 2011 Boston conference and a physician to detainees who arrive, shackled and attended by correctional officers, at Eastside Health Cen-

ter in Denver. "The health status of prisoners is generally poorer, compared to the general population, across the range of issues: higher rates of hypertension, asthma, arthritis, cervical cancer, hepatitis, higher risk for liver cancer and cirrhosis."

Some of those illnesses are intertwined with the dysfunctions, including poverty, that frequently are part of the prisoner's personal profile. Hepatitis and HIV, for example, are closely associated with intravenous drug use and cardiovascular disease with cigarette smoking. "But in other areas, we simply don't understand why they have a high risk," Dr. Binswanger says. "The main point is that the health status for prison inmates is an issue that deserves so much more attention."

III Health Often Predates Incarceration

Ask the physicians at Bedford Hills what most blatantly ails the bulk of their patients and "obesity" is the first word out of their mouths. "It's killing the women," says Lori Goldstein, M.D., who has been at Bedford Hills since 1997 and its medical director for the last seven years. "They're coming in larger and larger; their [body-mass indexes] are unbelievable at this point. Obesity sets you up for so many problems: diabetes; hypertension; fatty liver, which can lead to cirrhosis; arthritis; cardiovascular disease. Obesity is a risk factor for death."

Body fat is a much-discussed topic at Bedford Hills, where roughly half the prisoners are black and the inmate capacity is 972. The prison runs peer-support groups around the topic of obesity. It piloted a project that, with mixed results, provided fresh produce in the commissary where prisoners shop with money earned from their prison jobs or given to them by friends and relatives. "One day I went over just to see what they could buy and there was all this fresh fruit that had just shriveled up," says Dr. Goldstein, an internist who has also done some training in psychiatry. The women were not buying the produce, she adds, juxtaposing that

reality against the 35 pounds of chocolate that an inmate's relatives once shipped to her at Bedford Hills. She's clear, Dr. Goldstein says, that chocolate provides its own kind of comfort, psychologically and otherwise. Nevertheless, its excess of sugar hardly promotes optimum health in a woman whose health already is compromised.

The two-story hospital Dr. Goldstein oversees provides care for inmates at Bedford Hills and the four other women's prisons run in New York State, where the inmate population has fallen in recent years. (Nationwide, the prison population declined by 0.2 percent in 2009, the latest year for which that federal Justice Department data is available, representing the first national drop since 1972.) Three of the New York facilities are relatively close to Bedford Hills, though one is outside Buffalo, roughly 400 miles away. The inmates from those five facilities get yearly Pap smears and full physical exams every five years. Those with HIV/AIDS are examined twice a year; those with other chronic disease quarterly. The hospital operates a 24-hour emergency clinic, 20-bed infirmary and 30-bed long-term-care unit. It does no major surgeries nor delivers babies, but contracts with local hospitals for those procedures.

It is not lost on Bedford Hills' doctors that the incarcerated include those whose hardscrabble backgrounds have rendered them deficient in stunningly fundamental ways. "I get the occasional woman who comes in and doesn't know she needs to wipe from front to back after she uses the toilet," says Michelle Small, M.D., an obstetrician-gynecologist on Bedford Hills' medical staff. "I tell her, 'No, you can't do that; you're pushing poop into your vagina.' They're 30 or 40 years old and having the light bulb go off, instead of being taught this when you are 3 or 4 years old—which is very sad."

Dr. Goldstein, who worked with the medically underserved in East Los Angeles and Manhattan's Lower East Side before landing at Bedford Hills, adds: "Often, their bodies are in such poor shape when they come in here that you end up having to make up for all those years of neglect. If you look at their age on a piece of paper and look at their bodies, it doesn't add up."

The Mind-Body Connection

On the afternoon of sharing fragments of her personal biography, the unnamed 29-year-old felon at Bedford Hills arrives for a dental appointment at the prison hospital. She's sitting on one of the backless wooden benches inside a holding cell—known as "the bullpen"—with a gaggle of other incarcerated patients with medical appointments. The women's eyes and ears, mainly, are fixed on a large-screen TV bolted to the wall. Had Dr. Goldstein her druthers, she would run videos about women's health rather than commercial programming. (Budgetary concerns have made those videos, and demonstrations on how to do breast self-examinations, another item on her wish list, less of a legislative priority for prisons, Dr. Goldstein says.)

The 29-year-old replies to questions about her health with a soft voice and downcast eyes. That demurring is not uncommon among the incarcerated and formerly incarcerated, says Soraya Bacchus, M.D., a Los Angeles psychiatrist who treats parolees assigned to her, as a condition of their parole, by the California Department of Corrections and Rehabilitation. "That soft-spokenness and seeming fragility are the same symptoms of people who suffer major depressive disorders. They're isolated, withdrawn. There's insomnia. There's weight loss. They're slowed down, are literally moving slower, talking softer," Dr. Bacchus says. "They're like little mice trying not to be noticed. That's how a lot of my paroled patients are. These are not bold, gregarious, I'm-gonna-kick-your-ass kind of women. They might have gone into prison with that kind of attitude, but it's not what they're bringing out of prison with them."

Prison sometimes wears on the mind as much as the body, says Gloria Maria Rodriguez, 46, a Bronx native who has been at Bedford Hills for more than nine years, convicted of first-degree murder. "I'm accused of paying someone to kill my husband," she says, adding that she's appealing the conviction. "When I first came in here, I didn't even speak to many



Prison Health By the Numbers

A snapshot of the health of women prisoners in 2004, the latest year for which the U.S. Bureau of Justice Statistics gathered prisoner-reported medical data:	STATE PRISONERS:		FEDERAL PRISONERS:	
	Arthritis	24.5 %	Arthritis	23.8%
	Asthma	19.2%	Asthma	13.7%
	Hepatitis	9.5%	Hepatitis	4.5%
	HIV	1.9%	Hypertension	20.7%
	Hypertension	16.8%	Tuberculosis	6.2%
(Except for tuberculosis, more women than men reported that they were dealing with those health issues.)				

people. I had so many trust issues. At the beginning, we tend to fall into a depression, and we don't even speak about it really. We get into our junk food and just don't care. Who cares, anyhow, about how we feel or how we look?"

A mother and grandmother, she now teaches a parenting class at the prison: "I tell them we have to feel good, and maintain our health, for our children and grandchildren."

The prospect of returning home to her three, now teen-aged and college-aged, sons and husband are what stoked Jenny Triplette's resolve to do what she could to maintain her health during the five years, ending in 2005, she spent in a Georgia prison, convicted of theft. It was a formidable battle, she adds, given the constant reminders of imprisonment. "In a lot of jobs, we had to wear these heavy, heavy boots that hardly fit your feet and keep you almost stuck to the ground. That gravity, pulling on the body, and walking on so much concrete is not good," says Triplette, 42, a former gymnast who, with her husband, now publishes *Prisonworld* magazine and produces Prisonworld Blogtalk radio show. "I went into prison in good shape, but had to have a hysterectomy when I got out. I found a lot of women with female problems, heavy bleeding, irregular cycles,

early menopause. Reflecting on it all, was it walking around on the concrete in those heavy boots that caused some of our problems? The growth hormones in the food? Some of the boxes [read] 'not fit for human consumption.' And there's nothing you can do about that kind of thing. It is what it is. I just tried to keep my mind on home."

That most prisoners do go home is part of what makes their in-prison and post-prison health status a matter of concern, Dr. Binswanger says. "From a public health perspective, prisons are an important setting, especially given that we're incarcerating a very high [percentage of poor minorities]," she says.

"We have an opportunity, potentially," she adds, "as people cycle through the criminal justice system, to provide preventive health care for people who may not otherwise be able to access care. I'm not saying being in prison is a good thing, but there is an opportunity here. I'm hopeful that we develop interventions that are comprehensive and that people understand the importance of this ... in terms of generational needs. Many prisoners are parents with children. If nothing else, for the next generation, some things must change." ♥

Katti Gray has written about health-related topics for a number of national publications.