Reproductive Injustice:

The State of Reproductive Health Care for Women in New York State Prisons

EXECUTIVE SUMMARY

A report of the Women in Prison Project
of the Correctional Association of New York

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Written by Tamar Kraft-Stolar

ABOUT THE CORRECTIONAL ASSOCIATION OF NEW YORK

The Correctional Association of New York (CA) is an independent, non-profit criminal justice advocacy organization founded by concerned citizens in 1844. In 1846, the CA was granted unique authority by the New York State Legislature to inspect prisons and to report its findings and recommendations to the legislature and public. This monitoring authority has been granted to only one other organization in the country. For 170 years, the CA has worked to create a more fair and humane criminal justice system in New York and a more safe and just society for all.

Created in 1991, the CA's Women in Prison Project (WIPP) works to reduce the overuse of incarceration for women, ensure that prison conditions for women are as humane and just as possible, and create a criminal justice system that treats all people and their families with fairness, dignity and justice. The Project's work is guided by the principle that women most impacted by incarceration should be leaders in the effort to change the harmful criminal justice policies that directly affect their lives. The Project carries out an integrated and strategic program to achieve its mission, including monitoring prison conditions for women, leading policy advocacy campaigns and coordinating the Coalition for Women Prisoners, a statewide advocacy alliance. In 2003, WIPP launched ReConnect, a leadership and advocacy training program for women recently home from incarceration. WIPP also performs research, publishes reports, and conducts community organizing, coalition building, media work and public education.

For more information, please visit

www.correctionalassociation.org
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A NOTE ON REPRODUCTIVE JUSTICE

Reproductive justice is a concept that was first developed in the mid-1990s by a group of African American women leaders who understood that the reproductive rights movement's narrow focus on "choice" did not adequately speak to the lived realities and experiences of women of color and women from low-income communities. As SisterSong Women of Color Reproductive Justice Collective explains: "Reproductive Justice analyzes how the ability of any woman to determine her own reproductive destiny is linked directly to the conditions in her community – and these conditions are not just a matter of individual choice and access."

Over the years, many women of color groups have worked to articulate and advance the framework of reproductive justice. One of those groups, Forward Together, developed a powerful definition of reproductive justice: "Reproductive Justice exists when all people have the social, political and economic power and resources to make healthy decisions about our gender, bodies, sexuality and families for ourselves and our communities."

We hope that this report helps to illuminate the fundamental conflict between reproductive justice and mass incarceration. We hope it contributes to the fight for a world where women are valued, healthy, safe and able to control their own bodies, where families and communities are afforded the resources and opportunities they need to thrive, and where the basic human dignity and rights of all people are respected and upheld.

Executive Summary

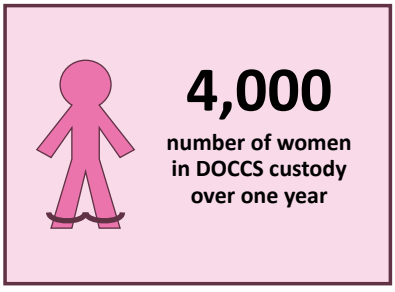
On each and every visit the Correctional Association of New York (CA) conducts to women's prisons in New York, we meet women who tell us about the serious problems they face in accessing appropriate health care and the particular challenges of securing women-specific care during their incarceration. The consistency and intensity of these concerns over the years led us to undertake this study, the most extensive study of reproductive health care in a state prison system to date.

Shining a light on this topic is critical because access to quality reproductive health care is a basic human right, as is a woman's ability to control her own reproductive decisions. Prison infringes on those rights, exposing women to substandard reproductive health care and denying women the right to choose when to have children and the right to be full-time parents to the children they already have. Prisons fuel social and racial injustice, undermining the conditions necessary for women to have reproductive autonomy, and to live safe and fulfilling lives.

> Prison infringes on women's human rights to reproductive health care and reproductive decision-making

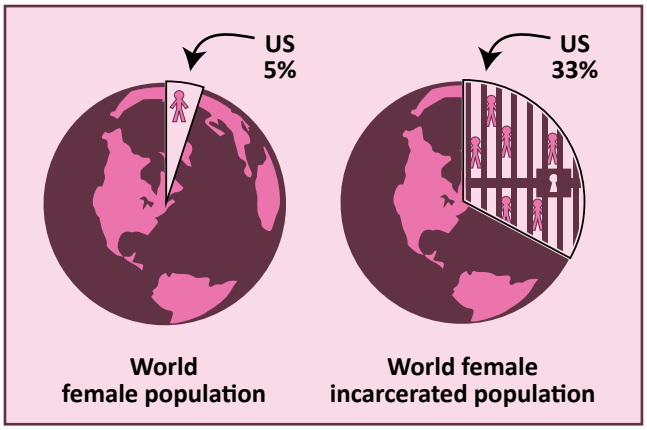
Reproductive health also serves as an important lens onto the unique experiences of incarcerated women and the dehumanization that defines life in prison. It illuminates the specific degradation that accompanies being a woman in prison, from shackling during pregnancy to the separation of mothers from their newborns to the denial of sufficient sanitary supplies.

Finally, reproductive health care in prison is fundamental to the well-being of families and communities as almost everyone in prison eventually goes home. Despite this, state prison officials do not pay adequate attention to reproductive health care and neither do public health authorities when this care happens behind prison walls. The lack of oversight is alarming considering that the New York State Department of Corrections and Community Supervision (DOCCS) is responsible for providing reproductive health care to more than 2,300 women on any given day, and to nearly 4,000 women over the course of one year, about 40 of whom are pregnant.



Women in prisons across the country face similar problems in accessing adequate reproductive health care and humane treatment, and the explosion in the number of incarcerated women over the past few decades has only exacerbated these problems. The U.S. women's prison population rose from about 11,200 in 1977 to about 111,300 in 2013, an increase of nearly 900% over a 36-year time span.

As a result, the U.S. currently incarcerates more women per capita than any other country in the world: we have less than 5% of the world's women yet nearly 33% of the world's incarcerated women.



This massive overuse of incarceration does not affect all women equally. Women in prison are overwhelmingly from low-income communities, and a vastly disproportionate number are women of color. Many have had little formal education, and many struggle with serious health conditions, including substance abuse and mental illness. Almost all have brutal histories of abuse. A majority are mothers, often of small children, and many were caring for their children on their own before prison. Most women are in prison for crimes related to addiction, poverty, mental illness, domestic violence and trauma.

These realities reflect the criminal justice system's racism and targeting of marginalized communities, and our society's destructive overreliance on incarceration as a response to problems that are, at their root, social and economic.

Below, we list our top findings on reproductive health care in DOCCS. Some findings are positive, as DOCCS is performing well in certain areas related to women's health. Overall, however, we found that reproductive health care for women in New York State prisons is woefully substandard, with women routinely facing poor-quality care and assaults on their basic human dignity and reproductive rights.

Reproductive health care for women in New York's prisons is woefully substandard

Our findings can only be fully understood in the broader context of the prison setting. By design, prisons are isolating and oppressive environments. While incarcerated women work against this environment in a variety of ways – advocating for themselves and others, fighting to maintain relationships with children, and creating their own communities on the inside – incarceration remains a traumatizing experience. This trauma is compounded by the lack of supportive services to help women grapple with the issues that led them to prison and the challenges they face once inside, including being separated from their families. The damage the prison setting does to women's emotional well-being is profound, and women's emotional well-being is deeply connected to their physical health. Many women we spoke with talked about this connection.

Women in prison also have limited access to information and virtually no say over decisions, even basic ones like which doctor they see or whether they will see a doctor at all. Women

who stand up for themselves can be deemed troublemakers, and asking to see the doctor "too many times" or not keeping scheduled medical appointments can even result in getting a disciplinary ticket. Prison medical providers operate in an environment that promotes skepticism and mistrust of patients, and that expects loyalty to prison authorities. In one glaring example of this conflict, a DOCCS nurse caring for a pregnant woman the CA interviewed also served as the woman's disciplinary hearing officer, and sentenced her to three months in solitary confinement.

The best solution to the problems identified in this report is to stop incarcerating women

Stereotypes of women as complaining and manipulative amplify this dynamic in women's prisons, as does medical providers' lack of training in women's specific experiences and health care needs.

Below, we also list our top recommendations for reform. These reforms would address the problems identified in this study and go a long way toward protecting the health and rights of incarcerated women. Chief among these recommendations is for New York's policymakers to continue the state's recent trend away from prison and toward alternatives to incarceration. This recommendation is critical because the best solution to the problems outlined in this report is to keep women, especially pregnant women and women with small children, out of prison in the first place.

KEY FINDINGS

Top 10 problems related to reproductive health care

1) **Virtually no oversight of reproductive health care, substandard written policies, and inadequate data collection and analysis.**

DOCCS has failed to establish any systematic review of its reproductive health services and the State Department of Health plays no role in evaluating reproductive health care in prison. Many prisons could not supply even basic information about reproductive health care and outcomes. DOCCS' written reproductive health policies are not comprehensive, fail to reference community standards and deviate from those standards in key areas.

2) **Violations of New York's 2009 Anti-Shackling Law and routine shackling of women throughout all trimesters of pregnancy.**

DOCCS is out of compliance with New York State law that bans the shackling of incarcerated women during childbirth: 23 of 27 women the CA surveyed who gave birth after the law went into effect said they were shackled at least once in violation of the statute. While DOCCS has made progress in curtailing the use of restraints after women arrive at the hospital until they give birth, women continue to be shackled on the way to the hospital (even when they are in labor), during recovery (even within hours after giving birth and for long periods of time), and on the way back to the prison (even with waist chains just days after having a C-section). In addition, every woman the CA heard from was shackled when she went on trips outside the prison during her pregnancy. Women described their experiences with shackling as "painful," "horrible" and "degrading."

> "When I came from Albion to Bedford, I was in full restraints during the 11-hour bus ride (shackles, cuffs, waist chain, black box) at 4½ months pregnant. . . . It was an awful experience I will not forget."

3) **Poor conditions of confinement for pregnant women, including insufficient food, problematic housing, officer mistreatment and few supportive services.**

Women universally reported that DOCCS did not give them enough food during their pregnancies. DOCCS has a special pregnancy diet, but the supplements are minimal, some women never receive them, and they include food that pregnant women are advised to avoid. Like other women in DOCCS, many pregnant women reported inadequate heat and ventilation, too little privacy and infestations of pests in their housing areas. Women also said that correction officers' conduct ranged from fair and professional to deeply disrespectful and abusive. In terms of support, pregnant women who moved onto the

nursery unit said they received valuable assistance while women who remained in general population received virtually none, leaving them feeling depressed and ill-equipped to find stable homes for their babies.

"I remember going to bed hungry many, many nights."

4) **Negative experiences for women during childbirth, including the denial of family support and the routine separation of women from their newborns in the hospital.**

Women used words like "scary," "overwhelming" and "stressful" to describe their childbirth experiences. A main reason is that DOCCS prohibits anyone outside the prison system from providing support to women while they are in labor. Many women also said they had too little time to bond with their newborns because their babies were placed in the hospital nursery and not in their rooms, even if there was no medical reason for the separation. Some women said that officers took so long to take them to the hospital nursery that it effectively prevented them from breastfeeding.

5) **Unfair rejections of women from the nursery program at Bedford Hills.**

Bedford's administration seems to be denying more and more women acceptance to the nursery, a highly valuable program that allows women to live with their babies in a separate wing of the prison for one year, or 18 months with a special extension. Many women are rejected because they were convicted of a violent crime or had prior involvement with child welfare, without a nuanced assessment of how these circumstances relate to whether participation in the nursery is in their child's best interest. This restrictive trend unfairly deprives mothers and babies of the chance to form critical bonds and runs contrary to statutory and case law governing the nursery.

6) **Inadequate access to and delays in GYN care.**

A majority of women the CA heard from said they could not see a GYN when needed. The most egregious case of delays the CA learned about was a woman who waited nearly seven months for cancer treatment. She died shortly after being released. Delays in follow-up for breast abnormalities also seem to be a problem. In part, delays are the result of insufficient GYN staffing. For example, Albion, which holds about 1,000 women, has only one GYN doctor on-site 16 hours per week.

"I asked [the GYN] why I haven't had my annual check up. She answered, 'It's a thousand of y'all and one of me.' "

7) **Substandard and traumatizing treatment from certain clinicians, inadequate health education and poor quality medical charts.**

Women said that while some nurses and doctors treat them well, others are rude and hurry them through appointments. Experiences ranged from older women being dismissed when

they asked for help with menopause symptoms to pregnant women being brushed off when they told nurses they were in labor. Women also said that providers often communicate poorly and that insufficient opportunities exist for them to learn about health issues outside of medical appointments. GYN care experiences were deeply traumatizing for some women, especially survivors of abuse, which nine of 10 women in prison are. That women have no choice over the gender of their GYN provider only makes the situation worse. The CA also found wide variation in the quality of medical charts, with some charts so inadequate that they likely compromise patient care.

> "Your questions and concerns are ignored. . . . You are rushed in and out in minutes and treated as a child."

8) **Insufficient sanitary napkin and toilet paper supplies.**

A majority of women the CA heard from said they do not receive enough sanitary napkins each month. In order to get additional supplies, prisons require women to obtain a medical permit, a process that is humiliating and unjustified. At one prison, doctors insisted that women show a bag filled with their used pads as proof they needed more. Two-thirds of women said they do not get enough toilet paper each month. Most women cannot afford to buy the sanitary supplies sold in prison commissaries. A single box of tampons, for example, can cost a woman her entire week's earnings.

9) **Severely limited access to contraception.**

With few exceptions, DOCCS prohibits its doctors from prescribing contraceptives. As a result, women participating in work release and overnight trailer visits, and women preparing to return to the community cannot access birth control methods other than condoms. Even women who used hormonal contraception in the community for medical reasons other than pregnancy prevention, such as irregular periods and uterine bleeding, face serious difficulty in getting it once they are in prison.

10) **Poor access to GYN care and violations of privacy for women in solitary confinement, and placement of pregnant women in solitary.**

There are at least 1,600 admissions to solitary each year in DOCCS' women's prisons, with roughly 100 women in solitary at any given time. Women said they often had to wait weeks to see a GYN and that clinicians routinely violated their confidentiality by speaking with them through a closed cell door. Solitary is a dangerous setting for pregnant women yet the CA identified seven women who were held in solitary at some point during their pregnancy between 2009 and 2012.

> One woman suffered weeks of neglect in solitary before her pregnancy was diagnosed as ectopic, a life-threatening condition

Top positive findings related to reproductive health care

1) **Timely and quality prenatal care for pregnant women.**

Women praised the quality of the obstetricians contracted to provide prenatal care in DOCCS. Most also said they had prenatal visits at the frequency recommended in the community and could access prenatal care when needed.

2) **Annual GYN exams for most women.**

Most women reported having a GYN check-up in the past year, including a pelvic exam and Pap smear.

3) **Certain doctors and nurses who provide quality care.**

Women described some providers at each prison as being thorough, thoughtful and professional. The Medical Directors at Bedford and Beacon, when that prison was open, stood out as particularly impressive.

4) **Valuable programs for survivors of trauma.**

Women praised DOCCS' Female Trauma Recovery Program, a six-month residential program at Albion and Taconic which aims to help women address unresolved trauma, particularly childhood sexual abuse. Bedford also offers an important Family Violence Program for domestic violence survivors. Unfortunately, these programs serve only about 3% of women in DOCCS custody, when the vast majority of women would benefit from them.

5) **Beneficial HIV education programs.**

Most women said that someone in DOCCS had spoken with them about HIV and STDs during their incarceration. This likely reflects the good work of the Criminal Justice Initiative, a joint HIV-education effort between DOCCS and the State Department of Health. Complicating this positive finding, however, were comments from women expressing reluctance to seek information and reveal their HIV status because of pervasive stigma, discrimination and a lack of confidentiality.

6) **An impressive nursery program at Bedford Hills that serves as a national model.**

While community-based alternative-to-incarceration programs are the ideal setting for mothers serving time and their babies, when sentencing laws do not allow for alternatives, the nursery is the next best option. Mothers who are accepted receive valuable support, and babies are able to form vital secure attachments to their mothers because they live together. Participation in the nursery is also associated with lower recidivism rates, reduced risk of babies entering foster care, and improved odds that mothers and their babies will remain together after prison.

KEY RECOMMENDATIONS

For DOCCS

1) Develop comprehensive written reproductive health policies that mirror and reference community standards, collect and analyze reproductive health data, and conduct regular assessments of reproductive health services at each prison.

2) Comply immediately with all provisions of the 2009 Anti-Shackling Law and eliminate the use of shackles on women during all trimesters of pregnancy.

3) Improve basic conditions for pregnant women, including providing adequate food and supportive services, and creating a separate pregnancy housing unit at Bedford Hills. For all women, maintain clean, weather-appropriate housing conditions, and enhance mechanisms to prevent and respond to abusive treatment by correction staff.

4) Allow women to have at least one support person of their choosing during childbirth, and place women and their newborns in the same room in the hospital.

5) Accept all pregnant women into Bedford's nursery program unless a determination is made, following a thorough, individualized assessment, that a woman's participation is not in the best interest of her child, as dictated by statute and case law.

6) Take affirmative steps to eliminate delays in access to GYN care, including increasing GYN staffing. Allow women to choose female GYN providers.

7) Train medical staff on women's specific health needs across the life span and on best practices for compassionate, professional and trauma-informed clinical interactions. Create a women's health education program.

8) Increase the monthly allotment of sanitary napkins and toilet paper for women, and give women more sanitary supplies upon request.

9) Offer a full range of contraceptives to women preparing for work release and trailer visits, and women returning to the community. Give women prompt access to contraception when they request it.

10) Eliminate the use of solitary confinement for pregnant women, women in postpartum recovery, women in the nursery program and other vulnerable groups. Strictly limit the use of solitary for all people.

For New York State Legislature and Governor

1) Take actions to further reduce the prison population, including increasing opportunities for early release, establishing fairer parole policies, and enacting laws that shorten sentences and allow more people to participate in alternative-to-incarceration programs.

2) Expand funding for gender-specific, community-based alternative-to-incarceration and reentry programs, including programs that allow mothers to live with their children.

3) Enact a law requiring the State Department of Health to monitor all health care in prison and allocate funds for the Department of Health to carry out this responsibility.

4) Enact a law that guarantees incarcerated women access to timely and quality reproductive health care.

5) Amend the 2009 Anti-Shackling Law to include mechanisms to ensure compliance, including requirements to post information about the law, publicly report shackling practices and violations, train staff about the law's provisions and inform pregnant women about their rights under the law.

6) Enact a law that bans the shackling of women during all stages of pregnancy and during trips for babies to receive medical care outside of the prison.

7) Enact a law that allows women who complete Bedford's nursery program to finish serving their sentences with their children in community-based programs.

8) Allocate funds for DOCCS to hire sufficient GYN staff, raise salaries for DOCCS clinical providers and create an electronic medical records system.

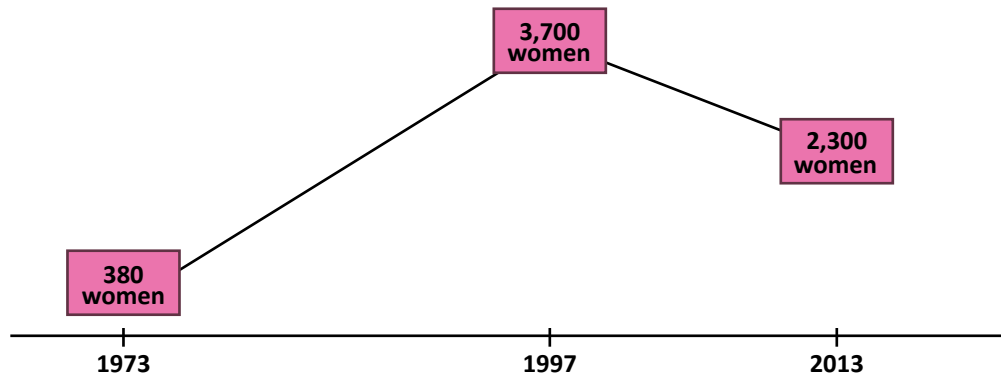
9) Allocate funds for DOCCS to create a women's health education program and to expand domestic violence and trauma programming, particularly the Female Trauma Recovery Program.

10) Enact a law that eliminates the use of solitary confinement for pregnant women, women in postpartum recovery, women in the nursery program and other vulnerable groups, and that strictly limits the use of solitary for all people.

KEY FACTS ABOUT WOMEN IN NEW YORK'S PRISONS

- The median annual income of women in New York's prisons before incarceration was $8,000.
- 41% were unemployed prior to their arrest, 35% received public assistance and nearly 60% were insured by Medicaid.
- 62% are women of color, even though women of color make up only 35% of New York's female population.
- 43% do not have a high school diploma.
- 70% had a substance abuse problem prior to incarceration.
- 39% have been diagnosed with a serious mental illness.
- 90% experienced physical or sexual violence in their lifetimes, 80% were severely abused as children, and 75% suffered serious physical violence by an intimate partner as adults.
- 54% have a serious or chronic illness. About 12% are living with HIV, and about 17% have hepatitis C, rates significantly higher than in the general public.
- 70% are mothers. About 63% were living with their children before arrest, and 43% were caring for their children on their own.
- 15% are 50 years or older, more than double the number in this age group 10 years ago.

TRENDS IN NEW YORK'S FEMALE PRISON POPULATION



METHODOLOGY SUMMARY

We gathered most of the information for this study from 2009 to 2013 using a range of qualitative and quantitative research methods.

We conducted a total of 20 visits to prisons housing women in New York, including: three visits to Bedford Hills Correctional Facility in Westchester County, the state's only maximum-security prison for women; four visits to Taconic Correctional Facility, a medium-security prison also in Westchester County; and four visits to Albion Correctional Facility near Rochester, a medium-security prison and the largest prison for women in New York. We also conducted four visits each to Bayview and Beacon correctional facilities, both of which were closed in 2013. In early 2014, we visited Edgecombe Correctional Facility, a minimum-security prison in Manhattan, which began housing women on work release (a transitional work program) after Bayview and Beacon closed.

We interviewed a total of 950 incarcerated women, reviewed 25 medical charts focused on reproductive health issues, and analyzed data from over 1,550 surveys on general conditions, reproductive health, pregnancy and HIV. Sixty-four of the women we spoke with or surveyed had been pregnant while in New York's prisons between 2004 and 2013.

We also reviewed extensive data collected from each prison and compared prison health policies to relevant community standards.

REPORT ROAD MAP

We present the findings from our study in five main sections:

1) **Oversight, policies and data collection.** This section assesses internal and external oversight of reproductive health care in DOCCS; prison policies related to reproductive health; and DOCCS' collection of data related to reproductive health care and outcomes.

2) **General reproductive health care.** This section analyzes women's access to routine and specialty GYN care; the quality of GYN care; the quality of medical charts; annual GYN exams; Pap smears; breast exams and mammograms; hysterectomies; access to sanitary supplies; weight and nutrition; contraception; and health education.

3) **Care for pregnant women.** This section examines pregnancy testing; pregnancy options counseling; abortion; sterilization; pregnancy loss; pregnancy and work release; prenatal care; prenatal education; daily life in prison for pregnant women; labor and childbirth; postpartum care; and the nursery program.

4) **Shackling of pregnant women.** This section assesses DOCCS' implementation of New York's 2009 Anti-Shackling Law which bans the use of restraints on incarcerated women during childbirth, and examines the experiences of pregnant women with shackling in situations not covered by the law.

5) **Special issues.** This section investigates experiences with reproductive health care for three specific groups: women in solitary confinement, women growing older and women living with HIV. There is increasing national attention to the challenges facing people in these groups and our study contributes women-specific findings to the debates in these areas.

READ THE FULL REPORT

The full text of this report and references are available at:

www.correctionalassociation.org/resource/reproductive-injustice

ACKNOWLEDGEMENTS

This report is dedicated to the incarcerated women who bravely shared, and continue to share, their lived experiences and ideas for change with us. We hope that this report accurately represents their concerns and recommendations.

This report is also dedicated to Donald Farole, who served as our expert data consultant for this project until he passed away in 2011. Don will be remembered and missed by all.

This report is part of an ongoing initiative by the Correctional Association of New York's Women in Prison Project to monitor and report on conditions for women in New York State prisons. This initiative is run by Tamar Kraft-Stolar, Director of the CA's Women in Prison Project and Jaya Vasandani, Women in Prison Project Associate Director.

Tamar Kraft-Stolar is the author of this report. Jaya Vasandani served as the primary reviewer of the report.

We are deeply indebted to Rachel Roth for serving as our expert advisor and consultant on this project, and for her editorial commentary on the report. We are enormously grateful to our expert readers whose input helped inform the report's analyses and recommendations: Jack Beck, Dr. Barbara J. Berg, Barbara Blanchard, Kathy Boudin, Judith Clark, Dr. Nereida Ferran-Hansard, Philip Genty, Donna Hylton, Sharon Katz, Rachel Roth and Maria Teresa Timoney.

We thank Correctional Association Board Chair Peter v.Z. Cobb, former Board Chair William J. Dean, Executive Director Soffiyah Elijah, and former Executive Director Robert Gangi for their support of and assistance with this project.

Our gratitude goes to Amber Norris and Christina Holdredge, who assisted with research and data analysis, to Didi Charney, who proofread the report, and to Danya Henninger of Imagic Digital, who designed the report. Our gratitude also goes to Paul, Weiss, Rifkind, Wharton & Garrison LLP for their helpful research on state anti-shackling laws.

A special thank you to CA Communications Director Annette Warren-Dickerson for her feedback, and to RAPP Campaign Lead Organizer Mujahid Farid, CA Prison Visiting Project Associate Director Scott Paltrowitz, CA Associate Director of Development Sam Streed, and CA Women in Prison Project ReConnect Director Andrea B. Williams for their input on the aging, solitary, methodology and HIV sections, respectively.

We are grateful to Dr. Paula Castano, Dr. Katharine O'Connell White, Rachel Roth, Anisah Sabur, Dr. Carolyn Sufrin and Christina Voight for their input and guidance on our reproductive health survey and questionnaires.

We are also grateful to Rachael Feeney, Elisabeth Martin and Ashley Kaper for inputting survey data and to former Women in Prison Project Fellow Allison Schwartz and our many interns whose work went into various aspects of this report, including: Vanessa Bell, Isabel Brewster, Nicola Cohen, Lillian Chargin, Melissa Eells, Brooke Eliazar-Macke, Alexander Genty-Waksberg, Margaret Hurley, Rachel Isreeli, Maya Levinson, Naomi Oberman-Briendel, Rachel Silverman, Rachel Steimnitz, Grace Tan and Mariel Ramirez.

We offer heartfelt thanks to the CA prison visiting team members who joined us on visits that contributed to this report, including: Dr. Gail Allen, Jack Beck, Gina Cascino, Dr. Paula Castano, Lillian Chargin, Dr. Nancy Duggan, Caitlin Dunklee, Sarah Egan, Cindy Eigler, Dr. Lourdes Falco, Rachael Feeney, Dr. Jose Fefer, Jessica Felipe, Dr. Neredia Ferran, Robert Gangi, Dr. Jessica Ghiglione, Dr. James Gilligan, Caroline Hewitt, Avery Irons, Alicia Johnson, Shayna Kessler, Rita Khweye, Caitlin Kundrat, Dr. Bandy Lee, Serena Liguori, Marayka Lopez, Roberta Meyers-Peeples, Dr. Wendy McGahee, Teri Miller, Dr. Katharine Morrison, Jennifer Onofrio, Dr. Josephine Paredes, Edward Rosario, Jesenia Santana, Allison Schwartz, Rachel Silverman, Aileen Steiner, Dr. Carolyn Sufrin, Denise Thomas, Stacey Thompson, Maria Teresa Timoney, Jacqueline Velez, Dr. Emily Wang, Dr. Karen Wang and Lisa White.

We extend our sincere appreciation to New York State Department of Corrections and Community Supervision (DOCCS) Acting Commissioner Anthony J. Annucci and DOCCS officials for their helpful comments on a draft version of this report and for their willingness to engage in constructive dialogue about our findings and recommendations.

Finally, we express our deepest gratitude to the foundations and funders whose encouragement and generous support made this report possible (in alphabetical order): Jennifer and Jonathan Allan Soros Foundation, an anonymous donor to the Women in Prison Project, Daphne Foundation, Anne Delaney, William H. Donner Foundation, Elton John AIDS Foundation, MAC AIDS Fund, New York Women's Foundation, NoVo Foundation, NYC AIDS Fund, Shelley and Donald Rubin Foundation, and Katrina vanden Heuvel.