



Unsettling Realities of Care – Especially for Pregnant Women – in U.S. Jails

Carolyn Sufrin, Johns Hopkins University

The U.S. has an incarceration problem. Draconian drug laws, longer sentences, a safety net in disarray, shifts in the labor market, and institutionalized racism have combined to propel this country's overreliance on imprisoning people as a supposed solution to many social ills. Although scholarship across many disciplines has explored various aspects of mass incarceration, the experiences of pregnant women behind bars have received minimal attention. Yet thousands of pregnant women pass through U.S. jails and prisons every year.

My research among women and workers at the San Francisco jail specifically explores the ways that jail serves, at the same time, as both a safety net institution and a punitive agency. By learning about the intimate, daily realities of jails – especially for pregnant women – researchers can see that jails are not only spaces of violence and punishment, but can also serve as some of the only places where women on the margins of society can access needed care. As Evelyn, a pregnant woman in jail, told me, “People say I got arrested, but I got rescued.” Many people cycle in and out of local jails repeatedly, and such high rates of recidivism enable unique relationships between incarcerated persons and jail workers, relationships full of contradictory elements of punishment and care. Kima, another pregnant woman in jail expressed this complexity when she told me she hated jail, but also that “My worst day in jail is better than my best day on the streets. . . We actually live here and survive out there.”

Caregiving in a Locus for Punishment

Jails are in constant flux. These institutions house people who have been arrested but not necessarily convicted of a crime, as well as people serving short sentences for minor offenses. With high turnover, people generally return to their communities within a few days, weeks, or months. If there are health needs unaddressed in jail, these become issues for the community's health infrastructure. And if there are health needs unaddressed in the communities, the jails are often confronted with those problems. As many as 70%-80% of people released from jail will return, but this is more than a statistical reality: this recidivism means that relationships can build over time between jail workers and people who come in and out of jail. Women therefore know that when they come to jail they will not only be subject to deprivations and punishments, but also receive shelter, food, medical care, and other social services offered by the jail.

This is especially notable for medical care. The 1976 Supreme Court Case *Estelle v. Gamble* determined that prisons and jails are constitutionally mandated to provide health care to people behind their walls. This creates a paradox: jailed people are stripped of most of their rights, yet gain a right to health care. But because there are no mandatory standards or oversight, medical care in jails can range from dangerously deficient to robust and superior to community care.

Dilemmas for Jail Workers

Keeping separate the goals of medical care and custody in jail – what has sometimes been called the “dual loyalty” problem – means that jail health care workers must constantly negotiate boundaries. Should they view their patients as patients or prisoners? Treat them with compassion or indifference? And how should they relate to jails' disciplinary routines, such as controlling access to mundane resources such as ice and Tylenol? Jail guards also face cross pressures. Although they are not medical personnel, they are the gatekeepers to incarcerated people's access to medical staff, and, for security reasons, accompany people to hospitals during health emergencies. Their guard duties can lead them to invade inmates' privacy, deride their medical conditions, or ignore medical requests. But within their authority positions, some guards provide tender care and support, for example, comforting women experiencing miscarriages in jail.

Motherhood in Jail

Most women in jail are young, and two thirds of them are already mothers. Some enter jail pregnant, often first learning they are pregnant while behind bars. Although pregnant women's experiences vary among individuals and from jail to jail, they can be full of contradictions. The jail I studied provides prenatal care, access to abortion, and programs such as parenting classes, Mother's Day celebrations, and contact visits and breastfeeding support for mothers who give birth while in custody. At other jails, pregnant women may give birth in their jail cells, and suffer from isolation and neglect.

For some of these mothers, their lives on the streets are characterized by unstable housing, drug addiction, or heavy involvement with the courts and child welfare services. While jail creates an obvious physical separation between mothers and children, some jails facilitate visits and other connections with children that, for some mothers, contrast to the minimal contact they have with their children outside of jail. One woman explained that "Jail brings me back to what being a mother is." Kima hung pictures of her infant, to whom she gave birth while in custody, on the walls of her jail cell – walls she did not have in her unstable life on the streets. For some incarcerated women in confinement, jail can further a sense of identity as a mother.

Implications and Next Steps

Of course, even though jail may fill voids for some – providing care, relative safety, and an opportunity to cultivate maternal identity – the ways that it does these things are problematic and incomplete. Jails should not be relied on to be people's safety net, to be their primary mental health and medical care provider; yet that is what happens when government neglects the material and emotional needs of so many disadvantaged people, including those suffering from addiction or mental illnesses.

Investing in alternatives to incarceration – especially for pregnant women and mothers – is one place to start to better help many people cycling in and out of jail. Policing strategies and sentencing laws need to be reformed, and community infrastructure strengthened – including services like child care to help parents develop workforce skills and seek stable housing and employment. In addition, universal standards and oversight are needed to ensure that all pregnant women and new mothers behind bars get adequate medical care and services, and to value the care that all women and mothers in this country receive.

Read more in Carolyn Sufrin, *Jailcare: Finding the Safety Net for Women Behind Bars* (University of California Press, 2017).