Reproductive Justice Inside (RJI) is a statewide coalition advocating for increased access to quality sexual and reproductive health care for women and girls in Maryland’s correctional and detention facilities.

Through story collection, policy research, and organizing, RJI aims to increase public awareness of healthcare issues in Maryland’s correctional systems and address conditions of confinement where systems-involved individuals are not in complete control of their reproductive futures and freedom.
Reproductive Justice is an intersectional theory, strategy, and movement founded by women of color to work against reproductive oppression - the exploitation of women, girls, and others through their reproduction, labor, and sexuality. This framework considers how race, class, gender identity, gender expression, age, sexual orientation, ability, education, geography, immigration status, and other factors impact and determine reproductive futures. Reproductive Justice is having the freedom to make decisions about our bodies throughout one's lifespan, including if, when, and how to grow our families, and the ability to parent in good health, with safety and dignity.
1. Reproductive freedom is a human right.
2. Reproductive Justice is an intersectional issue. We recognize that groups with more marginalized identities will have less overall access to the education, healthcare, and resources needed to make healthy, autonomous decisions.
3. Incarceration is inherently a system based on power, control, and limiting the freedoms of those incarcerated.
4. Many different Marylanders are impacted by the criminal justice system. Reproductive Justice Inside works to uplift the personal stories of a diverse range of perspectives and identities. (This includes geographic diversity.)
5. Reproductive Justice Inside values the expertise of those with direct experience with the criminal justice system. Our coalition strives to maintain accountability to the priorities and concerns of the directly impacted, which is done best when directly impacted individuals are leading.
Beginning in 2017, the RJI Coalition formed and took on as its first task, an evaluation and assessment of the conditions of confinement for incarcerated individuals who are pregnant. The coalition sought input from formerly incarcerated individuals, and directly impacted family members in addition to the partner organizations working with incarcerated individuals. Through this work, the coalition identified the need for all corrections facilities in the state to have written policies regarding the health care and wellness of pregnant individuals who are incarcerated. In 2018, the coalition was able to pass this legislation, which went into effect on October 1, 2018.
The work of RJI is shaped and driven by members who have been or are currently directly impacted by the criminal justice system. They are committed to the goals and mission of RJI and incorporate their voices and lived experiences in the decision-making process of coalition matters.
Natalie Lynch – shared her story with NPR on her experiences with her pregnancy while at MCI-W

https://www.npr.org/2019/06/16/732109546/pregnant-locked-up-and-alone
Our Coalition Continues to Grow

Baltimore Doula Project
Center on Applied Feminism, University of Baltimore School of Law
Gender Violence Clinic, University of Maryland School of Law
Incarceration and Health Justice Collective
If/When/How: Lawyering for Reproductive Justice
University of Baltimore School of Law
Interfaith Action for Human Rights
Justice and Recovery Advocates

Life After Release
Maryland Justice Project
Maryland State Conference of the NAACP
NARAL Pro-Choice Maryland
Not Without Black Women
Planned Parenthood of Maryland
Power Inside
Pregnancy in Prison Statistics
The Women’s Law Center of Maryland, Inc.
Whole Woman’s Health of Baltimore
Women’s Justice Initiative
Reproductive Justice by the Numbers

Women in prisons and jails in 2017 who were pregnant when admitted

<table>
<thead>
<tr>
<th>Type of Facility</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal prisons</td>
<td>470</td>
</tr>
<tr>
<td>State prisons</td>
<td>3,950</td>
</tr>
<tr>
<td>Local jails</td>
<td>5,060</td>
</tr>
</tbody>
</table>

- 3% of women in federal prisons
- 4% of women in state prisons
- 5% of women in local jails

FIRST REPORT ON PREGNANCY IN PRISON STATISTICS
A sample of prisons that house 57 percent of imprisoned women in the U.S. were surveyed from 2016-2017

- 1396 people were pregnant at intake
  - 753 live births
  - 46 miscarriages
  - 11 abortions
  - 4 stillbirths
  - 2 ectopic pregnancies
  - 3 newborn deaths
  - 0 maternal deaths

Live births:
- Preterm births = 6 percent
- Cesarean deliveries = 30 percent

There are no mandatory standards of care for pregnant people in U.S. prisons.

Courtesy
* Prison Policy Initiative
* Johns Hopkins University
Correctional Facilities - Pregnant Inmates – Medical Care

Requires all correctional and detention facilities to develop written policies regarding their medical care and services for pregnant women.
Getting your period in prison is hell

‘I’m a grown woman but this made me feel as embarrassed about my body as if I was an adolescent all over again.”

Menstrual Hygiene & Dignity for Women
GETTING YOUR PERIOD IN PRISON IS HELL
Prisons are still charging female inmates for having their periods
2018 Legislative Session

SB 598/HB 797

Correctional Services - Inmates – Menstrual Hygiene Products

Requires all correctional and detention facilities to provide menstrual hygiene products free of charge and in the quantity the person needs and upon request.
Punished for Being Pregnant
Solitary Confinement
This was a first-in-the-nation law that prohibits the forced solitary confinement of pregnant or post-pregnant individuals.

This legislation ended the practice that was tantamount to punishing someone for being pregnant.
2020 Legislative Session

SB 255/HB 524

Correctional Services - Pregnant Incarcerated Individuals – Substance Abuse Assessment and Treatment

Pregnant Incarcerated Continuity of Care Act

- It applies to all sentenced pregnant individuals who are being released
- It requires that they will be offered pre-natal testing and assessments to ensure the health of their pregnancy
- It requires that they will be offered screening for mental health and substance use disorder
- It requires that before their release, the institution will arrange health insurance coverage to become effective not later than 24 hours after her release
- It requires that before their release, the institution to make referrals to a qualified reproductive health care provider that offers specialized services for pregnant and postpartum care in the jurisdiction she will return to
- It requires they before their release, the institution to make referrals to a community based mental health and substance use professionals in the jurisdiction she will return to
- It requires that not later than 10 calendar days after her release, she will be provided with a complete set of her medical records, evaluations and test results.
Prison infringes on an individual’s human rights to reproductive healthcare and reproductive decision making and it has an impact on the rights of the individual to parent with dignity.

There is virtually no oversight of reproductive healthcare, substandard written policies, and inadequate data collection and analysis.

Our over-incarceration imposes special burdens on women and their care has been neglected primarily because in part their numbers are lower than men’s.

What we do to, or don’t do, to those we incarcerate, they will bring back into our communities - 95% of those we incarcerate return home to our communities.

You can’t fight what you can’t see – and you can’t see what they don’t show.

“The landmark case of Estelle v. Gamble guarantees health care to all prisoners...The Supreme Court held that disregard for the health care needs of the incarcerated violated the Eighth Amendment prohibition against cruel and unusual punishment.”

Safyer, S. & Richmond, L., Pregnancy Behind Bars, 1995
In this Pandemic

- First in our lifetime
- Institutions slow to respond
- State response to situation
- Life inside of an institution
- Impact on individual
- Impact on family
- Impact on community
Continuing Concerns

Access to quality health care equivalent to what is available in the community → Abortion access and counseling → Access to quality reproductive healthcare delivery → Access to lactation policies

Implementation of policies that encourage the right to parent with dignity → Reproductive healthcare and sexual assault policies inclusive of transgender → Improve record-keeping, transparency and accountability → Ensure incarcerated people are made aware of their health rights

Expand access to alternatives to incarceration
Challenges Working in This Space

- Elected officials
- Correctional ideologies
- Media Bias
Challenges Continued

* Women as correctional after-thoughts
* Public opinions about incarceration and women
* Public awareness of the issues
* Humanizing the issue

Elevating the voices of the lived experiences
Looking to the Future

- Continue to develop our Leadership Circle
- Grow our coalition across the state
- Work with state and local officials to implement our Model Pregnancy Policy
- Support the offering of emergency contraception at intake and at release
- Monitor implementation of menstrual hygiene policy
- Monitor implementation of restrictive housing policy
- Work with local jurisdictions on a robust RJ effort
- Continue to support ally and coalition partner legislative agendas
- Work with the Department of Public Safety and Correctional Services to create and sustain a collaborative relationship
Contact Us

Reproductive Justice Inside

c/o NARAL Pro-Choice Maryland Fund
1323 N. Calvert Street
Suite A,
Baltimore, MD 21202

www.rjinside.org

443.619.9079 – Kimberly Haven
Coalition Coordinator

https://www.facebook.com/rjinside/