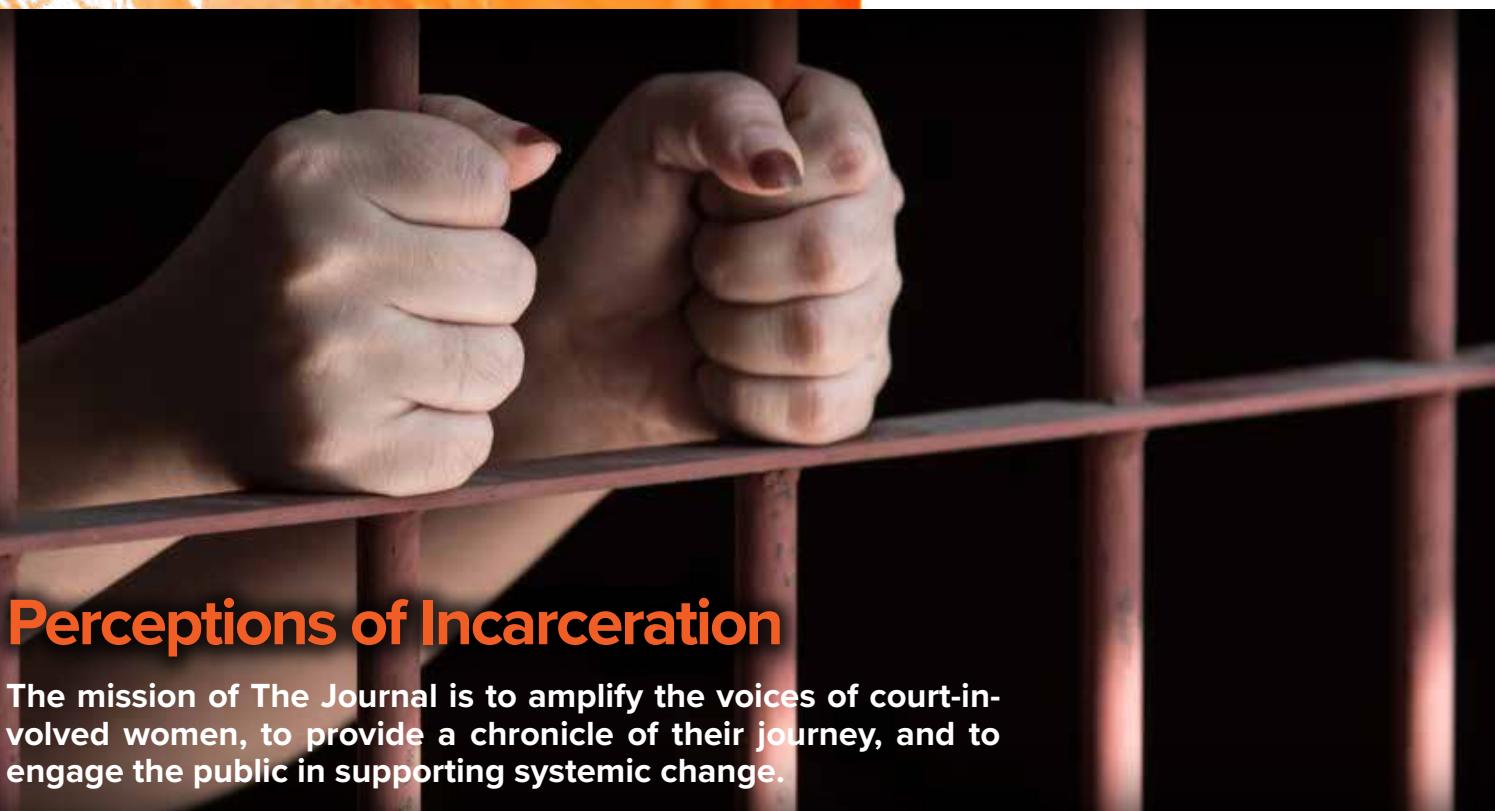
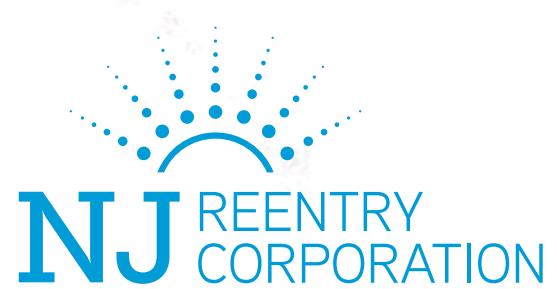


# *The Journal of Women and Criminal Justice*



## **Perceptions of Incarceration**

The mission of The Journal is to amplify the voices of court-involved women, to provide a chronicle of their journey, and to engage the public in supporting systemic change.

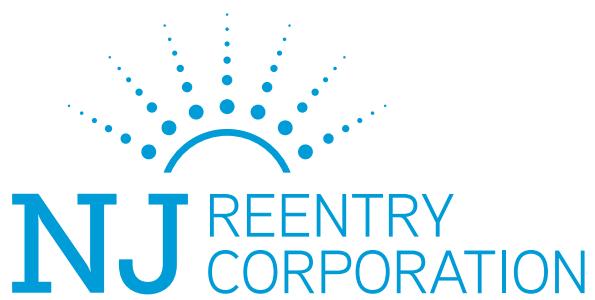
This inaugural issue highlights the inadequacies of women's prison healthcare.

**SUMMER  
EDITION  
2021**

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# About the Journal

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Unfortunately, women in prison have long been neglected within the criminal justice system. Suffering from sexual violence, domestic abuse, and addiction, many court-involved women have experienced repeated trauma. Conflated with the challenges of racism and poverty, the lives of incarcerated women have been woven into the abysmal penal system, resulting in profoundly detrimental effects upon individual, family structure, and society at large.

*The Journal of Women and Criminal Justice* was created to give a voice to those voiceless women behind the wall; to initiate a discourse about incarceration, reentry, and the advocacy; and to bring needed change to penal systems. One journal publication cannot remedy the issues surrounding incarceration and reentry, but in silence, there is complicity. It is the duty of those who are aware of these injustices to speak for those who cannot, and whenever possible, to provide incarcerated women with an opportunity to speak for themselves. We hope this journal does.



## **Senate Majority Leader Loretta Weinberg**

### **New Jersey Legislative District 37**

## **Foreword and Issue Dedication**

According to The Sentencing Project, the percentage of women in prison has risen exponentially, while 60 percent of those women have children under the age of 18. This startling national statistic roughly mirrors the New Jersey reality.

Over these past years, we have heard difficult stories of women being victimized at the Edna Mahan Correctional Facility for Women. Whether it be physical violence or sexual abuse, women inmates have been traumatized by those whose responsibility it was to protect them.

In each of these distinctive areas, we have identified the problem, the need, and the resources for a proposed solution. During the next year, we will recruit women to join with us to design practical and workable recommendations to improve quality of life of women in prison.

We applaud Senate President Sweeney and Speaker Coughlin for having instituted this Legislative Reentry Commission on Women's Services to review, critique, and recommend changes for reentry services for women. We thank Governor Murphy for closing Edna Mahan Correctional Facility for Women and for leading New Jersey to a new beginning for women's correctional services.

This journal has another purpose. This journal, among the first of its kind in the nation, recognizes the importance of women's voices from behind the wall. This issue is dedicated to Senate Majority Leader Loretta Weinberg (D-37), who has advocated for court-involved women for decades. As Senator Weinberg retires, she has set a standard to which we are committed.

Lastly, to the brave, courageous women who have shared their stories, artwork, and poetry, thank you for keeping the faith in Second Chances. May we, your advocates, continue to represent your lives, families, and spirit in our State Legislature and Nation.

**Senator Sandra Bolden Cunningham**

**Senator Nellie Pou**

**Senator Teresa Ruiz**

**Senator Loretta Weinberg**

**Assemblywoman Valerie Vainieri Huttle**

**Assemblywoman Yvonne Lopez**

**Assemblywoman Eliana Pintor Marin**

**Assemblywoman Annette Quijano**

**Assemblywoman Verlina Reynolds-Jackson**

**Assemblywoman Shavonda Sumter**

# New Jersey Reentry Corporation (NJRC) and New Jersey's Commission on Reentry Services for Women

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The New Jersey Reentry Corporation (NJRC) is a non-profit organization dedicated to removing barriers for the previously incarcerated. NJRC works with employers, health care providers, government and social service agencies, and community partners to provide court-involved persons the resources they need to reintegrate into society.

The team at NJRC recognizes that while all justice-involved persons face challenges, justice-involved women often face specific hardships. In February of 2020, through State Concurrent Resolution No. 53, New Jersey's State Legislature established the Commission on Reentry Services for Women.<sup>1</sup>

Led by a number of nationally- and state-recognized leaders, the Commission utilizes the latest research in the criminal justice field and creates innovative solutions to address the needs of court-involved women.

The Commission is composed of “a representative of a women’s rights organization; a representative of the New Jersey Coalition to End Domestic Violence; an attorney with expertise in prisoner reentry issues; a physician with experience in women’s health issues and inmate health issues; a representative of an organization whose members provide mental health and substance use disorder treatment services for women; a representative of the employment and training industry, who by experience or training has expertise in prisoner reentry issues; a representative of the Women’s Prison Association; a representative of a women’s healthcare organization; a representative of the Women’s Health Institute of Rutgers Robert Wood Johnson Medical School; a person with expertise in women’s health; a representative of the law enforcement community; two representatives of reentry programs; and two representatives from the business industry.”

In conjunction with this important legislation, NJRC has launched The Women’s Project, which implements the Women’s Reentry Commission’s policy and practical guidelines through NJRC programming.

One of these initiatives, the “Circle of Care,” is a twelve-week support group program modeled after *The Work*. The Circle of Care links NJRC women program participants with medical professionals and other court-involved women. The medical professionals work with formerly incarcerated women on primary care, specialty care (endocrinology, cardiology, pulmonary), sexual and reproductive health, behavioral health, trauma, substance use, depression, anxiety and resignation, children and family relationships, and intimate relationships.

Also borne out of The Women’s Project and the Commission on Reentry Services for Women, *The Journal of Women and Criminal Justice* is intended to provide women with an outlet for self-expression that might have been restricted from them previously.

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<sup>1</sup> “Senate Concurrent Resolution No. 53,” New Jersey State Legislature, February 24, 2020, [https://www.njleg.state.nj.us/2020/Bills/SCR/53\\_S1.PDF](https://www.njleg.state.nj.us/2020/Bills/SCR/53_S1.PDF).



## **Lt. Governor Sheila Oliver**

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### ***Woman to Woman: We Are Here For You When You Need Help***

The arduous journey of women who are involved in the courts is not an easy one. I want them to know that I see them and their struggles. I have always been an advocate for people who are reentering society because I believe everyone deserves a

chance to succeed and live a good life. Also, I know there are many factors that stand as barriers to success in life – from exposure to severe trauma to prolonged exposure to poverty to mental illness. These are situations and diagnoses that are beyond control of the individual and it is incumbent on us as a society to help lift people up in their time of need.

One of my favorite books is *A Tale of Two Cities* by Charles Dickens that tells the story of the French Revolution and explores injustices and inequalities in society. The reason I love this book is because it inspired me as a child to fight for those who could not advocate for themselves. It often happens that those who cannot defend themselves end up involved in court because they are not empowered or equipped with support or resources. This book awakened me as a youth to systemic social and racial injustices in society and inspired me to spend my career in government and public service trying to correct these injustices that affect us all.

It is a priority of mine to help address longstanding social and economic issues that are the root causes of homelessness and lack of access to healthcare and employment in an effort to help make our communities better for the children, adolescents, and adults who are living in them.

I have seen many of the issues that directly affect court-involved women and their families as the Commissioner of the Department of Community Affairs and as a member of the New Jersey State Legislature. I have had the opportunity to work closely with former Governor McGreevey and the New Jersey Commission on Reentry Services to help women through some of the most difficult times of their lives by connecting them with the skills and resources they need to succeed.

At the New Jersey Department of Community Affairs (DCA), we have programs that assist people in

finding housing and achieving self-sufficiency. DCA administers the Section 8 Housing Choice Voucher Program to provide people with rental assistance to help them reestablish their lives in the community. We also help eligible households that are having difficulty paying their heating and cooling bills with financial assistance and help in weatherizing their homes.

Our Family Self Sufficiency Program further assists families who are participants in the Section 8 Housing Choice Voucher Program toward becoming self-sufficient and self-reliant through the implementation of a jointly developed action plan. Using the same guidelines as the Section 8 Certificate and Housing Voucher Programs, rental assistance is provided to families who agree to participate in a series of job training, career counseling, education, and social service programs.

Additionally, our Homelessness Prevention Program provides financial assistance to tenants in imminent danger of eviction due to temporary financial problems beyond their control by disbursing payments in the form of loans and grants to landlords on behalf of people in danger of facing homelessness.

Our Office of Community Services distributes federal funds to community agencies in every county in the state to help income-eligible people with health, education, employment, and housing needs. This Office also manages the Individual Development Account (IDA) program, which works toward empowering working families to save money to buy a home, start a business, or attend higher education.

For information about all of the mentioned programs that DCA offers, visit: [nj.gov/dca](http://nj.gov/dca).

To find out if you're eligible for assistance programs, you can use DCA's completely anonymously screening tool online at: [nj.gov/dca/dcaid](http://nj.gov/dca/dcaid).

There are many opportunities and services available and we want to make sure that every woman who is reentering their community of choice knows that these options are available to them, especially in these challenging times. Everyone deserves to be treated with dignity and respect when they reenter. I want women to know that they have the power to make decisions that are good for them and their families. Court-involved women can improve their own lives and become positive contributing members of their communities. We are here for them on their journey.



## Responding to Trauma

**Linda Baraka**

*Vice Chair, The Women's Reentry Commission*

We all know that two-thirds of incarcerated women have been diagnosed with a physical health condition that is classified as chronic, that according to the Commission on Reentry Services for Women, more than one-third have been diagnosed with a mental health disorder such as anxiety, depression, post-traumatic stress disorder, and approximately two-thirds of incarcerated women reported having actively abused substances in the six months leading up to incarceration.

Simply put, the high percentage of disease among the majority of incarcerated women, co-occurring with symptoms of prior abuse, whether emotional, physical, and sexual, precipitates the lasting effects of trauma in these women's lives. Often, many incarcerated women have suffered trauma during childhood, which can impact decision making, learning, and even our individual responses to stress.

According to the Centers for Disease Control and Prevention, in an article entitled "Preventing Adverse Childhood Experiences," it was determined that women and children from Communities of Color are at particularly high risk of experiencing such trauma, which longitudinally increases the risk of homelessness and incarceration.

Further, the effects of sexual assault upon women victims are well established. Women who experience or witness sexual assault are more likely to develop and experience mental health and substance use disorders; while victims of sexual assault are also at high risk for contracting Sexually Transmitted Infections.

This Journal is for those incarcerated and formerly incarcerated women, who seek safety to share their story. Within *The Journal of Women and Criminal Justice*, court-involved women should feel safe and unthreatened and to be able to share their experience as to the mental health effects, medical realities, and retraumatization, which is prison.

This Journal will not only share survivors' stories of physical and mental abuse, but also the realities of strip searches, the transfer between facilities, the banging of doors, as well as cell extractions and searches. While New Jersey begins to discuss reforms and the need to close the Edna Mahan Correctional Facility for Women, this Journal will offer women an opportunity to clearly state the particular needs of women inmates behind the wall. Whether trauma-informed programming, gender responsive strategies, and expanded substance abuse treatment, this Journal will be an instrument of influence to ensure that women are provided with the safeguards and treatment demanded by law and required by conscience.

Best,

Linda Baraka



## **Senator Sandra Cunningham** *Legislative District 31*

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### **The Toxic Cornerstone of Trauma, Providing Hope**

Trauma is clearly the defining phenomenon for women in prison. A growing body of research has brought the deep and lasting effects of trauma to light. In particular, a number of experts have identified how potentially traumatic experiences—such as being the victim of or bearing witness to abuse, violence, and instability—can generate a kind of toxic stress that increases the risk of several health conditions.

When such traumatic experiences occur during childhood, they are often referred to as adverse childhood events (ACEs) and have been shown to adversely affect brain development. Such results in ACEs having the ability to hamper attention, decision-making, learning, and responses to stress. Protracted exposure to such toxic stress has been linked to an individual's increased risk of physical and mental health conditions, with researchers estimating that nearly two million cases of heart disease and 21 million cases of depression can be attributed to ACE exposure. ACEs have also been linked to the development of substance use disorders and an increased risk of more frequent negative life experiences such as homelessness, incarceration, and unemployment. Women and children, particularly from communities of color, have been found to be at particularly high risk of experiencing such trauma. The effects of ACE-related trauma appear to be intergenerational, with researchers having found that the experience of having a parent who is homeless, incarcerated, and/or unemployed is the kind of ACE that increases one's own risks of becoming homeless, incarcerated, or unemployed.

With more than half of the women incarcerated at Edna Mahan identifying themselves as having been the victim of emotional, physical, and/or sexual abuse, these women are anecdotally likely to have experienced some form of childhood trauma, including ACEs. Compounding these issues are findings of sexual abuse of incarcerated women at a national level, but more particularly at Edna Mahan. The unconscionable behavior has become pervasive within Edna Mahan such that the United States Department of Justice has issued a report that extensively documents historic cases of abuse within the facility. This report supports conducting a comprehensive review, identifying victims and those who bore witness to victimization, screening women for the physical and mental harmful effects of their assault, and providing victims and their witnesses with ongoing treatment.

The effects of sexual assault are well-established. Women who experience or witness sexual

assault are likely to develop and/or experience exacerbated mental health and substance use disorders. Such victimization and re-victimization, as occurs at Edna Mahan, often aggravates earlier trauma, compounding distress in ways that undermine rehabilitation. Victims of sexual assault are at a high risk of contracting sexually transmitted infections, including HIV, and having unwanted pregnancies. Sexually abused inmates are also at risk of suffering from unwanted pregnancies and infection or reinfection with sexually transmitted disease. Our charge as women, as women legislators, and as advocates is to ensure that those women, who have been disproportionately impacted by chaos, violence, and addiction, are not profoundly worsened by a prison experience. The women who have written in this journal have lifted their voices, described their pain, and shared their aspirations in the hope that life may be better, prison may be safer, and the criminal justice system may be more compassionate. I am most grateful for their words, their courage, and their resolve. It is now up to us as to whether we act upon these voices.



## **Healthy, Engaged, and Productive**

### **Assembly Budget Committee Chair**

### **Eliana Pintor Marin**

**New Jersey Legislative District 29**

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As a legislator I have been fortunate enough to interact with reentry advocates throughout New Jersey and the surrounding region. In those discussions, employment is frequently described to me as a critical step towards self-sufficiency and ultimately to successful reentry. Again and again my colleagues and I have seen data from organizations like the New Jersey Reentry Corporation that point to employment as a stabilizing factor in the post-release lives of formerly incarcerated individuals - and to stability as a key factor in fighting recidivism.

Unfortunately, we also know that women returning from prison face distinct challenges that often keep them from securing consistent and meaningful employment. This places them at a considerable disadvantage.

In addition to the challenges faced by any woman seeking work in the current economy, Reentry Corporation research shows that justice-involved women suffer from disproportionately high rates of trauma and are particularly likely to have been victims of physical and sexual violence. Indeed, a disturbing number of incarcerated women in our state report some form of emotional, physical, or sexual trauma – and in many cases all three. As is often the case with unaddressed trauma, many of these women also suffer from a substance abuse disorder as a result. A woman who is still fighting substance abuse and personal trauma because of inadequate treatment will struggle to find and maintain employment upon release.

This can be compounded by several other factors. Most notably, many incarcerated women have minimal work histories and do not possess employable skills at the time of their incarceration. A large number also lack a high school education. However, upon release, these same women are often expected to immediately be responsible not only for their own well-being, but for the provision or arrangement of food and childcare while also facing dysfunctional relationships with partners and family. The emotional stress created by this dichotomy not only serves to shift attention away from the need to secure gainful employment, but it can significantly augment the trauma and substance related challenges discussed previously.

Conversely, the most prominent factor in predicting a woman's success in acquiring worthwhile employment upon reentry is education level prior to incarceration. However, even for those

with lower than ideal education levels, the Reentry Corporation has seen a strong correlation between education and job training while incarcerated and more successful employment outcomes post-release.

Further, the provision of behavioral health services that treat both underlying mental health disorders and substance use also contribute to an increased likelihood of success in securing full time employment.

It is clear that, for formerly incarcerated women, lack of access to appropriate addiction and mental health treatment and to education and job training are likely to be the most significant barriers to successfully obtaining stable employment and achieving desirable reentry outcomes. Ensuring that greater access is given to as many women as possible is critical, therefore, for reentry success.

Although much more remains to be done, I am pleased to see the remarkable positive progress being made by organizations like the NJRC through its new Reentry Training and Employment Center. Each day we see more women work towards positive outcomes - whether that is as comprehensive as earning a GED or as deceptively complicated as just attaining a driver's license. As a result we also see them connected to critical employment opportunities in areas like medical technology, green energy, construction, software development, routing and switching, and automotive technology.

Most importantly, we also see more and more getting the help they need to address mental health and addiction. When combined with education and industry-recognized skills, we expect to see an ever-increasing number of women returning from prison stay healthy, engaged, and productive.



**Assemblywoman  
Shavonda Sumter,  
New Jersey Legislative District 35**

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**Comprehensive and Holistic  
Strategies for Reentry**

Creating true second chances for women discharged from correctional facilities requires comprehensive and holistic strategies. These strategies involve a safe space to share fears, relief, trauma, and dreams of a brighter future.

Recording the many emotions and private thoughts from women who have served a sentence and made it home. Charting the journey and the burden of re-establishing their lives.

I submit this journal entry as encouragement to the brave women who are sojourning to re-establish themselves. The courage to release the old self and create a new you. A woman with the opportunity to give of yourself. To reimagine you. Working through the disappointments of the past to generate excitement for your future.

Reconnecting with children and family. Acknowledging the hurts and pushing through the pain. Forgiving yourself first. Then working towards healing. Using your voice and words to share your experience so that it may provide a life lesson to someone else.

As an elected leader with a heart for service, I am intentional in the legislation that I put forth. Legislation creates policy to have a greater impact on people's lives. To identify the issues that will achieve this personal mission, I must hear from people. Learn the personal testimonies of changes that are necessary to secure better futures. This only happens through trust and listening -- the trust to share personal experiences for system improvements.

A recurring need that I have learned from courageous women who have shared their testimony with me is the need for access to healthcare and mental health services. Connecting with providers in the community willing to accept the state plans and finding counseling support to work through reentry.

This basic human need is critical to physical and emotional wellness. Establishing linkages with providers to be sustained once released helps to reduce recidivism. It is my hope that with the expansion of telehealth due to the pandemic, healthcare services for women become more timely and readily available. It will be a part of my responsibility to increase access to specialists such as mental health counselors and trauma specialists.

*"Not everything that is faced can be changed; but nothing can be changed until it is faced."*  
*James Baldwin*



## A Call to Change: Prenatal Care Behind the Wall

*Assemblywoman Yvonne Lopez  
New Jersey Legislative District 19*

Appropriate care during pregnancy is critical to justice-involved women. Studies suggest that 8 to 10 percent of women entering the United States prison system are pregnant. Despite widespread variance in access to pregnancy care across institutions, social and healthcare services provided to incarcerated pregnant women are largely inadequate and oftentimes unsafe.

Expecting mothers receive minimal healthcare services and little compassion, emotional support, or even education to guide them throughout their pregnancy behind bars. Access to prenatal healthcare in the United States is influenced by several factors and even women beyond the wall holding private and public health insurance may have difficulties accessing various prenatal care services within their communities. However, that the Eighth Amendment to the United States Constitution guarantees pregnant inmates access to prenatal care services during incarceration. Despite this fact, a developing body of research suggests that female inmates are routinely denied access to basic prenatal care services throughout the term of their pregnancy.

Pregnant inmates frequently suffer from underlying health conditions that have the potential to affect the health of their children or the safety of the birthing process. These underlying conditions often go undiagnosed, untreated, or undertreated, and present a significant health risk for both mother and child. Although New Jersey does maintain a written policy requiring that prenatal medical examinations be provided to pregnant inmates, the State does not mandate the provision of screenings that identify high-risk pregnancies and any corresponding treatment that may be necessary.

The effectiveness of legislation requiring the provision of prenatal care is further limited by the New Jersey Administrative Code's lack of specificity in listing those requirements, providing only that pregnant inmates must be provided with "prenatal medical evaluation and care." Inmates are also entitled to access "non-directive counseling" regarding family planning, abortion, child placement services, and relevant religious services, but without a standard of care provided within the Code, the quality and frequency of those services is left to the discretion of the NJDOC. Evidence suggests that legislation lacking specificity and particular protocols guaranteeing a basic level of prenatal care and providing for additional supplementation by medical professionals as necessary can be fatal to the proper implementation of the statute.

Even where correctional institutions have adopted and implemented policies requiring the provision of prenatal services based upon a statutory mandate, without compliance mechanisms or detailed regulations in place, standards of care frequently go unmet. New Jersey is committed to doing more, we understand the legacy of abuse at Edna Mahan, and the need to provide for adequate health care to those women who are significantly more vulnerable by virtue of their pregnancy.



## Crafting Legislation to Support Reentry Needs

*Assemblywoman Joann L. Downey, J.D., M.S.W.  
New Jersey Legislative District 11*

Each year, more than 650,000 former inmates reenter society, with many unable to pay for healthcare and other reentry needs related to incarceration.

It's no wonder studies show that two-thirds of prisoners are likely to be rearrested within three years of their release, as these former inmates have been set up for failure by a system that too often deprives them of basic human rights. As an attorney with a Masters Degree in Social Work, I understand how mass incarceration has led to injustice. Many have opened their eyes to this reality over the past year, but the truth is that these issues are long-standing and can no longer be ignored.

Studies have shown that incarcerated adults have higher than average rates for many health-related issues including asthma, arthritis, diabetes, mental illness, high cholesterol, HIV, hepatitis C, and hypertension. Yet, access to healthcare is often very limited for former inmates despite the increased risk that they may suffer from a life-threatening condition.

During my six years serving in the NJ State Assembly, I've fought tooth and nail to promote legislation that will enable former inmates to get back on their feet and gain access to life-saving healthcare. Within our legislative body, a number of bills have been passed to positively impact the reentry system.

Throughout this process, we've listened to the opinions of our constituents and examined many of the shortcomings within the reentry system in order to propose solutions that will make a difference. Here's a look at how this process led to my recent support of bills addressing reentry needs.

In 2020, I supported the Earn Your Way Out Act (S-761), which requires the Department of Corrections to develop a reentry plan for each inmate and streamlines New Jersey's parole system. This bill was a huge step in guaranteeing that an individualized, comprehensive reentry plan would be designed to prepare each eligible inmate for successful integration as a productive, law-abiding citizen upon release.

The bill also mandated that New Jersey's Commissioner of Corrections establish a Division of Reentry and Rehabilitative Services in order to coordinate reentry preparation and other rehabilitative services within all State correctional facilities. Additionally, it clarified that inmates who have committed violent or sexually violent crimes would not receive these services, ensuring that only those who deserve a chance to reenter society will be accommodated.

The NJ Assembly and Senate passed the legislation, and Governor Murphy signed it into law in January 2020. This is a prime example of how we worked together as one Legislature in order to make a substantive change that will benefit the citizens of New Jersey. Now that this bill has become law, we must be willing to continue to listen and make changes if the need arises so that the law will accomplish its intended purpose.

In addition to the Earn Your Way Out Act, I also sponsored a bill (A-5802) that provided additional support for women's healthcare clinics that dealt with a loss of federal funding due to a "gag rule" that was imposed by the Trump administration. The gag rule restricted access to Title X funding that these clinics rely on, so my bill covered these losses in 2020 by appropriating \$9.5 million to the New Jersey Department of Health for family planning services.

The bill, which Governor Murphy signed into law in January of 2020, guaranteed that every woman in New Jersey could continue to receive essential services like pap smears, STI treatments, and pregnancy counseling. This bill was particularly beneficial to former inmates, as many of these clinics are typically accessed by low-income individuals and used for important aspects of health care such as regular check-ups, care before and after pregnancy, cancer screenings, and HIV testing.

I also supported S-703, which requires health care professionals to undergo bias training. This bill instituted corrective measures to decrease implicit bias at the interpersonal and institutional levels of health care. It particularly benefits former inmates who may experience discrimination due to their race and public record.

Governor Murphy signed this bill into law in August of 2020, cementing a run of legislative success in New Jersey pertaining to the reentry and health care needs of former inmates. I am proud to have been a part of this effort to create real change for those reentering society so that they may have a more prosperous future.

There is still work to be done. If you have any suggestions or ideas, please reach out to me at [aswdowney@njleg.org](mailto:aswdowney@njleg.org) or call (732) 695-3371, and a member of my team will get in touch.



**Alexandra Pelosi and Speaker of the United States  
House of Representatives Nancy Pelosi**

## **Fall to Grace**

Dear *The Journal of Women and Criminal Justice*,

During the course of the filming *Fall to Grace*, I had the opportunity to spend great amounts of time with the women who were incarcerated. Listening to their hopes and dreams, their fears, their depressions, as well as the history of abuse that many have suffered over the years. I was moved by their power and strength to survive so much trauma, so many abuses.

As we all know, abuse comes in many forms: emotional, psychological, physical, and sexual—and, as a result of this trauma, many of the women also suffered mental illness and substance abuse as a reaction to or a means of surviving incarceration.

The suffering of these women both prior to and during incarceration was most readily evident, as was the failure to address their healthcare needs behind bars. In addition to their historic homelessness, unemployment, and recidivism, the women were retraumatized and suffered a toxic stress behind bars, which sadly worsened their health conditions.

The most painful stories were of that of women who suffered trauma from an early age, women who were victims of domestic violence and sexual abuse as well as those victims of sexual assault who contracted sexually transmitted infections, including HIV.

At some level, the women were survivors. Having little to no access to medical, mental health, and behavioral treatment services, many of the women were sustained by their peers, the generosity and spirit of programming, and the volunteers who visited seeking to lessen the pain of their trauma.

Over a third of the women had been diagnosed with a mental health disorder, and two thirds had reported having abused narcotics and alcohol prior to incarceration. What I learned, most poignantly, was just as jeopardizing mental health was a response to the chaos, pain, and trauma of the streets; so too was drug addiction a response, an effort in many cases to numb the distress and dying inherent in daily life.

We understand that formerly incarcerated women, particularly women of color, are at greater risk of homelessness upon exiting prison and jail. Indeed, among those inmates released from Edna Mahan, nearly a third reported not having anyone to rely upon in the course of their post-release living arrangements. And, for sixty-five percent of the women, they were the mother of at least two children under the age of eighteen. The failure of adequate housing and the trauma of the correctional facility was seemingly visited upon the next generation, extending further the pain of incarceration.

I applaud *The Journal of Women and Criminal Justice* for giving voice to the voiceless, for offering testimonies of pain and redemption, and for sharing these personal reflections with decision-makers, who will hopefully recognize those women who have survived and heed their lessons in crafting a more compassionate and responsive criminal justice system.

Best wishes,  
Alexandra Pelosi





## From Training to Employment



Dear *The Journal of Women and Criminal Justice*,

The New Jersey Business and Industry Association is most grateful to make a contribution towards the Journal, which will promote the successful employment of women returning from incarceration by uplifting the voices and needs of court-involved women.

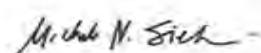
As women are sadly among the fastest growing cohort of persons in prisons, our nation and state must undertake a reappraisal of prison and reentry services. Historically, prisons were designed for and by men with women prisoners as a distant afterthought.

Our State and reentry advocacy community must continue to enlist the business community in the planning and implementation of training programs that will provide the necessary skills for court-involved women.

To this end, NJBIA and New Jersey Reentry Corporation (NJRC) have formed a Task Force to provide women with meaningful employment opportunities by bringing together business, the reentry community, and government to foster successful training to provide women with industry-recognized credentials.

We at NJBIA look forward to the continuing work of the Journal, a commitment to training those returning from incarceration, and a willingness to provide the business community with the necessary incentives to employ those in need of a Second Chance.

Sincerely,

A handwritten signature in black ink that reads "Michele N. Siekerka -".

Michele N. Siekerka, Esq.  
President and CEO



## **Wendy Kelman Neu**

### *Entrepreneur With a Mission*

Having previously worked in a prison during my younger years, I have an appreciation for the trauma of prison, for prisons' impact upon persons, and the loss and destruction of spirit with which America all too readily engages.

For these past years, I have been honored to serve on the Board of Directors of New Jersey Reentry Corporation (NJRC). Whether grappling with addiction, mental health, medical issues including OB/GYN, hepatitis B and

C, and HIV, the New Jersey Reentry Corporation has consistently sought to provide for critical health-care needs. In addition, whether legal services, housing referrals, and employment and training, we have sought to make persons leaving incarceration "more ready" to confront the challenges of civil society. In that vein, Hugo Neu Corporation provided NJRC with a three-story, 25,000 square foot facility for employment and training, which now houses eight training programs, provided for by seven vendors, ranging from a community college to a private technical school, to a federally-certified workforce development training vendor.

Yet, for women returning from prison, many of whom are victims of sexual violence, domestic abuse, and addiction, with the added challenges of reunifying with children, these circumstances often create a very difficult environment within which court-involved women navigate the trauma, pain, and conflicting emotions. While job training is essential, these women require emergent medical and behavioral healthcare to address the historic deficiencies of women's correctional health.

The Journal of Women and Criminal Justice is a most welcome venue for those women who have been incarcerated, are incarcerated, and those who have been recently released. I am most grateful for the provision of this platform for court-involved women. This is a safe, noble, and courageous place to offer them a conduit to lift their voice.

Best,

*Wendy Kelman Neu*



## Being Committed & Putting this Commitment into Action

**Gloria Bachmann, MD MMS**

The words of Anne Milgram, the 57th attorney general of NJ, who served from 2007-2010, is just one piece of a broader call to action for all of us regarding the criminal justice system. As she noted, an individual, especially low risk ones, spending just two to three days in jail

translates to making them 40% more likely to commit a new offense before their trial. This is compared to an individual who spends a day or less in jail before their trial.

Anyone of us can spend time in jail, a stressful scenario that occurs BEFORE being convicted of any wrongdoing. And the longer one spends time incarcerated, the more negative effects of being cut off from support systems—especially family, employment, personal property and the rights afforded to all of us by our living in a democracy. Incarcerated women have even more hurdles than men, since prisons were set up without a focus on women's unique needs that may include pregnancy and childrearing.

The NJ Commission on Women's Reentry under the leadership of Governor James McGreevey, is the critically important NJ initiative that is championing the transformation of the American criminal justice system. I am an enthusiastic and committed member of this team. There are many innovative initiatives that the Commission has taken on, with the *Journal for Women and Criminal Justice* being just one of them.

As an organizing member of the editorial team, it is my vision that this journal gives a voice to all individuals, especially to those who have been incarcerated or who are currently incarcerated. Their stories, their reflections, their perspectives can both inspire us to do more and encourage us to join hands and be a united voice for positive and necessary change.

## Journal Dedication

It is impossible to appropriately acknowledge all of the professionals who have dedicated themselves to helping those that are previously incarcerated. The scope ranges from medical doctors who have donated their services to social entrepreneurs who are constantly coming up with creative resources to connect persons leaving prison with viable job opportunities. Solving this complex problem requires a collaborative approach, which the Commission has embraced.

Most of all, *The Journal of Women and Criminal Justice* is dedicated to the previously incarcerated women who have bravely shared their stories and continue to resolve themselves to transforming the penal system.





## **Directing Societal Attention to the Strength of Community-Based Integrative Release Models**

*Margarita Orlova*

A disproportionate number of incarcerated individuals suffer from health issues and precarious living conditions. These core issues are extremely prevalent when one takes a closer look into who constitutes the incarcerated population in the United States. This considerable disparity can be attributed to a substantial number of people having to resort to misdemeanors to fulfill their needs. In fact, a 2015 case study of the New York City jail system showed that among the frequently incarcerated population, 19% of prisoners had serious mental illnesses and 51.5% were homeless. The study concluded that “adequate housing, health care, and social support... would result in better health outcomes.”<sup>35</sup>

Furthermore, the United States has both the largest prison population in the world and the highest per-capita incarceration rate. In late 2020, according to the Vera Institute of Justice, there were 1.8 million people in prison. However, despite the US consistently holding these positions, it does not even fall into the top 10 countries with the highest crime rate! These statistics demonstrate that there are many other factors at play in prison dynamics. One of these factors

is access to healthcare; prison is often the first place that people can gain access to medical treatment.<sup>37</sup>

A major issue arises when newly released individuals are unable to maintain their medical support in the outside world. This transition is often a strenuous one that involves many challenges, such as gaining insurance, finding a physician, commuting to appointments, and having the ability to pay for medications. Allowing for a swift transition into the community through integrated models of care is extremely important to prevent people from falling through the cracks. Additional stressors that involve employment, housing, and mental health support should be supported alongside healthcare. Because without these supportive collaborations, people are left struggling with the potential of not being able to manage it all. If there were more umbrella organizations and partnerships in place throughout the country to help the newly released, there would be a lower rate of recidivism.

Recidivism is a major issue in our society. In 2011, the average recidivism rate in the United States was 43%, according to the Pew Center. The continuous punishment for misdemeanors caused by a failure to treat the root of the problem, only perpetuates the arrest-release-repeat cycle. Current resources should be reallocated in ways that help previously incarcerated people grow from their experience and reintegrate into society. In summary, there are many structural problems that lead individuals to commit acts against the law; providing those individuals with support through umbrella models of care will help people navigate housing, employment, mental health challenges and, ultimately, win the battle against reincarceration.

## BIO

Margarita Orlova is a Research Associate in the Cell Biology Department at Harvard Medical School. She is currently working on the vast BioPlex Interactome Project, which has the goal of mapping all the interactions in available human proteins. She graduated with a Bachelor of Science in Engineering (B.S.E) degree in Chemical and Biological Engineering from Princeton University. In the fall of 2021, Margarita will return to Princeton to pursue a Masters of Engineering (M.Eng) degree in the same field. Additionally, Margarita is a Princeton Project 55 (P55) Fellow for the 2020-2021 year. She had also been selected as a Reiner G. Stoll Fellow during her undergraduate career. Margarita has held a variety of internship and fellowship positions in the past, one being at Hyacinth AIDS Foundation in New Jersey. The internship at Hyacinth through the Program for Community Engaged Scholarship (ProCES) allowed her to investigate the structure of the organization and nourish her interest in healthcare. Additionally, Margarita has kept up with scientific preprints as a reviewer for the Rapid Reviews: COVID-19 (RR:C19) Medical Sciences Team, a collaboration between UC Berkeley and the MIT Press.

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<sup>35</sup> Ross MacDonald et al. "The Rikers Island Hot Spotters: Defining the Needs of the Most Frequently Incarcerated," *Am J Public Health*, 105, 11 (2015): 2262-2268, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4605192/>. <sup>36</sup> "Crime Rate By Country 2021," accessed June 9, 2021, [worldpopulationreview.com/country-rankings/crime-rate-by-country](https://worldpopulationreview.com/country-rankings/crime-rate-by-country). <sup>37</sup> Andrew Fraser, "Primary health care in prisons," *Health in Prisons: A WHO Guide to the Essentials in Prison Health*, WHO Regional Office Europe (2007), [https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0009/99018/E90174.pdf](https://www.euro.who.int/__data/assets/pdf_file/0009/99018/E90174.pdf).



## LOOKING INSIDE and Sara Bennett

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### LOOKING INSIDE: Portraits of Women Serving Life Sentences.

More than 200,000 people in the United States are serving life sentences, a punishment that barely exists in other western countries. I've long believed that if judges, prosecutors, and legislators could see people convicted of serious crimes as individual human beings, they would rethink the policies that lock them away forever.

Before I photographed each of these women—all convicted of homicide—I visited them, learning about their lives. It broke my heart to meet a young woman who had been sentenced as a 15-year-old to life in prison, to meet a 70-year-old who wonders whether she'll die behind bars, and all the women in between. Each woman is so much more than the one act that sent her to prison for life. They are all hard-working, resilient, dignified, introspective, and remorseful. They strive to live a meaningful life.

Which leaves us with the question: what do we do with a redeemed life?

### BIO

After spending 18 years as a public defender, SARA BENNETT turned her attention to photographing women with life sentences, both inside and outside prison. Her work has been widely exhibited in solo shows, including at the Blue Sky Gallery in Portland, OR, and in group shows, including MoMA PS1's *Marking Time: Art in the Age of Mass Incarceration*. Her work has been featured in such publications as *The New York Times*, *The New Yorker Photo Booth*, and *Variety & Rolling Stone's "American (In)Justice."*



Sara Bennett

# TAYLOR

Taylor, 36, in the fire and safety office at Bedford Hills Correctional Facility (2018).

**Sentence:** 22-1/3 years to life.  
**Incarcerated at the age of 24 in 2006.**

Do not judge me by my crime. One incident should never define an individual. Majority of the time inmates are characterized by their crime. However, our crimes are not who we are as people, they do not define us. Some of us chose the wrong lifestyle, were brought up in dysfunctional homes, suffered domestic violence, or suffer from drug addiction or mental illness. Most of the time all we needed was someone to intervene and get us the help we desperately needed. Incarceration and excessive prison time is not always the answer. We have redeemable qualities and deserve a second chance.

# My Dreams Were the Safest Place

By: Izuo-Ere “Mimi” Digifa

I have started saying that the day those bars closed on me was the day doors began to open for me. Less than two years ago, I would not have been able to say that because I was still at rock bottom. Crying, hurting, and hoping for peace or “just” something that looked like peace.

My name is Izuo-Ere “Mimi” Digifa, and I am originally from Nigeria. I came to the United States at 18 years old on a study abroad scholarship program. My time in school did not go as planned. In 2017 I graduated with a bachelor’s degree in communication studies and enrolled in a master’s program for the next semester. It was during the first semester of my masters that I was incarcerated and my whole life changed.

The pain I felt when they slammed the door to my cell shut/handed me my jumpsuit/gave me my ID number was nothing like any pain I had ever felt. It was new, and it was deep. So deep that some days in my cell I just did not want to wake up. I just wanted it to end in sleep. If I ever slept, my dreams were the safest place I was in and those dreams were not pleasant because I would have nightmares, most of them I do not remember. But I picked them over those walls, those jumpsuits, and all that pain. It felt like an unending experience and I just wanted it to stop.

Many times, I gave up, a few other times I regained my zeal and strength and kept going till freedom. On the day of my release instead of going home I was incarcerated all over again. As an immigrant woman that had come into the country on an F1 student visa, I had to start another journey in immigration detention centers after incarceration since I had been incarcerated and was not in school as I was supposed to have been.

After being released from detention and incarceration, the reentry services were very limited for me, they still are. I am not eligible for health insurance. I could not get housing, jobs, an ID, a bank account and so on. Everything was hard. It’s already hard enough for people out here. Imagine having a record, going through immigration proceedings, and trying to survive at the same time.

The first week of my release, I was unsure of what to expect for my future. Of course, I wanted to change the narrative, to go back to having the zeal that I had before my incarceration and continue the path towards a great career. But to be honest, I really was not sure what to expect.

I applied for the Pivot Program, a yearlong transition and re-entry program at Georgetown University that focuses on business and entrepreneurship. The support was incredible, and just a few weeks into the program, I began to see changes.

When others asked about the program, I found myself continuously saying, “everyone involved with the program truly cares about me.” I developed new business skills and

learned how to conduct myself in a professional setting. I refreshed my memory of skills I had previously learned and forgotten. I learned how to market myself, handle my finances, and tell my story and the importance of truly changing the narrative.

I was a part of two business pitch competitions, where I received funding for my business, joined the CFLS Speakers Bureau and continued my public speaking journey, I have been able to publish my first book of poems ([izuo-ere.com](http://izuo-ere.com)), released my cosmetics line ([f lolango.com](http://f lolango.com)), painting, and I am currently working on my second book.

Today, I am doing much better than I was. I am not entirely where I want to be, but I am getting there one step at a time. All of this in less than two years is a blessing that I am truly thankful for.

## **U.S. Mass Incarceration and its Adverse Impact on Health**

*Sun Ho Kim*

Is the U.S. criminal justice system harming us? Mainly, the criminal justice system and prison systems exist to apply laws and moral examples for how people should live to maintain a safe environment. However, there are several flaws to these systems, reflected by the damage mass incarceration causes to those who are placed in prison and the criminal justice system's failure to provide resources to develop a better life after prison.

Mass incarceration in America is a prime example of how racism and injustice cause health inequity. Mass incarceration exacerbates the health inequities present among minority groups, who face higher rates of policing and arrest due to the racial bias in America's criminal justice system. With no consideration to the health conditions of the prison environment, people are forced into packed unhealthy and unsanitary environments where the spread of communicable illnesses occurs easily and the lack of healthcare within prisons causes long-term illnesses and comorbidities.

Furthermore, mass incarceration presents the ineffectiveness of America's prison system to provide resources for a better life after release, resulting in a repeated cycle of recidivism with no foreseeable brighter future.

Who benefits from mass incarceration? Rather than changing imprisoned people's behaviors and improving their lives overall, incarceration in the U.S. leads to a tumbling of disparities. People who have committed a crime already lack opportunities for employment due to their criminal record. Then there is an increased difficulty to obtain health insurance, which further decreases their access to quality healthcare resources, leading to negative health outcomes

and limiting their ability to live a healthy life. It is important to note how mass incarceration also impacts the health of family members, especially the children of parents who are incarcerated, due to the absence of parent and child engagement.

The U.S. criminal justice system must change, and put a stop to the endless cycle of imprisonment and adverse health outcomes. We must set our sights towards ending mass incarceration by not only addressing racial bias within criminal justice, but also by creating valuable and effective programs in prisons to ensure that all people have skills and knowledge to use and can form connections with their family and community when released. A criminal record and imprisonment should not hinder a person's ability to achieve a healthy life.

## Bio

Sun Ho Kim is a recent graduate of Rutgers University with a B.S. in Public Health, a minor in Health and Society, and a Certificate in Health Disparities. Currently, she is pursuing her MPH at Rutgers School of Public Health concentrating in Social and Behavioral Health Sciences. She plans to become a Health Educator and is committed to tackling the various layers that contribute to health inequity and taking the steps to change the quality of life and improve quality/access to healthcare services for those who are underserved and in need of advocacy.



## **Celebrating Community and Building Connections: A Conference Focused on Promising Practices with Justice-Involved Women and Girls**

*The Association for Justice-Involved Females and Organizations (AJFO) Board*

*Pamela Winn, Tenesha Williams, Bronwyn Hunter, Tira Hubbard, Ashley Bauman,  
Ebony Howard, Amanda Elliott, Katie Roller, Leticia Longoria-Navarro,  
Kathleen Callahan, and Colby Rooney*

AJFO: The Association for Justice-involved Females and Organizations hosts a conference every other year to share gender-responsive practices, policies, and programs for women and girls who are involved in the criminal legal system. AJFO's history can be traced back to 1912 in some form, when there was recognition that women who were incarcerated had different needs than men - and a desire for women working in corrections to mutually support each other in doing this work. Because the penal institution was designed in a way that aligned with the needs of men, the practices and policies in place were operated by and based on

data for men. Despite being termed “women’s facilities,” these institutions offered little to no gender-specific programs, protocols and/or policies to support the needs of women. As a result, women often returned to their communities in far worse condition than when they entered the system.

Over the past twenty years, AJFO has evolved in many ways. Originally started as a way for women working in the criminal legal system to come together and share experiences, our audience has now expanded to include stakeholders from non-profits, all facets of the criminal legal system, including the courts and community corrections, academia, healthcare and women and girls with lived experience. AJFO recognizes that those closest to the problem are closest to the solution - and that we must treat women with dignity and respect. As a result, we have made efforts to include justice impacted women in our leadership committee and conference programming. This is important because it allows us to ensure that we can promote rehabilitation instead of the continued perpetration of harm. Justice-impacted women are now incorporated in every capacity of AJFO including presentations, vendors, panelists, keynote speakers, and board members. One strategy that we implemented to foster inclusion and equity was to provide a stipend to women with lived experience for their contributions to our board. This inclusivity provides opportunities for gender specific reforms and confidence for returning women to be productive leaders in their communities.

In the past, AJFO co-hosted a conference every other year to support professional connections and access to best practices for working with women and girls in the criminal legal system. The conference is a space for sharing knowledge on gender-responsive interventions, such as mental health, trauma, and substance use treatments specifically for women and girls; practices, such as learning how to use a relational approach in interpersonal interactions to meet the needs of women and girls; and policies, for example, providing spaces that are inviting for women and girls and/or eliminating the shackling of pregnant women.

This year, AJFO is excited to announce that we will be hosting a virtual conference October 26th-28th, with a conference theme of Celebrating Community and Building Connections: A Conference focused on Promising Practices with Justice-involved Women and Girls. To learn more about AJFO or to register for the upcoming conference, go to [www.ajfo.org](http://www.ajfo.org). We look forward to seeing you there!



Sara Bennett

**TRINITY, 23**, Outside one of the housing units at Bedford Hills Correctional Facility (2019).

**Sentence:** 25 years to life  
Incarcerated at the age of 17 in 2012

I CANNOT MAKE ANYONE UNDERSTAND, NOR DO I DESIRE TO.  
I WAS VERY YOUNG AND DIDN'T STAND A CHANCE, BUT I FOUGHT  
FOR MY FREEDOM.  
NOW THIS SENTENCE IS NO LONGER MY SENTENCE. I THANK GOD  
FOR THAT.  
AND STILL PRAY FOR THOSE WHO ARE FIGHTING. FOR THOSE WHO  
WERE YOUNG LIKE ME.  
FOR THOSE WHO ARE STILL BEING JUDGED LIKE ME.  
FOR THOSE WHO ASKED FOR HELP...  
AND RECEIVED NONE LIKE ME.  
ESPECIALLY FOR THOSE WHO KNOW THIS IS NOT THE END OF  
THE LINE FOR THEM.  
AND FOR THOSE, LIKE ME, WHO CANNOT MAKE ANYONE  
UNDERSTAND.

# The Last 13 Years

Donna Brinkman

May 19, 2021

Journal for Women Health:

I don't even know where to begin. I have been incarcerated since February 16, 2008.

I slipped on water left behind on the floor from the "chow carts" in County jail. Started have lower back issues and leg pain. There was nothing treated.

Transferred to VSP August 9, 2009.

Sent out for a laminectomy of L4/5

September 2010. Sent out for laminectomy of L7 - S1 and cage placement at L4/5

December of 2011. Sent out six months later to remove the cage due to "complications". It took me over 3 years to receive documents from my medical records stating the screw from the cage was screwed through the left L4/5 nerve root.

I have been in a wheelchair since 2011 surgery due to a left foot drop, loss of feeling in both legs and feet.

Personal medical records are kept from viewing. I have to know exact dates and document identification in order to request copies, I pay for, to see anything. Per title 15 we are to be able to view our medical records even with assistance with computers. Trying to get medical staff to explain anything is almost impossible. They don't listen either and choose to document on their own view of lesser issues.

The last 13 years have been spent on toxic grounds from the surrounding orchards. The drinking water has arsenic levels

that should not be drank. The officers drink bottled water.

There's no nutrition in the food served which slowly leads to lack of vitamins and calcium deficiencies. There is no preventative medical treatment. It all leads to early aging of our bodies.

I can not count the women who have died from stage four cancer on my hands in the last 13 years. The medical system told one for almost two years they didn't know what was wrong while a tumor in her abdomen grew too late for a survival rate for treatment. There's a lady who has been waiting to be sent to CTRP, but will never go because she is in the hospital with 4 days maybe to live due to stage 4 throat cancer. While they removed both breasts on another lady falsely diagnosed with breast cancer.

I could feel page after page with misdiagnoses, lack of treatment or indifference to pain and suffering.

# Expanding Reentry Services

*Sujay Deshpande*

## BIO

I am in the class of 2021 graduating this May earning a BA degree in biological sciences from Rutgers University- New Brunswick. I have been in the Women's Health Institute as an intern since September of 2019 and had the opportunity to work on multiple research projects with Dr. Bachmann. I also have experience volunteering for the underserved through various community outreach programs as well as a passion for geriatric care and medicine. I am currently working as a medical scribe for the next year and plan to apply to medical school.

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In the United States, the incarceration rate is 698 people for every 100,000 people. Think about that for a second. This would mean that about 2.3 million people in the US are incarcerated. Given that there are approximately 9.8 million prisoners in this world, this would mean that the United States represents a whopping, close to 25 percent of the world's prison population.

Do not be mistaken, many people that are in prison deserve to be for heinous crimes. On the other hand, the rates of people in prison for low misdemeanors and outdated marijuana charges are absolutely shocking.

What is even more shocking is the disparity between the incarceration rates of minorities and white people. These problems and facts are already well-known and published. What is often overlooked is the disparity that women face in the prison system as well as problems ex-convicts face with integrating back into society.

Many women's healthcare needs are often overlooked and untreated in the prison system, given the fact that our prison system only gives women the bare minimum clinical care and fails to give individualized care to each patient, something that defines the American healthcare system for everyone else. In terms of ex-cons, more needs to be done to enhance opportunities for them to re-enter society and become productive members.

Women's healthcare needs in the prison system are often far overlooked. Healthcare is absolutely essential for all women, and regardless of incarceration, each woman is entitled to receive thorough and comprehensive care.

Many physicians in the prison system are often not only hired by the prison to give care, but are often asked to report back to prison officials and guards regarding certain conditions and

circumstances, which may include drug use or other acts. Not only is such an action morally wrong, but it violates the sanctity of physician-patient relationships and confidentiality.

When looking at conditions that many prisoners face, their healthcare needs may even surpass that of the general population. This is because being in prison can predispose women, as well as all prisoners, to infectious disease and other illnesses. Factors including greater exposure to bodily fluids of others, prison overcrowding, security issues, and other high-risk behavior can increase risk of infectious disease. This explains why rates of HIV, tuberculosis, and hepatitis are often significantly higher in prison populations.

Given these risks, physicians are even more important in the lives of prisoners towards ensuring proper health and providing individualized care to each person. Unfortunately, health risks are often not accounted for by our prison system, which causes them to provide the bare minimum possible care to patients that lacks individualized care and systematic screening for such disease.

The issues of re-entry that all prisoners, and women in particular, face when being released from prison and coming back to society is its own prison. Ex-convicts, even after doing their time and facing their consequences, struggle to reintegrate into society because of the lack of employers willing to provide employment to people with a criminal record. This forces many ex-convicts to live in poverty and have no other option than to take entry level, minimum wage jobs.

The travesty of this issue is often even more amplified with people facing prison sentences for lowly misdemeanors and marijuana charges. Not only did these individuals have to face a prison sentence and have a criminal record for such an act, but now they are stuck with the label of being an ex-convict, struggling to find job opportunities in career paths they may once have been in and forced to live the rest of their lives in poverty.

The fact that such a phenomenon exists for countless Americans in society today is unfathomable and something that needs to be absolutely addressed. The bottom line is that more job opportunities need to be created for ex-convicts and the only way that this can be accomplished is through government intervention and regulation. This could be achieved through awarding tax incentives and breaks to companies that set a quota for ex-convicts in their company.

Overall, the only way to combat such an issue is through the aid of the government in not only reducing rates of prison sentences for low misdemeanors, but also helping ex-convicts further reintegrate into society.



Sara Bennett



**ANDREA, 64**, in a recreational room at Taconic Correctional Facility (2019).

**Sentence:** 20 years to life.  
Incarcerated in 2001 at the age of 46.  
(released on parole in October 2020)

# ANDREA

When I first came in it was weird, but I learn to deal with it by going to church and working, studying for my God. Reading, bible studies, just ~~do~~ doing me. My upbeat attitude comes from Jesus. As a woman who has rebuilt herself. I love being in my God because, I have seen and heard about so many people I know dying.



## Broken Souls

*Kathy Foer-Morse*

Since I have come home from my incarceration, many people and therapists have told me that I have to have faith, I must believe, must have some spirituality. I have to, I SIMPLY MUST have some higher power. Well, after much thought and deep reflection, I tell them I do: it's the ocean. The ocean is my God, my faith, and my spirituality.

I tell them that the ocean can be calm, it can be strong, it can be cleansing and it can be fierce. It can be punishing, relentless and damaging. I tell them it can be angry but also forgiving, embracing, and it turns away no one.

The waves come in and go out with a steady, almost regular, rhythm. The waves change the appearance of the sand and the shoreline, they come in and clean off the waste that people leave behind, leaving the beach clean and pristine.

The waves are accepting and reject no one, they pass no judgment, they are not selective. The steady rhythmic sound, sometimes angry, roaring, unrelenting and fierce, sometimes soft, warm and embracing, welcoming and calm.

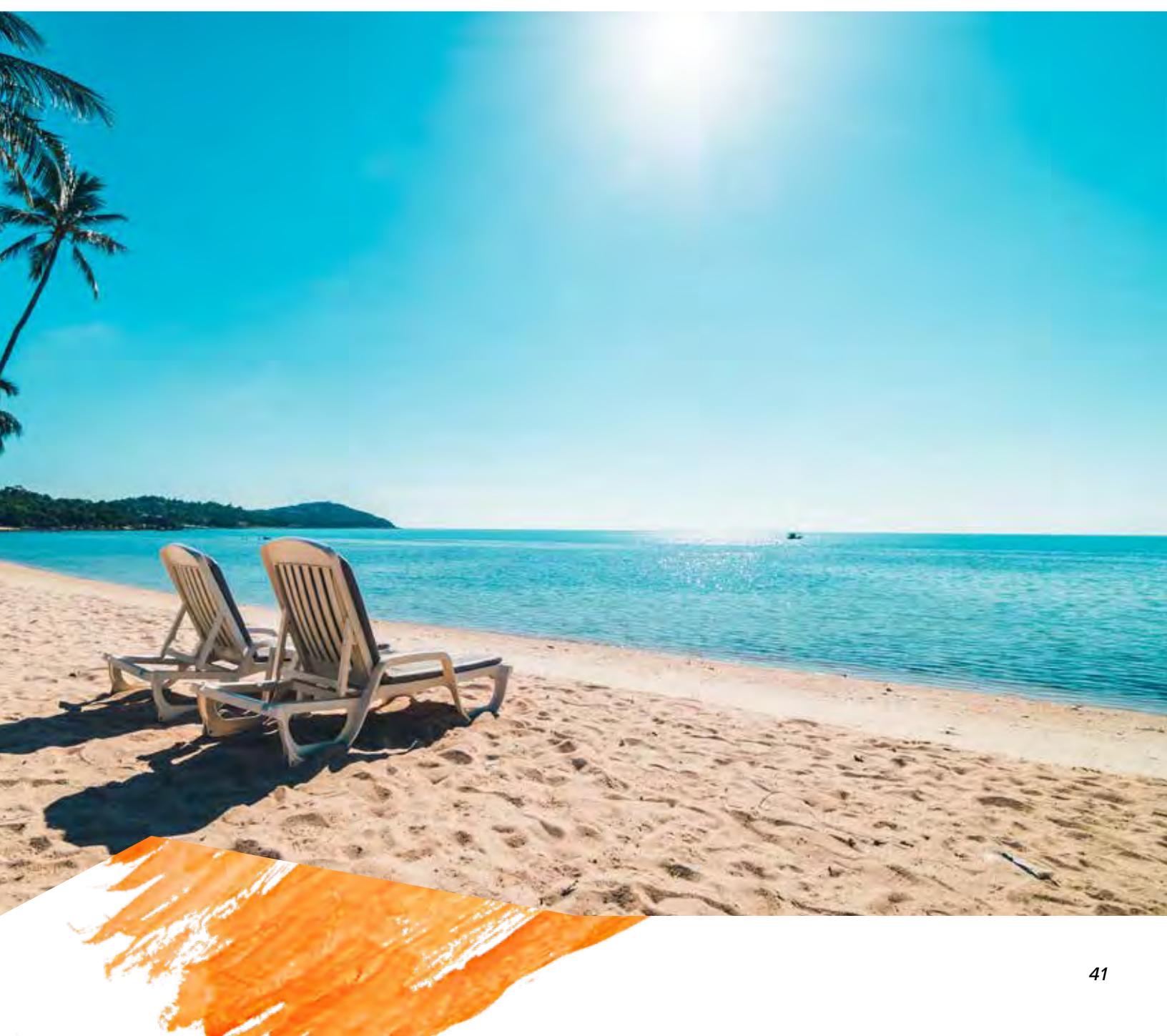
The color of the ocean can change almost hourly, sometimes blue, a light pale blue or a deep azure blue, sometimes green, a marine green, sometimes, when it's angry and churning up things, it can be brown with a white foam. But the waves remain constant, never going away no matter how angry, happy, or sad they may appear to be.

We, in turn, are the broken shells left by the waves on the sand; souls who are unique in some way, one of a kind, we are the sturdy ones, the survivors of the storms out at sea and the hurricanes that touch land. We are the ones the waves leave behind after the ocean has cleansed, restored and healed us. Remember, the broken shells are the most amazing, most special and most unique, we are the survivors of the battering waves, storms out at sea that you may never see, the churning, rumbling waves.

The beach is my safe place, it's the best place for my self-care, my zen spot, my place of calm and healing no matter the weather or time of year.

The broken shells are myself, my friends, and so many others who have been to jail or prison, all beautiful, special, and unique in their own way, collectibles actually. The ocean is my faith, my strength, and my spiritual power.

I have jars of broken shells in both my home and at work, and when asked why, I explain how the broken shells represent the broken souls, how we are all broken souls yet we are the most beautiful, most colorful, most durable, and have the softest of edges. We are the survivors of those ocean waves.





Sara Bennett

**DEBORAH, 49**, in the grievance room at Taconic Correctional Facility (2019).

**Sentence:** 25 years to life  
**Incarcerated at the age of 27 in 1997**

In my bedroom, I close my eyes and I am free. I'm not locked in a cell the size of a closet, pieces of my mind and soul stolen with every knock on the door, privacy non-existent. With my eyes closed, I open the front door and go for a drive and laugh as loud as I want. Then I open my eyes, still here praying for a chance, thinking of the past, present and future. one I can't change no matter how desperately I want to, the other one I survive on hopes and wishes and yet another I can't begin to know. I close my eyes as often as possible.



# On the Necessity for Warmth:

An Essay on the Needs of Reentry Women

By: Aqueena Mary Fernandez

Warmth is a feeling, one that encapsulates your entire body, from the tip of your toes to the crown of your head. But just as a fire can be smothered with a mere blow, the sensation of warmth can be fleeting. Without a proper environment or ideal conditions, the warmth withers. It devolves back to a cool indifference, back to square one, once more.

Maternal incarceration affects everyone.<sup>2</sup> It impedes incarcerated women themselves, their children, and society itself. Incarcerated women often have personal histories distinguished by victimization, poverty, and chronic substance addiction.<sup>3</sup> Most of the time, they are incarcerated due to their disadvantaged economic position in society as opposed to their posing a danger to the safety of a community. Disproportionately, these women are single mothers who have not been able to receive a standard education and are from communities of color.<sup>4</sup> In addition to being the sole financial provider for their kids, they are also the only ones in charge of providing emotional support and protection (Beatty, 1997).

When formerly incarcerated mothers rejoin society, it is necessary that they receive the support *they* need so that they can give the best versions of themselves to their children. Research on women's reentry has revealed five comprehensive themes of need that are essential in ensuring favorable outcomes for these women post-incarceration. These areas include 1) childcare and parenting skills development, 2) healthcare, mental health counseling, and substance abuse treatment, 3) education, employment, and job training services, 4) housing and transportation services, and 5) social support programs.<sup>5</sup>

The mind is often so neglected. At any given time, there are dark shadows up there, generating storms of demoralized emotional states that keep us from creating new narratives where we are the heroes. It's important to care for us holistically - mind and body. In addition to medical services, mental health counseling and substance abuse treatments need to be readily accessible to court-involved mothers. A shift to self-trusting would be invaluable; unconditional self-acceptance and practicing self-love with intention would aid in their abilities to be compassionate and patient mothers.

There is an emotional and psychological component that is important in healing; it's a refreshing component that allows for a sense of whimsy to enter into life. It's a whimsy that should be celebrated. Celebrate. Feel the warmth.

Our smallest humans, our tiniest balls of light, yet they beam the brightest. Their light is perhaps the most ubiquitous of luminescence. And although to parents, they provide so much of the laughter and lightness to their worlds, parents are responsible for nurturing this speck,

ensuring it becomes in a way that is worldly, respectful, and kind. Childcare and parenting skills development courses would play an integral role in ensuring that mothers are able to handle the variety of challenges children will throw at them. This is necessary for the raising of a generation of dreamers and doers that shine brighter than the ones before them.

Education is power. This cannot be understated. It is knowledge that drives out the darkness of uncertainty, the shadows of ignorance. It is imperative that when it comes time for a woman to reenter into society, she is equipped with the skills she needs to be successful in daily life and in the workspace. I advocate for free schooling on core subjects and specific job training. I also believe instruction on additional topics of a woman's choice would allow her to find her interests, allow her to find her enthusiasm, and allow her to have the ability to wonder once more.

A house is not a home. A house is simply a place one inhabits, but a home is somewhere you live, a space where you can love and be loved. Many think a fireplace is the core of a home, reasonably so, as it provides warmth and light. Family and friends gather around it, soaking in its goodness. In our case, mothers are the heart of the home, for without them, all that is left is a gray ash of the mundane. It is a necessity that women who are reentering into society be provided with a house they can transform into a home, one in a decent neighborhood with competitive schooling options available for their children.

Regardless of class, creed, or color, a shoulder to lean on, cry on, or laugh into is vital. Court-involved women need more than that. They need hands to hold, ears to listen, legs to help them until they can get back into their own, and eyes to guide them into this society they are emerging into.

Social support is imperative. Smiles are important. Words of encouragement are valued. But even that is not enough. These smiles need to have twinkling eyes of hope alongside them, and these words need to have passion behind them.

It's time to forget the notion of speaking just to say something. If you're going to say something, mean it. Connect with a fellow human being. Empty words are just as useful as a candle without a wick. As a society, we need to come together to help ignite the flames inside these women, empower them to know that they are capable of wonderful, impactful change in society. They matter. They can reflect their goodness unto us. Only light can drive out darkness.

<sup>3</sup> Phyllis Jo Baunach, *Mothers in Prison* (New York: Routledge, 1985). <sup>4</sup> Ashley Batts Allen and Mark R. Leary, "Self-Compassion, Stress, and Coping," in *Social and Personality Psychology Compass* vol. 4 (2010). <sup>4</sup> Angela M. Moe and Kathleen J. Ferraro, "Criminalized Mothers: The Value and Devaluation of Parenthood from Behind Bars," in *Sociology Faculty Publications* (2006), [https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1005&context=sociology\\_pubs](https://scholarworks.wmich.edu/cgi/viewcontent.cgi?article=1005&context=sociology_pubs). <sup>5</sup> Joan Petersilia, "What Works in Prisoner Reentry? Reviewing and Questioning the Evidence," in *Federal Probation* 68, no. 2 (2004), [https://www.uscourts.gov/sites/default/files/68\\_2\\_2\\_0.pdf](https://www.uscourts.gov/sites/default/files/68_2_2_0.pdf).



## Aqueena Mary Fernandez

A sophomore at the University of Florida on the pre-medical track pursuing a B.S. in Psychology with an emphasis on Behavioral and Cognitive Neuroscience and a minor in Theories and Politics of Sexuality. She's an intern at the Women's Health Institute at Rutgers, and her interests include gender and health disparities; she is an advocate for education and awareness of topics relating to these. She hopes to be an OBGYN and professor of women's studies. Outside of the fourth floor of Library West, you can find her with her pups, Button and Zipper, immersed in her recent research project with the Florida Exposure and Anxiety Research (FEAR) Lab, exploring Gainesville nature, or at home spending time with family in Orlando.



**ELIZABETH, 52**, in the mess hall at Taconic Correctional Facility (2019).

**Sentence:** 20 years to life.  
Incarcerated at the age of 22 in 1989  
(released on parole in 2019 after serving 30 years).

I look at others who have been to multiple parole boards like me and they've lost hope and don't see the light. I wonder when I will lose hope. When will I stop seeing that light? That's my biggest fear. My dream is to feed people with food made with love. I will give back to my society and will never stop growing.

# Women's Health Re-Entry OpEd

Wilson Mei - MS3

University of New England College of Osteopathic Medicine  
MCH New Jersey Research Collaborative

Pamela Brug, MD

Founder and Vice President- New Jersey Black Women Physicians Association

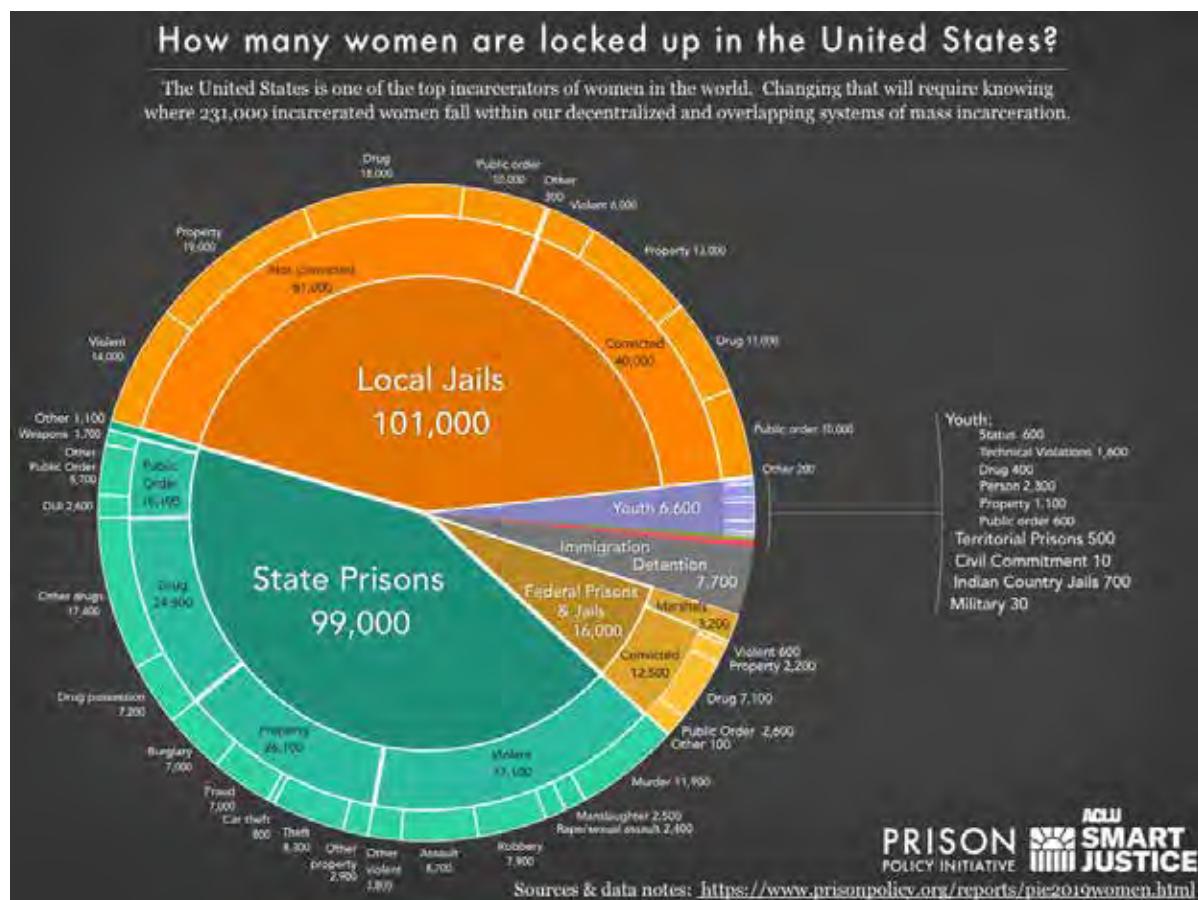
Gloria Bachmann, MD

Director - Rutgers University RWJMS Women's Health Institute

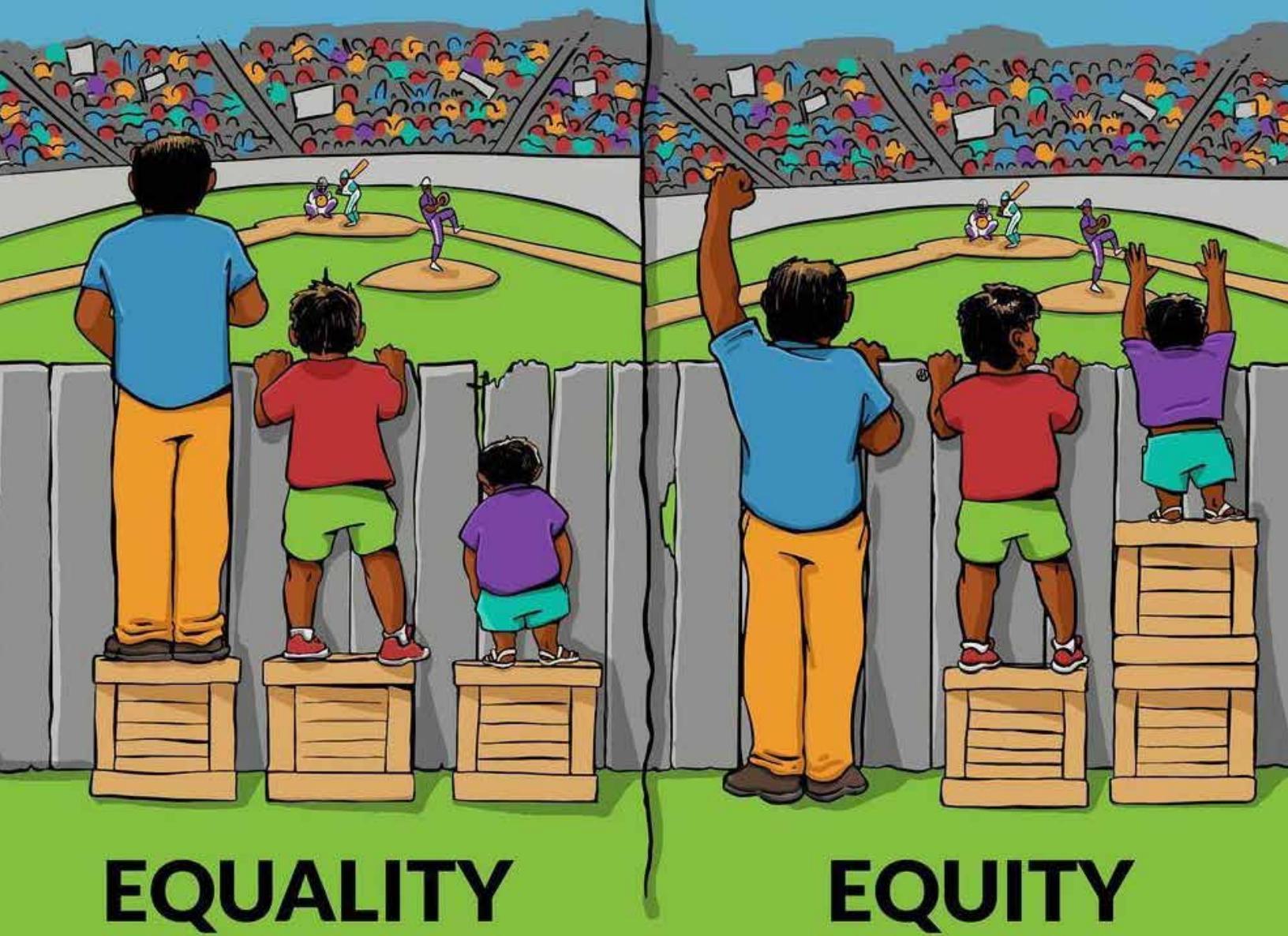
Juana Hutchinson-Colas

Faculty - Rutgers University RWJMS Women's Health Institute

Approximately 2.3 million people in the United States are incarcerated, of whom around 231,000 are women, according to an October 2019 report by the Prison Policy Initiative.<sup>6</sup>



<sup>6</sup>Aleks Kajstura, "Women's Mass Incarceration: The Whole Pie 2019," Prison Policy Initiative, October 29, 2019, [www.prisonpolicy.org/reports/pie2019women.html](https://www.prisonpolicy.org/reports/pie2019women.html).



Once you are in prison, you've relinquished some of your freedom and rights. One of these freedoms is appropriate and quality healthcare. Health equity— meaning that everyone has a fair and just opportunity to be as healthy as possible— requires removing obstacles to health such as poverty, discrimination, lack of access to good jobs with fair pay, poor quality education, lack of housing, and an unsafe environment.<sup>7</sup>

One must address that in the United States there is a disproportionate rate of incarceration of women of color. Therefore, race and racism are at play. “Incarceration prevents women and families of color from realizing their reproductive goals.”<sup>3</sup> As noted in *Making mothers in jail: carceral reproduction of normative motherhood*, limited access to contraception within the prison system often results in possible unplanned and unwanted pregnancy upon release. “Despite legal precedent affirming that incarcerated women retain their constitutional right to abortion, many prisons and jails do not allow it, or require court orders and full self-payment that make it unattainable.”<sup>4</sup>

<sup>7</sup>P Braveman, E Arkin, T Orleans, D Proctor, and A Plough, “What Is Health Equity?,” Robert Wood Johnson Foundation, May 1, 2017, <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>. <sup>8</sup> Rebekah Rollston, “Health Equality Through the Lenses of Intersectionality and Allostatic Load,” The Medical Care Blog, February 20, 2019, [https://www.themedicalcareblog.com/health\\_eq-equity\\_intersectionality/](https://www.themedicalcareblog.com/health_eq-equity_intersectionality/).

Women who are incarcerated have unmet needs surrounding their reproductive health from increased chronic pelvic pain syndromes to oncology, specifically breast and cervical cancer. The problem is compounded by the lack of access to care prior to incarceration or follow up, so incarcerated women's disorders often go undiagnosed or unaddressed. Human resources, financial constraints, bias, and systemic racism are challenges that correctional systems face when it comes to meeting the medical needs of the individuals being housed in those facilities. For a given facility, there may only be one physician providing medical care to all the inmates.

For women, there is an added layer of difficulty because of inability to access care services such as reproductive health services, prenatal care, abortive care, and postpartum childcare.<sup>9</sup> This proves to be a roadblock in the goal of ensuring that everyone, women and/or those in incarceration alike, have the utmost opportunity to get and remain healthy. Women's health-care, at best, has often been ignored or, at worst, has been the source of maltreatment and harm. Physicians working in correctional medicine, more often than not, lack the specialty training necessary to appropriately treat this population. Correctional medicine requires a specific kind of training, which is not always provided to physicians. Although there is abundant work to be done regarding mental health and substance addictions, specialized training addresses reproductive health with understanding of the impact on each individual.

Access to adequate care for those on parole or re-entering society is not any easier. Those integrating back into society following their release face many financial barriers as well as medical practice discrimination, which makes it that much harder to get the post-incarceration medical care they need. Lack of money equals lack of insurance. One study showed that women leaving jail or prison under community corrections supervision were more likely to use the emergency department or experience hospitalization than men under community corrections supervision and the general population. This results in fragmented care due to a lack of care coordination.

We cannot ignore the stigma persons leaving prison face. Whether we like to admit it or not, there is implicit bias and overt racism within the medical system. Implicit bias and overt racism shape the way we think and how we interact with others, which directly affects how people receive medical care. A clinician's professional attitude can be apathetic and dismissive in their approach to a re-entrant's current and past struggles with issues such as addiction disorders and other circumstances. Let's also not forget to mention the internal battles of formerly incarcerated people, particularly as it pertains to self image and concerns about how they are perceived. This has an impact on health equity for court-involved women.

But why is it so important that these women get established care and see a physician upon leaving prison? There is a high association between incarceration and medical and psychiatric illness. Many individuals with medical and mental illnesses do not receive timely medical care post-incarceration.

<sup>9</sup> Carolyn Sufrin, "Making mothers in jail: carceral reproduction of normative motherhood," in *Reproductive BioMedicine and Society Online* 7 (2018): 55-65, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6356046/#po=8.75000>. <sup>10</sup> Joseph W. Frank et al. "Increased Hospital and Emergency Department Utilization by Individuals with Recent Criminal Justice Involvement: Results of a National Survey," in *Journal of General Internal Medicine*, 29, no. 9 (2014): 1226-1233, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4139534/>.

A study from Washington found—after adjusting for age, neighborhood, race and sex—the risk of drug-related death in the first two weeks upon release from incarceration was eight times the death rate of non-incarcerated individuals. The first two weeks! Not to mention, getting health insurance/healthcare is a responsibility that is placed on the individual re-entering society. Release from incarceration is almost like getting a second chance. But are we as a society doing everything we can to aid formerly incarcerated women and give them the best chance at reintegration if we neglect their health?

More pressure should be placed on the correctional facilities that house incarcerated women to establish post-incarceration medical care. That must begin with pre-screening for STDs including hepatitis and HIV, cervical and breast cancer, and chronic pain syndromes, to assess underlying disorders by experts in the field under appropriate and respectful conditions. Treatment must be initiated immediately.

While incarcerated, there must be comprehensive reproductive care by appropriate specialists, even if it needs to occur outside of the facility. Upon release, care coordination must occur with a medical office or facility within the community that the woman is being released to. Why is it necessary to be mandated to pre-selected facilities for one's care even though expertise may not be there for their reproductive health? In regard to contraceptive care, the facilities should offer contraceptive education and options prior to release for any women of reproductive age. This must include Long-Acting Reversible Contraception (LARCs) such as Intrauterine Device (IUD) or Subdermal Implants. All education and care must be done in a non-demanding and non-coercive manner.

Throughout their stay within the correctional facility, women should be educated and informed about the importance of follow-up care, application for health insurance, and filling of all prescribed medications. Correctional facilities can provide the medications in hand to help bridge to their next scheduled appointment. They can activate or reactivate the health insurance before they leave. They can provide a health navigator to assist upon release preferably from their residing community.

We are still a long way away from health equity, particularly for women and incarcerated populations, but we are optimistic as we acknowledge the issues and implement the suggestions mentioned and become more transparent regarding the care received while incarcerated, all for steps in the right direction and bringing us much closer to everyone having a fair and just opportunity for optimal health.

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<sup>11</sup> Ingrid A. Binswanger et al. "Release from Prison — A High Risk of Death for Former Inmates," *New England Journal of Medicine*, 356 (2007): 157–165, doi:10.1056/NEJMsa064115. Kajstura, Aleks. "Women's Mass Incarceration: The Whole Pie 2019." Prison Policy Initiative, accessed April 2021. [www.prisonpolicy.org/reports/pie2019women.html](http://www.prisonpolicy.org/reports/pie2019women.html)



Sara Bennett

# LINDA

**LINDA, 70**, in the recreational room for the  
medically unemployed at Taconic Correctional Facility (2019)

**Sentence:** 30 years to life  
Incarcerated at the age of 43 in 1992

This is my 27<sup>th</sup> year being incarcerated, I've been scared, lonely, hurt, disappointed and forgotten. When I got here 11 months ago, I couldn't believe all the women I had done time with, were still here, going to Board after Board, and never getting out. Will that happen to me? I do my hair and make-up every day, it makes me feel good. But on the inside, I'm breaking down. To name a few, I had a triple bypass, 2 strokes, major back surgery and I take 30 pills a day. The bottom line is - I beg for forgiveness and a second chance. Will I ever see my freedom????? Will I die behind these walls???????????



# **My Experience as Nurse Navigator**

## ***Aleyja Aguirre***

Hello readers! My name is Aleyja, and I am the Nurse Navigator working with the New Jersey Reentry Corporation (NJRC). Within the past six months, I have worked with our women as they reenter society and obtain the healthcare services needed to do so.

With my primary focus being healthcare, I have been able to learn about all of the services that women were not receiving during their time behind bars. I saw a need for OB/GYN services and other women's health services, such as breast examinations and hepatitis screenings.

In light of this information, with the help of different health care providers and the rest of our NJRC team, we have been able to create women's support groups that allowed for open discussion with our women participants about the topics named above.

We have been able to partner with different facilities such as University Hospital, Robert Wood Johnson, and Hackensack Meridian. Doctors and facilitators such as Dr. Chris T. Pernell, her team, Gladys Martinez and Cathy Cho, Dr. Gloria Bachmann, Dr. Juana Hutchinson-Colas, Dr. Noelle Aikman, Helen Archontou, and Dawn Norman, have been very helpful in making sure that our women receive all of the proper knowledge and education needed to turn their health care around!

I wake up and am grateful to be able to come into work and help our women with their health care concerns. I love being able to see the look on their face and hear the high-pitched happiness in their voices when we're able to book an appointment that normally would take months for them to secure.

As a leader and point of contact for our women and their healthcare, I believe that it is extremely important to get behind bars and assure that all women are receiving this helpful/useful information that is helping improve lives on the outside.



**HAYDEE, 52**, in the rec room at Taconic Correctional Facility (2019).

**Sentence:** 15 years to life  
Incarcerated at the age of 26 in 1993  
(released on parole in 2019 after serving 26 years)

When I was able to move around without a cane, I was able to work, doing floors stripping, buffing, polishing. Because of my health, now I'm just sitting in my room doing nothing.

Spending taxpayers' money. I've been denied parole six times, either because of the nature of the crime or my disciplinary, like smoking in the wrong place.

We came here when we were young I was 26 and we're leaving here like old ladies to begin the process of turning back into a baby. SAD, but true . . .

## Life Experiences

*Note: This submission was facilitated by the Speakers Bureau Writing Opportunity. The author requested to remain anonymous.*

I experienced several different incarcerations in different states: Virginia, Maryland, Massachusetts, and the District of Columbia. My most incarceration time was in my early thirties, when I was sentenced for three and half years to the Massachusetts State Prison for Women.

Massachusetts State Prison for Women: the facilities were cottages with about fifty other women of all nationalities. My assigned room was with one other person. I was housed with the first person for two weeks. During my first two weeks, every day I was bullied for sex, cursed out, verbally taunted, and mentally abused in every way possible. The next person I was housed with was just as fearful and as scared as I was because this was my first out of state incarceration and her first incarceration so we got along ok. Then I was moved to a single room for the rest of my Time.

The food was nasty and disgusting. So when I started working in the laundry room, I used my stipend to eat from the commissary. While working in the laundry room, I experienced injustice and prejudice as well as them showing favoritism to certain people. Also, the guards would attack me verbally constantly saying out loud, "You are one that has been in and out of here and you will be back again."

My mind had been closed through different incarcerations. While I was located close to home, I knew I was the problem. But once I got to Massachusetts, around a total different environment and not knowing anyone, I had a total awaking mentally and had to use my survival skills to stay alive and get out. I finally realized how much of a mess I had made of my life.

While I was in prison, a lady that was in charge of a program called SPRING, introduced herself to me and asked if she could speak to me and I introduced myself and said yes. She passed on information about the SPRING program to me and from that experience, she stated "if you care to have it," it was here for your opportunity. It was hard being in prison and I wanted to give up many times fearing the unknown.

Afterwards, I was moved to lower security, which was prerelease, and worked at a nursing home and the laundry room. Later, after I reevaluated my life, I started to realize and wake up to the suggestion of the SPRING Program and called the number to the program while I was in prison. I was later interviewed and they told me that I would be eligible for the program whenever I was released.

Upon release, I was paroled to the SPRING Program (Serenity House for Women with Addiction Program) that allowed me to receive teachings of a spiritual life, working career, reentry to sociality, schooling, housing and healthcare. This was an awaking to my childhood of all the dreams and aspirations that I had. So, I chose to change my life to live what I had been taught to live, that had been instilled in me as a child: right with God. Through it all, I had a praying mother and now all of hers and my prayers were being answered.

I received minimum healthcare initially just to be received in the general population of the prison. Later, at the halfway house, I applied for healthcare received a complete physical a Primary Care Doctor, Eye and Dental benefits.

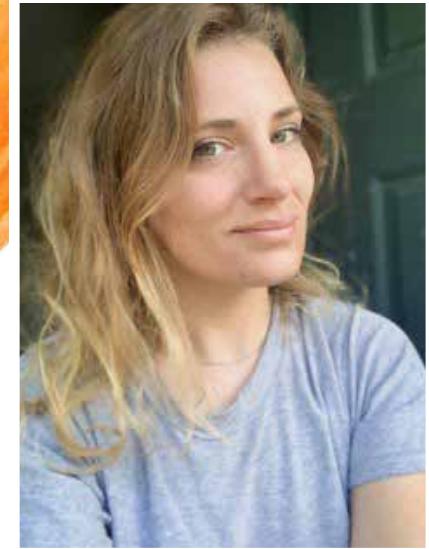
There were several levels of reentry and I cared to have what the lady from the prison program passed on to me.

Prerelease House - eligibility by being cleared by the prison by not having any retainers, disciplinary actions

Halfway house - In order to be a successful person, I chose to follow the path that they had laid out for me. That was to work hard and do everything required in this structured daily living environment, strictly following all rules. This wasn't easy to do, but I wanted to rebuild my life.

Three quarter way house - Less structured. I had to follow the teaching that was taught to me and be more responsible in order to continue on the right path to reenter society. I was still enduring injustice and prejudice. Through it all, I experienced reaching my goal to be free from Parole.

Sober Living - I continued living and surviving while living in a prejudiced environment. I still continued to reach goals and later was able to open a bank account for the first time in my life. Today, I am still working, learning, growing, and life has a new meaning. The lady I call one of God's angels passed on her experiences. This is a chance to pass on to others if you care to have it. Blessings Anonymous



# AIMEE BIO WISSMAN

I began my artistic practice in Ohio's maximum security prison for women. In spaces of trauma, confinement, and disconnection, I found myself reaching for the tools for self-expression. I taught myself to draw and paint over the course of five years inside, and now three "at home." My practice relies heavily on experimentation, material concerns, surface obsession, and the interconnected narratives of racism, sexism, mass incarceration, privilege, community creation and destruction, addiction, homelessness, and mental health issues. I'm being driven by a longing for justice, a need to make something come from my/your/our trauma, and to be (perhaps) released in the making.

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On Facebook, Aimee Wissman  
On Instagram, @aimeeink, @thereturningartistsguild  
Web: [aimeewissman.myportfolio.com](http://aimeewissman.myportfolio.com)

Press:  
Smithsonian: <https://folklife.si.edu/magazine/cultures-of-constraint-and-care-aimee-wissman>  
Brooklyn Rail: <https://brooklynrail.org/2021/03/artseen/Marking-Time-Art-in-the-Age-of-Mass-Incarceration1>

**Her Body is the Platform,  
The World in One Kitchen Sink (for Carole)**



*56" x 60" x 3", Ink, acrylic, chalk, spray paint  
- Aimee Wissman*

## Public Property Prequel



54" x 70" x 2", *Ink, acrylic, chalk, oil pastel, marker, spray paint*  
- Aimee Wissman

# ASSIA

**ASSIA, 35,** in the storeroom for baby clothes at Bedford Hills Correctional Facility (2018).  
**Sentence:** 18 years to life.

Incarcerated at the age of 19 in 2003.  
(released after being resentenced under the Domestic Violence Survivors' Justice Act in April 2021)

Recently I spent the night caring for a 9 week-old baby girl whose mom was removed from the nursery unit. I fed her every 3 hours and changed her diaper after each feeding.

As a nursery aide and doula, I am one of the very few women entrusted with caring for precious life and supporting new and experienced mothers. Despite the bad choices that landed me in prison and away from my own children whom have had to grow up without me, I can still make a difference.



Sara Bennett

## #NextTimeKillMe



36" x 48" x 1", Ink, acrylic  
- Aimee Wissman

# Reproductive Justice for Women in Prison

*Dwayla M. Carty*

As mentioned by New Security Beat, Prisons and Jails were built for the male population and not for the welfare of women. For instance, the reproductive health of women such as, issues related to obstetrics and gynecologic care, menstrual cycle, and menopause; were not considered. Incarcerated women do not have the right to govern what happens to their body, for example, the ability to have children in a safe environment or choose to not have children.

The most common reproductive injustice these women face is obtaining the right products for their personal needs. New Security Beats reports there are 38 states in America that have no regulation to offer period products to incarcerated women; and there is a short supply of feminine products in prisons.<sup>13</sup> If incarcerated women are allowed to have period products, the products are only available for those who are able to pay for them because the correctional officers withhold the products from them. The feminine products that are available, for instance pads, are said to be too spare, and they lack stability to stay in place. They are not like the regular pads one buys in the store. For that reason, women in prison have designed their own feminine product, but those handmade products can cause health problems and infection.

Incarcerated women who are held in federal, state prisons, or local jails, have the legal right to have an abortion, but the laws may vary depending on the abortion laws of that state. The prison system has the authority over women to deny or delay their access to an abortion center. Furthermore, abortions are not performed in prisons, so those women have to travel to abortion clinics and are obligated to pay for their own transportation. In addition, the NSB reports that women in prison have been forced into having abortions, often because they were raped by prison guards.

In closing, it is important for all, especially health care providers, to take a stand and fight for the rights of women who do not have a voice in prison. They too have the right to be seen by a healthcare provider about any health concerns they may have and to be taken care of in a professional manner. Even though they may have committed a crime, their reproductive health matters.

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<sup>13</sup> Hannah Chosid, "Reproductive Justice in the United States Prison System," New Security Beat, December 2, 2020, <https://www.newsecuritybeat.org/2020/12/reproductive-justice-united-states-prison-system/>.

## Fragmented



Izuo-Ere "Mimi" Digifa



# Keeping the Fire

*Crystal Rella*

Halls with Brick Walls  
Constant humiliation with the cop calls  
Empty commissary and no one to help carry  
That load of pain  
Constant thought of rage  
That could never be caged  
Asking God: Why  
Am I a bad person, woman, sister, daughter Mother?  
Now my son is raised By Another!  
Screaming for help  
But I guess these are the cards that I been dealt  
Why my life is ignored  
My breath just falls to the floor  
Nobody cares  
Knowing that they're aware  
They see it in my eyes  
That too many tears been cried  
I still kept that fire  
That desire  
To be better  
Get my life together  
Because if I don't who will  
So Thank You with God I ALWAYS WILL!!

# Where Does It S.T.A.R.T.?

Pamela Jones

## Bio

Pamela Jones aka “Pastor Pam”, is the Founder and CEO of S.T.A.R.T., a re-entry services program serving New Jersey’s justice-involved women.

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The vast majority of justice-involved women are burdened by carrying baggage that they began accumulating, in most cases, years before incarceration. Just like the words from a popular tune, they are “Bag Ladies,” struggling to move forward while carrying an unimaginable load. Each bag doubles as a piece of the puzzle that is their history starting from childhood. If allowed to get a glimpse inside, you’ll find the tattered rags of neglect, poverty, abuse and negative encounters with people, places and things dating back to their childhood. However, there is often a glaring absence of a key element – LOVE.

The early onset of deprivation of nurture, safety and love sometimes obliterates the potential of children to develop confidence and self-esteem and robs them of the opportunity to grow and thrive with a sense of emotional well-being. Consequently, these women sometimes experience perceptual impairment, faltering intellectual growth, and behavioral issues, but even the strongest young survivor of emotional deprivation may be beset by burning inner questions of their self-worth and the belief that they are destined to live under a cloud of misfortune.

These young women enter their teens already bearing scars forced upon them in their tender years, leaving them susceptible to further abuse from others or themselves through promiscuity, substances and other self-destructive behaviors. Incarceration exacerbates their existing complications and further damages their beliefs about themselves and ability to discern and establish positive relationships. This disconnect can manifest as a form of incapacitation or, on the converse, an inability to trust and be receptive to even the best intentioned personal encounter.

These diverse responses have been noted during the provision of S.T.A.R.T.’s implementation of pre-release services to justice-involved women. The ability to manage basic life skills and comply with simple requests is often complicated by non-physical, yet just as tangible impediments. Immediate required interactions with service providers are often from the onset found to be challenging. Nonetheless, in our many years of interface with justice-involved women, in the final assessment, we have found that most important to them is a trusted relationship/a trusted voice.

With some, the hesitancy to connect or be receptive to programming can be attributed to disappointing outcomes and unreliable or in many cases non-existent support systems. Individuals they depended upon pre-incarceration are no longer a viable option for a variety of reasons. This makes mentoring pre and post-release essential as a foundational service. The mentor steps in as a life coach, begins by providing structured contacts to prepare for release and

continues post release. Using this as the mainstay of our justice-involved women's programming has been a reason for our high success rate. These relationships make a difference and help us to strengthen a return on the investment of post release successes.

With the history of traumatization, re-traumatization in prison facilities, and disappointing counter-productive relationships, consideration of justice-involved women's baggage is required to achieve an effective connection.

Mentors must empathize productively with the individual. A person who has experienced disrespect, intimidation and hopelessness. A person who has been enduring the internal inmate dynamics, struggling to survive within the framework of prison culture, subjected to conditions designed to be anything but comfortable, deprived of privacy, and in some cases alienated from all pre-incarceration contacts, including their children. Mentors must not only consider the baggage, but must also endeavor to guide them towards being empowered to the inner-strength they will need so as not to not be immobilized by their load.

It should not be assumed that those released from prison can readily function independently. Hand holding is required for tasks such as prioritization, navigation of systems, and a listening ear to hear the sincere expressions of being frightened by life on the outside. The door to freedom is opened, yet they mentally live behind the walls until adjustments are made both mentally and physically.

Case management is important, but relationships surface to the top of the needs list. The mentor – the life coach and peer support - sisterhood are the sword and shield to battle the detrimental voices – from within or from others. Be they incessant whispers or sporadic verbal assaults at maximum volume, they all have the ability to paralyze progress and for some precipitate self-sabotage. Although justice-involved women want to believe with all their hearts they are not destined to stay on the bottom, that baggage that life requires us all to accumulate throughout our journey makes them feel that is their lot in life. Upliftment by trusted people in a mentoring relationship helps them hear a different message – a message of healing and hope.

“People needing people” are not just words from a song, it is real, and we use it as our guiding torch.

In S.T.A.R.T. group sessions, we apply the philosophy, “Helped Sisters, Help Sisters” because we know that this peer support relationship fosters growth and confidence. It bridges the gap of fragmented families and empowers.

**Sisters Transitioning And Reintegrating TOGETHER!**

Our program's success over the years, stands on the foundation of trust and is fortified by the consistent demonstration of AGAPE LOVE.



**CHEYENNE, 32**, in a building foyer at Bedford Hills Correctional Facility (2019).

**Sentence:** 19 years to life  
Incarcerated at the age of 29 in 2016

I am not a monster. I am a daughter. I am a Sister. I am a auntie. I am a friend. I am a Fighter. I am a strong black woman. I am a Child of God. I am a believer. I take full responsibility for my actions. I am a woman with long and short term goals. I have people out there who believes in me. I too believe in myself. I see light at the end of my tunnel. I will stay proactive and do what's needed to get from behind these walls. I will never give up.



## Challenges of Safety Planning with Incarcerated Women

*Ella Friling*

There are many different methods of responding to sexual assault. In some instances, a victim advocate who is affiliated with a crisis center will be assigned to the survivor in order to inform them of their rights, available services, and perhaps most importantly, safety plan. The purpose of the safety plan is to protect the survivor from future harm by considering their unique set of circumstances and tailoring a strategy to decrease the likelihood or severity of exposure to the abuser.

In practice, this may look like recognizing potential warning signs and the financial and transportation requirements necessary to physically remove themselves from the situation swiftly. It can and should also involve preparing for their mental and emotional needs at the time before and after a crisis by identifying safe and supportive allies.<sup>14 15</sup>

While the safety plan can be far from the infallible crisis intervention we want it to be, a plan can return some autonomy to the survivor during a frightening and uncertain experience over which they possess no control or blame. However, establishing a safety plan can prove challenging, particularly with respect to certain survivor populations. This becomes painfully apparent when attempting to safety plan with incarcerated women, who are particularly limited due to the restrictions placed on them. This unfortunate reality is compounded by the fact that incarcerated women are especially vulnerable to sexual abuse.

It is a common misconception that all inmates are lawfully capable of providing consent in situations where they would normally be permitted to outside of the prison facility, i.e. sexual contact between two consenting adults. While this may be true within federal institutions and many states as well, there are still a handful that have not outlawed sexual contact between inmates and prison staff. While New Jersey has indeed criminalized this type sexual contact, the sexual abuse of incarcerated women is still shockingly pervasive.

In April of 2020, an investigation was carried out by the United States Department of Justice's Civil Rights Division with regard to the treatment of inmates at Edna Mahan Correctional Facility for Women in Union Township, NJ. The findings identified that the women incarcerated

<sup>14</sup> TK Logan, Robert Walker, "Looking into the Day-To-Day Process of Victim Safety Planning," *Journal of Family Violence*, 33, 3 (2018): 197-211. doi:10.1007/s10896-018-9951-x.  
<sup>15</sup> "Safety Planning," RAINN, accessed June 9, 2021, <https://www.rainn.org/articles/safety-planning>.



## A Systemic Pattern of Abuse

*By: Syreeta Jefferson*

Prior to incarceration, I went through a traumatic life event. I was in an abusive relationship and I never attended therapy or counseling. This abuse was mostly the result of the environment that I lived in. Before I was incarcerated for the first time, I did not have any health insurance.

When I received NJ FamilyCare between my first and second incarceration, I used it to go to Planned Parenthood and the Robert Wood Johnson Campus to receive treatment. After my second incarceration, I was mandated to attend NA meetings. However, it was not a source of comfort or strength to help me end my addiction.

The medical care I received while incarcerated was horrible. Although I was rarely sick, any time I wanted to see a doctor, I was forced to fill out a form and then I had to wait five days to see the doctor I requested.

I was approached on multiple occasions by corrections officers that made flirtatious gestures. Although I was able to shut down their advances, I saw many fellow inmates taken advantage of. Some officers tried to make advances multiple times.

When women tried to report this pattern of abuse, they were repeatedly ignored and no one believed their story. Only when multiple women spoke out and when friends or family out of jail were able to contact people were these women finally believed. This is part of a much larger systematic pattern of abuse within these jails.

During the time of my first incarceration, my son was four years old. While I was in prison, he first lived with his father and then moved in with my mother. During that time, he always had health insurance and was covered by Social Security. Thankfully, I never lost custody of my son and he is still in my life.



Sara Bennett

**GLORIA, 53**, in the mess hall at Taconic Correctional Facility (2019).  
Sentence: 20 years to life.

**Incarcerated** at the age of 35 in 2000.  
(granted parole in 2021)

I am a casualty of domestic violence. I had been brought up as a princess and now I have turned into Cinderella. My life as a woman and mother ended at the age of 35. I am painfully aware that my family has their own lives in which I no longer have a place. I am still a normal person. I haven't yet developed the mentality of a prisoner. And yet this is how I am treated and will continue to be treated until I am set free. How can anyone appear normal after such suffering? How can I live, laugh or love? How can I go on when I've lost the best years of my life without my children as a result of this incarceration?



# The Topic is Incarceration and What it Means to Me

*Dwayla M. Carty*

Incarceration is defined as a state of confinement or captivity. A place of confinement, especially for law breakers. An institution, such as one under state jurisdiction for confinement of persons convicted of serious crimes.<sup>16</sup>

According to the Prison Policy Initiative (PPI), a non-profit and non-partisan program that creates advanced research to bring to light the danger of those incarcerated, the incarceration rate in New Jersey, which includes persons housed in prisons, jails, immigration detention centers, and juvenile justice facilities, is 407 per 100,000 persons, meaning that New Jersey locks up a higher percentage of its people than many well-off democracies do.<sup>17</sup>

As of 2020, in New Jersey there were 19,000 persons in State Prisons, 15,000 in local jails, 3,200 in Federal Prisons. For young adults and teens, the number is 640 and for involuntary commitment it is 860. In addition, the number of people impacted by county and city jails in New Jersey is greater than the suggested numbers above, the reason being that persons are constantly getting arrested and booked in local jails at a rapid speed. As mentioned by the PPI, every year, at least 86,000 different people are booked into local jails in New Jersey.<sup>18</sup>

When one thinks about the word incarceration, what most likely follows is someone who committed a crime such as armed robbery, fraud, drug dealing, and murder/homicide, just to name a few. Being locked away for long periods of time behind bars, away from family and friends, must be sad and fear-inducing, no matter how tough one may seem.

Prisons are homes for individuals who have committed many different crimes. It's not a normal home where one can live freely, and do daily tasks without someone giving out orders and telling you when to wake up, take a shower, eat, or go workout.

The word incarceration to me means, being locked away from friends and those closest to you. It is also an unpleasant, cramped place, a dank cold space. Persons who are in prison with little to no contact probably do not have access to a medical provider to care for their needs if they fall sick or lose dental care.

Fortunately, in January of last year, lawmakers worked together on a number of bills that will be beneficial for re-entry services, Medicaid, and care in NJ jails and prisons. The reason for creating the bills is to improve the health and welfare of former inmates when they are released from prison back into society. The benefits of those bills are as follows: allowing inmates to re-enroll in Medicaid and obtain a card upon being released.<sup>2</sup> The former inmates will be able to join a re-entry program as well as go to a rehab for further assistance.<sup>2</sup> The bills would command state and county facilities to offer hepatitis B and C testing and would authorize use of county funds to help pay for reentry services.<sup>19</sup>

<sup>16</sup> Merriam-Webster.com Dictionary, s.v. "Incarceration," accessed March 31, 2021, <https://www.merriam-webster.com/dictionary/incarceration>. <sup>17</sup> "New Jersey Profile," Prison Policy Initiative, accessed March 31, 2021, <https://www.prisonpolicy.org/profiles/NJ.html>. <sup>18</sup> "New Jersey Profile." <sup>19</sup> Lilo H. Stainton, "A 'Bold Step Forward' in Inmate Health Care," NJ Spotlight News, January 27, 2020, <https://www.njspotlight.com/2020/01/a-bold-step-forward-in-inmate-health-care/>.



**JENNIFER, 21**, in the infant center at Bedford Hills Correctional Facility (2018).

**Sentence:** 19 years to life.  
Incarcerated at the age of 17 in 2014.

Everytime I put the pen to the paper when I'm supposed to, or someone is depending on me to do so... Nothing comes out. Nothing that I feel like I should say comes out. Am I too negative? Too Optimistic? Too deep? Too much? I feel like there are so many eyes on me and yet there is

no one looking over my shoulder. Its been 5 years since I've been incarcerated and I still feel like that. As if there are so many people waiting on me to do something. But I'm scared. Thats probably the most honest thing I could say to you. I'm scared.

# Floral Prints

*By: Izuo-Ere “Mimi” Digifa*

Cover my soul with floral prints  
Drum through each space with shiny peace  
I have the luxury of dancing free  
Hands in the air and shining rings  
Hearts in the air in mighty bliss  
Condone insanity if insanity makes you you  
Be the unsounded mind to the mentally deaf  
If it separates you from mental bondage, robotic hypocrites  
From mental color-blind beings to your colorful mind  
Your crazy mind—then crazy is me, and crazy is mine  
With both feet in Eden and mind in Nirvana  
If love is the giver, then I am the deliverer  
You are the receiver  
You take it; you give it to her  
He gives it to them  
We are humanity covered in floral prints  
With high love as luxury  
Covet true peace with high love, not vanity  
Rest in peace instead of resting in blings  
Rest assured, real recognize the realest  
If you can relate, then we can vibe  
Take trips in spaceships  
Call it moonshine, let your soul shine  
Flip a coin, take a step and another step  
Leave your heart in the clouds

Let your life sing aloud  
Let the praises join  
Drum aloud, sing a praise song  
Sing in peace, sing the soul song  
Drummer boy, drum in peace  
Let our kind dance along  
Sing the space song  
Hold my heart, we are one  
We will never be wrong  
Floral prints on each soul with a love song

# Perceptions on the Incarceration of Women

*Isha Gadhkari*

When I was younger, I believed that people who went to prison were bad people. I believed they deserved the punishment they had gotten because they had committed a crime and/or broken the law.

Now that I am older, I understand that things are not so black and white. The United States has a mass incarceration problem. The US has an extremely high rate of imprisonment, more than any other developed country. Unfortunately, racial biases and other biases prevalent in our justice system further sustain inequality and racism.

Although men make up a larger percentage of the federal prison population than women do, many federal and state prisons, as well as local jails, have seen an increase in the number of incarcerated women over the past 30 years. This may be due to more extensive law enforcement, harsher drug laws, and post-conviction barriers to reentry that affect women.

Women of color are also overrepresented in prison populations, according to the Department of Justice. African American women are twice as likely to be sent to prison as white women. I believe there is a disproportionate number of women of color in prison. I also believe that our justice system, as well as certain policies or policing methods, should be reformed to reduce this disparity.

Many women in prison are poor and live beneath the poverty line. Poverty and socioeconomic status are important concepts to consider when looking at incarceration because “stressors associated with poverty are highly correlated with certain types of offending.”<sup>20</sup>

According to the Sentencing Project, over 60% of imprisoned women are mothers of children under age 18. Since many of these mothers are the only caregiver of their child, “criminal justice involvement and imprisonment [will have] devastating impacts on the maternal-child bond with long-lasting implications.” Incarcerated women may lose contact with their children while in prison. Due to this, children of incarcerated women may enter the foster care system and may be further distanced from their mothers.

My views on incarceration have definitely changed since I was a child. I now realize that many people who are imprisoned do not deserve to be. The US justice system is deeply flawed and in need of reform. By solving the issue of mass incarceration in our country, the U.S. will not only be able to reduce the number of incarcerated women in federal and state prisons, but it will also save millions of dollars each year.

<sup>20</sup> Beryl Ann Cowan, “Incarcerated women: Poverty, trauma and unmet need,” American Psychological Association, April 2019, <https://www.apa.org/pi/ses/resources/indicator/2019/04/incarcerated-women>.  
<sup>21</sup> Cowan.



# JUDY

JUDY, 69, in the nursery at Bedford Hills Correctional Facility (2019).

**Sentence:** 75 years to life

Incarcerated in 1981 at the age of 31 (granted clemency by Governor Andrew Cuomo in 2017 and released on parole in 2019 after serving 37-1/2 years)

People ask me all the time why I smile so much. It's not that I'm always happy. I suffer the pains of imprisonment: separation from loved ones, daily barbs of degradation, like being strip searched after every visit and being forbidden to hug. Human touch is banned and hating another woman is illegal. Every day I carry the burden of guilt for my crime and all the pain and loss I am responsible for. I cannot change that. But I can decide how to wake up each morning and meet the day. I choose love, curiosity, aliveness. I choose to smile.

# The Stanford Prison Experiment and its Implications for the Prison System

*Evan Perkiss*

Listening to Professor Craig Haney's story of helping to run the Stanford Prison Experiment gave me goosebumps. At the symposium, "Radical Healing: From Trauma to Triumph," he explained the chilling results of the study. The Stanford Prison Experiment was intended to explore the psychological effects of prison on both inmates and guards.

Haney and the other researchers created a prison environment in the basement of the Stanford psychology building before recruiting participants. Volunteers were assigned to the "prisoner" or "prison guard" groups based on a coin flip. The researchers worked with the Palo Alto Police Department to make their prison as realistic as possible, and even had police officers "arrest" the participants in the "prisoner" group in the same way the officers would make genuine arrests.<sup>23</sup> This study has become notorious for the mental health effects it had on the participants. However, the study has also provided insight into flaws within the current prison system.

Prior to the Stanford Prison Experiment, other researchers had expressed interest in how the prisoner mentality developed. They visited prisons and spoke with actual inmates, but critics suggested that their findings stemmed more from the inmates' and guards' personality traits than from the prison environment. According to Professor Craig Haney, who helped design and run the Stanford Prison Experiment, he and his fellow researchers designed the study to ensure that personality traits could not potentially skew the data.<sup>24</sup>

Haney expected that the "prisoners" would gradually display subtle behavioral changes over the course of the two-week study. He and the other researchers would then have to spend months analyzing the behavioral changes. Instead, the fake prison designed for the study became realistic "literally overnight." One "prisoner" suffered a severe emotional breakdown 36 hours after the study began.<sup>25</sup> The Stanford Prison Experiment illustrates how the dehumanization of prison can cause psychological harm. Although the study ended after six days, it nonetheless provided insight into "the sheer power of an environment like the prison system to change and transform the behavior of the people who enter it," the sheer depth of the pains of imprisonment," and "the dangerous dynamic of prison abuse and prison dehumanization."<sup>26</sup>

As a future public health professional, I strongly agree with Haney that the prison system needs to change so it does not dehumanize, mistreat, and abuse inmates.<sup>27</sup> Instead, prisoners should be treated with dignity and respect.

<sup>23</sup> New Jersey Reentry Corporation, "Professor Craig Haney Speaks on the Stanford Prison Experiment - Trauma Realized," Youtube Video, 34:16, April 7, 2021, <https://www.youtube.com/watch?v=UCzVZ-jWYOxs>. <sup>24-27</sup> New Jersey Reentry Corporation.



C. RAY

I was incarcerated for three years. A part of me is still behind the fence. I am part of the Returning Artist Guild, a group of currently and formerly incarcerated artists that work to promote education and advocacy about incarceration. I am an artist. A woman. A returning citizen. I am currently finishing my bachelor's degree in social work. I am planning on applying to law school in the fall and going into Prison Advocacy and Reform.



## **My Incarceration at Edna Mahan**

*Carmini Laloo*

I was incarcerated for a little over eleven years at Edna Mahan Correctional Facility. My experience was very traumatic since I was already suffering from PTSD, anxiety, and depression due to previous traumas. Compiling that with being locked up worsened my mental health.

For the first eight years, I was misled with wrong information in getting therapy and counseling. I was told by a social worker that I needed to be medicated in order to receive one-on-one counseling. I refused the medication because that is a major trigger for me due to a past incident. The social worker knew of this and chose not to help me. As the years went by, my mental health worsened as I continued to suffer in silence because I believed what the social worker told me.

During my incarceration, I worked at the Mentally Ill Unit consisting of about forty women with severe mental illness. These women were almost always heavily medicated and this hindered them from functioning properly in their everyday life. My job required me to work with them closely on a daily basis and assist in any way I could.

Over the course of a three-week period, I noticed a woman acting aggressively numerous times and reported it to the mental health staff and officers. Nothing was done about it and two weeks later, while I was walking in the hallway, I was attacked from behind by the same woman I reported. My head was slammed into the sharp edge of a protruding window ledge and my forehead was split open about three inches long. Help was not readily available except for my co-worker, who ran to my assistance before the woman was able to slam my head a second time. The staff and nurses were not quick to react and, with blood gushing from my forehead, it was more important for me to write an incident report instead of them calling the ambulance or bringing me to the facility hospital.

Approximately thirty minutes later, after the incident report was completed, I was transported to the facility hospital, where the doctor cleaned the wound and glued my forehead. The

weeks following the incident, there was only one follow-up visit from the doctor. I had to practically beg and plead to get an MRI, as I was suffering from dizziness and headaches.

The healthcare system in prison is horrible. We get the run-around and excuses all the time. They barely touch the surface of our health issues and we don't get the treatment needed.

Finally, after battling my own mental health issues, I was heard by both Head of Mental Health & Social Services after being turned down multiple times for one-on-one counseling. An eight-week session was approved, however, it was not enough. We need long-term mental health care for women who are not on medication.

There are not enough programs related to re-entry into society after incarceration. In my opinion, the social workers need to be retrained to better fit our needs, as they are the ones helping us with the necessary paperwork with re-entry into society.

My personal experience has been downright horrible with the minimal resources in place for early release due to COVID-19. Upon my release, I was shuffled to three different addresses at the very last minute within a three-day period.

The blessing in disguise was finding out about the re-entry program. I did my own research while living in a shelter trying desperately to survive during a pandemic. The Re-Entry Program has been a life-saver. The re-entry resources should have been given to us prior to release as promised. Public assistance and healthcare should have been completed properly and everything else we needed to reintegrate into society after incarceration.



**KAT, 43**, outside her housing unit at Bedford Hills Correctional Facility (2019).

**Sentence:** life without parole (LWOP).  
Incarcerated at the age of 34 in 2009.

Society's view of those serving LWOP tend to be negative even more so if you are a women. Regardless people can change. My choices of the past do not define me today. Although I wear a "scarlet letter" I am so much more. Rehabilitation is within. It's the desire & ability to change. I choose to change, to grow & to better myself. Mentally, emotionally & physically. This journey gives me the strength to survive my past & be someone who is more than a number or statistic. LWOP is not a remedy.

# The Current State of Care for Pregnant Incarcerated Persons

*Samantha Glotfelty*



As part of our doctoring course at Robert Wood Johnson Medical School, one topic often touched upon is the care of vulnerable populations and the impact of social determinants of health upon quality of medical care. As a rising fourth-year medical student, I can say with full confidence one thing I've learned throughout my time in medical school is that far too often, access to high quality health care is regarded as a privilege instead of a human right. For that reason, amongst many others, I'd like to use this platform to bring light to a population that is often forgotten in medicine: those incarcerated, most specifically pregnant incarcerated persons.

After a brief literature review, the current state of pregnant incarcerated persons appears to have progressed over the past 5 years when shackling of pregnant persons during labor was prohibited in 2018, yet there is still work to be done.<sup>28</sup> Many, if not most, incarcerated pregnant persons experience labor alone. Recent commentary has addressed how this form of emotional deprivation must be classified as a human rights violation and action must be made to reform this as the number of reproductive-aged persons incarcerated increases.<sup>29</sup> This paper later went on to highlight solutions that healthcare professionals can employ when caring for persons, whether they are in custody, in a local ER, or in confinement in a facility. This includes allowing continuous labor support, offering doula programs, and arranging for early release of incarcerated pregnant persons so that they may deliver outside of carceral custody.<sup>30</sup> Other injustices often faced by incarcerated persons include privacy breaching,



higher rates of sexually transmitted infections, and higher incidences of mental health issues and substance use disorders, considerably secondary to their incarceration.<sup>31 32</sup>

As we dissect the human right violations that occur when incarcerated pregnant persons are deprived of emotional support during labor, it is almost impossible not to identify the influence these experiences can have on generational trauma. This further compounds and contributes to the structural racism and classism that is undoubtedly “pervasive in U.S. society and its healthcare system,” leading to a cycle that deserves to be disrupted.<sup>34</sup> In order to break these vicious and pervasive cycles, we must never lose our humanity. The truest solution is to keep the Hippocratic Oath in our intentions as we care for each and every person we treat, including those incarcerated, and honoring their human rights while they receive medical care from teams of health care professionals.

### **Bio**

**Samantha Glotfelty** is a rising fourth-year student at Robert Wood Johnson Medical School with an interest in Women’s Health, Pregnancy-related substance use, Marijuana-use education, and contraceptive health counseling.

<sup>28</sup> “First Step Act of 2018,” 115th Congress, December 21, 2018, <https://www.congress.gov/115/plaws/publ391/PLAW-115publ391.pdf>. <sup>29</sup> Carly Dahl, Julia Geynisman-Tan, and Ashish Premkumar, “Birth Behind Bars: The Need for Labor,” *Obstetrics & Gynecology*, 136, no. 5, (November 2020): 1036-1039, <https://pubmed.ncbi.nlm.nih.gov/33030860/>. <sup>30</sup> Carly Dahl, Julia Geynisman-Tan, Ashish Premkumar.

<sup>31</sup> Helen Tuite, Katherine Browne, and Desmond O’Neill, “Prisoners in general hospitals: doctors’ attitudes and practice,” *BMJ*, 332, 7540 (2006), doi:10.1136/bmj.332.7540.548-b. <sup>32</sup> “Reproductive Health Care for Incarcerated Pregnant, Postpartum, and Nonpregnant Individuals,” *Obstetrics and Gynecology*, 1953, doi:10.1097/AOG.0000000000004429. <sup>33</sup> Lawrence A Haber et al. “Acute Care for Patients Who Are Incarcerated: A Review,” *JAMA Internal Medicine*, 179, 11 (2019), doi:10.1001/jamainternmed.2019.3881. <sup>34</sup> Carly Dahl, Julia Geynisman-Tan, Ashish Premkumar.

# Trauma and Reentry

*Toni Bolton*



I have gone through a lot of traumatic events. I was raped, molested, and suffered from a drug addiction. I was raped multiple times, both by people within my home and also by others in my community. When I was in elementary school, DYFS came and asked me questions, discovering I had been molested within my home. I eventually attended therapy, but only as an adult after I was released from prison.

Before I went to prison, I did not have any insurance. This was one reason why I did not attend therapy. As for primary care doctor's appointments, I simply was not able to attend them because of not having insurance. To this day, I suffer from a knee injury I got in high school that was never treated. I've used the emergency room occasionally for non-emergency treatment, specifically for my knee. Once a year I go to the emergency room to get a mobilizer and crutches for my hurt knee. I received a script from the doctors at the hospital, but was never able to fill it.

The medical care while incarcerated is horrible. I did not want to get sick in prison, because the care was abysmal. Instead of being properly treated, I only ever received Motrin for any issue. While incarcerated, I suffered from depression and anxiety, primarily because of my sexual assault earlier in life. On occasion, I would meet with the therapist but it was useless. The care was never continuous and I was treated as a guinea pig, given several different medications that never worked.

While incarcerated, I personally did not experience sexual exploitation, but I knew many women who did experience it. Women who reported their sexual assault by corrections officers were rarely ever believed. It was a "your word vs. theirs" mentality, with the corrections officers using their power to make the claims go away. There would also typically be some sort of retaliation by the corrections officers for speaking out.

When I first went into prison, my daughter was eight years old. During that time, my daughter lived with her father and got medical care through him. I never lost custody of my daughter and I now have a healthy relationship with her. I also have a four-month-old son that I can care for. I hope you all understand that mentally I'll never be ok. Every day is a struggle...."Thanks EMCF



**LEAH, 44**, in the draft room at Taconic Correctional Facility (2019).

**Sentence:** 21 years to life  
Incarcerated at the age of 23 in 1997  
(released on parole in 2019 after serving 21 years)

As much as I desire to, I will never be able to change my past, but I have allowed my past to change me. Today, I realize that it will never be about me, but in my endeavors to do better and be better, I know that it starts with me. Today, I make better choices and I have better ways to cope in any situation without ever resorting to violence. Today, I have become a respectable, responsible, selfless, compassionate humbled and mature woman, who is always conscious of the people I have hurt and the damage I have done.



# PAIN MANAGEMENT

Elizabeth Hawes

## Pain Management

I am reading Simone Beavoirs' The Woman Destroyed. All the protagonists are angry. My friend Jen sent it to me along with some other books for my birthday. She told me she hadn't read it but liked the cover. It did have a cool cover - a bright fuchsia and green backdrop with a woman's red lipstick pout in the corner. I'm having a hard time focusing on the story. I heard sad news today.

I was in medical because a cap popped off my tooth a week ago. I saved it in hopes that the prison's dentist could glue it back on.

The dentist was off the week after New Years' so I had to wait nine days to be seen. She is from India and pulls a lot of teeth. I try to avoid her for this very reason. Her assistant looks like she is from another country too but sounds Mid-western. They are both pleasant. The assistant gives me X-rays with no protective safety vest. They glue my cap back on and it looks great. When they are done it's count time - which means I have to stay in the medical lobby until count clears. We are counted throughout the day.

It's a small room. There is always one person with a hundred questions, one person who thinks they know everything, and one unwell-looking person who you hope is not contagious.

A guard sits in front of a computer behind a Plexiglas window. He checks people in like a receptionist with limited social skills. No greeting of "Good morning, how can I help you?" or "How are you today?" It's very off-the-boat Ellis Island. "Name? Take a seat."

Usually the medical lobby chairs are filled, the over-flow goes into another waiting room across the hall. People wait for lab work, the dentist, sick call, flu shots, and gynecology appointments, for help with migraines and chronic pain, allergy concerns, blood pressure checks, pain management, physical therapy, panic attacks and skin irritations—the whole gamut.

If I have to go to medical, I try to bring a New Yorker. Reading is a challenge. There are a lot of conversations. Everyone is open about why they are there and what is happening in their lives.

"Are you next?" asked a woman in a blue kitchen worker shirt.

"I've been here since 7:30" acknowledged a non-moving person with closed eyes.

"Are you guys all here for labs?" The Blue Shirt was here for lab work.

"No. Sick call," said a woman I'd never seen before.

"No. Dentist," my friend Tammi added. Upon closer inspection her face looked a little puffy.

"Nikkys back, saw her yesterday. I had thought she was doing good," came from a tall, informed person slumped in the corner.

"Apparently not," said Deb, freckled with reddish hair.

"She looks horrible," added Cyn, my friend who works in the library.

"What did you do to your leg?" blurted a twenty-something with black braids to the women next to her.

"Wiped out when climbing down from my bunk, I bruise easy." We looked at her left leg. Her calf was bruised and swollen.

"God my stomach hurts," said a chubby woman named Sammy, bent over at the waist, arms crossed around her middle.  
"Maybe you have an ulcer," guessed Cyn.

"Did you get into Revelation Fitness?" the reddish-haired woman asked the woman with a big pony puff next to her.  
"Yeah, can't wait."

"It's so fun - you're going to love it. The next day you can really feel it."

"What's for lunch?" asked the woman with the bruised leg.  
"Cookie. And a hamburger," said the woman I didn't know.  
"It's always hamburgers," bemoaned the tall one in the corner.

"I'm so pissed, my shoes are ripping in the heel - they're only six weeks old, I bought them last month," said Pony Puff.  
"What brand?" inquired Twenty-Something.

Deb asked, "Why were we locked down last night? I was supposed to call my granddaughter. I told her I'd call her at seven and then couldn't call. My heart just sank."

We are charged five dollars every time we sign up to go to Medical. Prisoners are the only population of American people entitled to free health care, so I don't understand why we pay anything. ~~especially~~ Many of us make about two dollars a week.

As I was waiting, my friend Jemma walked in. She had been out of prison for about three years and just came back. She relapsed and drank in mid-December. The 15<sup>th</sup>. She had gotten kidney stones and was in agony. The pain was the reason

she drank again and was back. Parole violation. I told her I had heard kidney stones were very painful. She said she would be leaving next week and going to CD treatment again. She wanted to go to treatment and was grateful her judge gave her that option.

A fitness bunny, Jemma is buff with long black hair and tattooed eyebrows. Her lips and breasts are surgically amputated. Alabaster pale, her skin looks paper-thin. She is 5'4" tall. Tattoos cover her hands. I know the rest of her body is heavily tattooed too, but today you can't tell because she is wearing her state-issue jeans and blue coat.

I wished her well and said I hoped treatment would be successful for her. She appreciated that and said she did not want to be an alcoholic. I nodded. I imagined not.

We have a mutual friend named Daisy who served time for drunk driving and was released two years ago. Daisy is small and Nordic-pretty with a smile that competes with the moon. Really generous, smart and kind. She was the first person I made friends with when I got locked up. That was twelve years ago.

For months Daisy and I had stayed in contact until she abruptly stopped writing. In a non-prison scenario, it would be easy to assume that when someone didn't write it was because they were busy. But for someone with an addiction history, you worry. Is she safe? Is she sober?

Five months later I got an email. Daisy finally wrote to me to say that she hadn't written because her Ex, Ryan, (father of her daughter, a man who has a history of extreme violence towards Daisy) kept her as a hostage at his house for the last five months. Broke her phone. Broke her face. Pulled out her long blonde hair.

She recently had four facial reconstruction surgeries for broken bones. She was bruised all over. Ryan was charged with assault.

Two months later: Ryan was sentenced to work release with a contingency of "Don't do it again" hanging over his head.

Daisy and I wrote each other over the summer. She was hanging out with a new guy. She told me she was going to treatment in September. She told me she would give me her new address once she was out of treatment in October and had one. I wrote her in mid-October. "Just checking in, I hope you're doing alright." Never heard back.

Jemma looks away when I ask her about Daisy - she says Daisy is a friend and she didn't want to say anything. I tell her I am concerned. Jemma looks away again and whispers "Daisy is hanging out with bad people." "What do you mean bad people?" Jemma repeats bad people. Says that Daisy never made it to treatment. That she weighs close to nothing. That her hair is super short because it had been pulled out earlier that year. That she was using meth.

Jemma said that after she relapsed she had called Daisy and said "I've relapsed but not willing to turn myself into my [parole] agent yet." Daisy told her to come on over. They drank for five straight days. Jemma said Daisy had several boyfriends who she slept with & was dependent upon for money. Two nights here, three nights there. She rotated.

My dear friend ~~was~~<sup>is</sup> now a meth-using prostitute. Not the kind that stands on a corner, but the kind that drives a Lexus and gets Botox treatments.

She is killing herself.

It is now 4:41 PM. The sun has gone down. I make a cup of tea and pick up *The Woman Destroyed*.



(All names have been changed.)



# MONICA

**MONICA, 42, in the college office at Bedford Hills Correctional Facility (2018)**

**Sentence:** 50 years to life

Incarcerated at the age of 20 in 1996  
(granted clemency by Governor Andrew Cuomo and released in 2020)

i am not unlike u. Yet, no one saw my potential.  
Unlike u I was deemed unworthy, unredeemable  
at the age of 21 and given a 50-to-life  
sentence.

i am not unlike u, I too have hopes and dreams.  
Like u I struggle to find meaning  
to find love.

i am not unlike u. Like u I am not the person  
I was 23 yrs. ago. We all change when given  
the chance to grow from within and to  
reach our full potential.

i am not unlike u.

# 657500E

*Crystal Rella*

Just thoughts in My Mind  
Knowing that this too shall pass  
Willing to share how it passed.

I hate that I went to prison. It has taken the one fragment of peace I had left.  
It literally ate a hole in my chest, I don't have the ability to rest,

Sometimes I can't tell if it's really over

When I shiver at night I open my eyes and still see the concrete  
It's left stains like a chalk outline in the street

I hear the bullet coming to my brain like the midnight freight train  
I carry the same weight as my father's fate,

Will I take the same route?

I don't know much about much

I do know the eyes of murderers and those souls untouched,  
How come they sleep in the hours of the night?

While I'm left to weep and wage war of a battle I can't fight.

I don't know if this makes sense.

My body so Tense,

I'm in a prison but not physically, I made my own cell mentally.

My mind plays tricks on me.

The clock still ticks on me,

Time is moving forward but I am frozen

I used to think I was chosen

But what is unique about 657500E?

I'm just another number, a way to identify a criminal,

I hope I am not being Judged

You don't know the darkness I know

Still see every brick

But I see the light and I hope this eases someone's pain



# PATRICE

**PATRICE, 36**, in the gym at Bedford Hills Correctional Facility (2018).

**Sentence:** 25 years to life.  
Incarcerated at the age of 16 in 1998.  
(released after being resentenced under the  
Domestic Violence Survivors' Justice Act in  
September 2020)

Just Because we ask for a second chance at life doesn't mean we have forgotten what we have done; it means we were once part of the problem and to heal those we have hurt, we must be part of the solution, part of the conversation. You've held the state accountable by our punishment. Now let us show you how we've held ourselves accountable to your pain.



## Kayla Peña

Kayla Peña is a first-year medical student at Rutgers Robert Wood Johnson Medical School. She graduated from Boston University in 2018 as a Public Health Major and received her Master's Degree in Medical Science at Brown University in 2019. In her free time, she volunteers as a Spanish-English interpreter at the Eric B Chandler Health Clinic, and enjoys hiking, climbing, and spending time with family and friends.

## Race and Reentry: “Why Black Women Are Denied Basic Reentry Needs”

“The United States is home to 5% of the world’s population, but 25% of the world’s prisoners. Think about that,” former President Barack Obama stated back in 2015 at an NAACP conference.<sup>38</sup> Since then, this fact has been echoed in the news, social media, books, and even films. President Obama invited the public to start a discussion on the racial injustice perpetuating mass incarceration in America. Specifically, a discussion hinged on the inherent inequalities seen in the prison and prison reentry systems. For example, compared to their white counterparts, Black women are more likely to be denied basic reentry needs such as family support, housing, and equal employment opportunities after serving time. A scarlet letter follows these women for the rest of their lives – keeping them from fully re-entering into society.

In 2019, the imprisonment rate for African American women (83 per 100,000) was over 1.7 times the rate of imprisonment for white women (48 per 100,000).<sup>39</sup> As for me President Obama put it back in 2015, “for the safety of our communities, there are some folks who need to be in jail.”

<sup>38</sup> Barack Obama, “Remarks by the President at the NAACP Conference,” White House Office of the Press Secretary, July 14, 2015, <https://obamawhitehouse.archives.gov/the-press-office/2015/07/14/remarks-president-naACP-conference>. <sup>39</sup> Nazgol Ghandoosh, “Incarcerated Women and Girls,” The Sentencing Project, November 24, 2020, <https://www.sentencingproject.org/publications/incarcerated-women-and-girls/>. <sup>40</sup> 13th, directed by Ava DuVernay (2016; Netflix). <sup>41</sup> Dorothy E. Roberts, “Prison, Foster Care, and the Systemic Punishment of Black Mothers,” UCLA Law Review, 59 (2011): 14-74, <https://www.uclalawreview.org/pdf/59-6-2.pdf>.

Perhaps understanding the history of racism in America can help explain why more Black women are being sentenced to prison in the first place and why they struggle disproportionately upon release. Slavery in America was abolished in 1865. Over one hundred years later, African Americans and their allies are still fighting to end institutionalized racial discrimination, disenfranchisement, and racial segregation in the United States. Current statistics strongly suggest that these advocates continue to fight for equal opportunity to this day.<sup>40</sup>

According to the U.S. Census Bureau, in California, Black women represent 27 percent of incarcerated women, though Black women represent about 6 percent of women in the state's general population.<sup>4</sup> Black women are not only incarcerated more, but also penalized more once they are released. Evidence shows that formerly incarcerated Black women who wish to resume their roles as mothers struggle significantly more with the state over child custody.<sup>41</sup>

Unlike the majority of their male and white female counterparts, upon release from prison, Black women who are reunited with their children are not only under the surveillance of post-release institutions, but also under that of Child Protective Services.<sup>42</sup> Because these women are disproportionately more likely to be victims of assault, food insecurity, housing instability, and often have a drug record, their children repeatedly enter the foster care system under charges of abuse or neglect. From Jim Crow, the War on Drugs, to now contemporary carcel stereotypes—many Black women have been historically portrayed as criminals and bad mothers to justify mass incarceration and reentry disparities.

Ex-convicted Black American women in the process of reentry should be empowered and supported rather than further punished. Susan Burton, an author, NAACP activist, and ex-convict herself, has dedicated her life to helping African American women re integrate into society after serving time in prison. In her social justice memoir, *Becoming Mrs. Burton*, Burton describes how she was released from prison without so much as a house key or identification.

After a long and painful reentry experience, Burton started A New Way of Life, a safe home for ex-convicted women to overcome the stereotypes and obstacles imposed upon the after prison. Specifically, Burton has helped women overcome drug habits, a lack of employment opportunities, homelessness, and limited family support systems. Programs like Burton's exist throughout the country, and they have been shown to significantly reduce costs for the justice system. However, Susan Burton herself has recognized that programs like A New Way of Life shouldn't have to exist for Black women to successfully reenter society after serving time in prison. Yet, oftentimes it is the only way of escaping the vicious cycle of imprisonment.

It has become clear that the prison system needs reform to better the future of women and children living in America. There is an obvious need to establish a safe and supported conduit for all inmates reentering society, but especially for Black women. The consequences of inequality and mistreatment affects the emotional and physical health of women and their children. Thus, past and present racism and discrimination in this country must be addressed and abolished. Racist beliefs authorize the mass incarceration and mistreatment of Black American women reentering society. The American government cannot continue to condone the inherent racism that plagues the lives of Black women in the prison system. Anti-racist and anti-discriminatory policies need to be put in place to protect African American women and to support their reentry into society. In the words of Martin Luther King, "Justice too long delayed is justice denied."

<sup>42</sup> Susila Gurusami, "Motherwork Under the State: The Maternal Labor of Formerly Incarcerated Black Women," *Social Problems*, 66, iss. 1 (2019): 128-143, <https://academic.oup.com/socpro/article/66/1/128/4856032>. <sup>43</sup> Susan Burton and Cari Lynn, *Becoming Ms. Burton* (London: New Press, 2017).



# SAHIAH

**SAHIAH, 23**, in the college library at Bedford Hills Correctional Facility (2019).

**Sentence:** 20 years to life.  
Incarcerated at the age of 16 in 2011.



Being incarcerated at such a young age in the beginning I felt as if my life was over. But as the days and the time went by I knew that God had a special plan and purpose for me. There is light at the end of my tunnel, I will be free.



# Need for Trauma-Informed Care in NJ Correctional Facilities

*Betia Zeng*

When we discuss patient care for individuals who have experienced trauma, a population that often flies under the radar is incarcerated women. Indeed, trauma can affect women regardless of age, race, and socioeconomic status, but those in the criminal justice system are disproportionately burdened by trauma-related events.

Prior to incarceration, this population has higher rates of sexual abuse, personal victimization, substance abuse, and exposure to violence compared to men. Standard practices in correctional facilities may also exacerbate the existing effects of trauma; transfers between facilities, cell searches, strip searches, and the banging of doors can all trigger fear responses. The exposure to physical and sexual violence during prison can be traumatic as well. Survivors, especially those with undiagnosed trauma, are at increased risk for substance abuse and PTSD, among other physiological effects. As a result, these cumulative effects contribute to chronic illnesses and premature mortality.

Women who have experienced trauma need access to a healthcare environment in which they feel safe in order to treat the adverse effects of trauma and prevent re-traumatization. Many female inmates lack the social and informational support necessary to obtain treatment, and there is also difficulty in receiving medical care and medication.

Although New Jersey mandates the provision of trauma-informed care to female inmates, it falls behind when compared to other states' reforms. New Jersey correctional facilities should actively minimize invasive searches, unnecessary transfers, and loud noises to accommodate victims and reduce potential triggers. Trauma-informed care within the prison system could include training for all staff on the effects of trauma, universal screening for past and current trauma, engaging inmates in the planning and design of health programs, and increasing access to medical care.

I believe that an inclusive, well-rounded understanding of women's health must embrace incarcerated women. We cannot advocate for equitable reproductive, maternal, and sexual health until we also advocate for the needs of female victims in the criminal justice system. New Jersey is responsible for the health of all its residents, yet the State has failed to restructure its correctional facilities to improve gender and trauma sensitivity. The failure of the New Jersey healthcare system to address the impacts of trauma is not only hurting victims, but also decreasing long-term patient engagement in health services. This engagement is particularly important for inmates, as much of the premature mortality for this population occurs during the reentry phase.

While there are many barriers to transforming a system's existing practices, the benefits of trauma-informed care far outweigh the costs. In advocating for trauma-informed care, we also advocate for better prospects after incarceration and improved health outcomes.

## Bio

Betia Zeng is a sophomore at Rutgers University pursuing a double major in Public Health and Statistics. After graduation, she plans to further her studies through graduate school in the field of Epidemiology. Her hobbies include horseback riding, acrylic painting, and spending time with her dog.



# Identity

*Schaqueeta Garrett*

Growing up, I was a rebellious child. As the firstborn and only daughter, I was forced to grow up early in more ways than one. I had to act as caretaker to my three younger brothers. More than one of my mother's boyfriends molested me as a child.

Growing up, I was led to believe that my brother's father was also mine, while my biological father was actually serving time at Trenton State Prison. My family is Black, but I am biracial, and I always felt a void, but didn't know what it was. When the man who I had thought was my father told me the truth about my parentage when I was about nine, that void began to make sense to me. A few years later, when I finally met my father in prison, he continued the cycle of abuse against me, verbally sexually abusing me and masturbating in front of me.

Around this time, I moved from a mainly white area to a mainly Black area, and again struggled with my identity. At school, I rebelled, drinking and having sex with many men, again to try to find out who I really was. While in high school, my mother's boyfriend tried to mess with a friend of mine. When I told my mother, she did not believe me. My mother and her boyfriend physically attacked me, so I moved out. It was not long until I left school and became pregnant with my first son, when my mother came and collected my son and me to live with her.

I couldn't handle the stresses of being a young mother, so I continued to drink a lot and smoke weed. When my son was a teenager, I still felt so lost from my own unhealed traumas that I didn't recognize the signs that my son had gotten involved with a gang. He was shot twice, leaving him quadriplegic. From there, I lost it. I started using hard drugs to cope. Though I was first incarcerated at 17, this was when I started getting locked up a lot, serving several shorter county bids.

I was not offered counseling or mental health treatment during most of my periods of incarceration and court proceedings. I avoided medical treatment for most physical issues while incarcerated because the healthcare in prison is like a band-aid and doesn't address the real issues women inside face. I didn't use it because I didn't trust it.

It took several more years of this cycle until, at age 42, I finally figured everything out through re-discovering religion and taking what few classes were available to me in detention. It was then that I realized that I had never dealt with what I had gone through.

Since I got clean, I have become president of my Oxford House and gotten my record expunged. The people I met in meetings and that Oxford House are naturally drawn to her, and I want to help others overcome their own hardships and build healthy relationships.

Some of the damage of my rougher periods is lasting. During the height of my addiction, I lost parental rights of my daughter, who is now ten years old. I was so out of it that I did not even realize that fact until I took my ex to court for custody. I was first granted weekend visitation as a way to work back up to full custody. Now, I take care of my son full-time while my other son attends college.



## **Health Care in Prison**

*Destiny Reeves*

Although I had health insurance prior to incarceration, which I used to cover my primary care doctor's visits, I didn't have counseling or therapy to work through my trauma.

I was extremely disappointed with the medical care I received while incarcerated. During my first week in, I was sent to medical. I spent that week in a cell with three other women. We were forced to sleep on mats on the floor. I was so sick that I was vomiting blood. I only received medical care after four days. I was treated with an IV because I hit my head. The medical care was atrocious.

Before prison, I already suffered from addiction. I had torn my esophagus thirteen times. It ruptured once, requiring surgery. I was diagnosed with cyclic vomiting syndrome and gastroparesis. After my surgery, I became addicted to painkillers.

I did not receive any treatment for my conditions during incarceration. When I requested Medication-Assisted Treatment (MAT), I was denied, supposedly because I was not pregnant.

Mental health treatment in the facility was also limited. No one that I can think of actually received mental health while incarcerated, even after asking for it.

Despite the lack of support at the correctional institution, I have now been sober for two years, and am working as a peer recovery specialist at a sober living house. I also have a second job, providing not only for myself, but also for my children

# TAKE A NUMBER, HAVE A SEAT

Elizabeth Hawes

(1)

I. In prison we are dependent on the medical services offered to us. Unfortunately, lack of resources, lack of good service, and short-sighted policies affect our health and self-worth in a negative way. Change begins when people ~~are~~ are aware of existing problems and listen to the experiences people continually encounter. It is my hope that by talking about the current complications in institutional systems their practices will become more transparent and ~~the~~ ~~decrease~~ they will strive to give a higher level of care to those who need their services.

II. One of the biggest problems is the medical staff often assume incarcerated people are drug-seeking when they ask for help to deal with pain. We are not trusted and rarely believed. Our conditions are seldom taken seriously.

III. In September 2018, I pulled something in my lower back. Suddenly I couldn't stand up straight. It hurt to move and took me 20 minutes to get out of bed and put on a pair of sweats. After three days and no improvement, I agreed to go to medical. I was wheel-chaired over. Once inside the Core building, a nurse came out of the medical lobby and told me to get up and walk. I told her I didn't think I could, but tried. I told her I could not stand up. She began yelling, "Get up! Get up!" I tried again and said "I can't." The two officers who were witness to this looked shocked—they both knew me and know I am quiet, respectful and never a problem. The nurse continued to yell. I started to cry.

I am wheeled through the medical lobby and use a wall to get out of the chair in order to sit in a chair in the examination room.

(2)

The nurse now realizes I'm actually in real pain and takes her tone down. She tells me she often has back pain too. She leaves. I get on the floor and do a child's pose to stretch my back. My back is twitching. The nurse comes back and asks if I can get up on the table, a doctor was coming to see me. This maneuver proves difficult but I do it. Fifteen minutes later a doctor comes in and is mad because I "haven't been to medical in a long time... especially in your condition." "My condition?"

"Your blood. Your Hep C."

"I don't have Hep C."

He looks down at the chart in his hands. It's the wrong chart. He leaves. He comes back about ten minutes later and asks why I hadn't been to medical in years. I say "I'm usually in good health," but I'm thinking about being verbally abused by the nurse, unfairly accused by the doctor. I'm thinking about the wrong chart. Why would I go to medical? I've been treated like crap.

He asks a bunch of questions. The nurse gives me a week work restriction, a slip to get an ice pack, and the ability to take a week of pain medication. I think she felt bad she treated me so poorly.

IV. I have a roommate who is supposed to receive a cortisone shot in her knee every three months. She had slipped on ice and fallen - landing on her knee about a month after she first arrived here. She gets a ~~shot~~ shot about every 5-6 months. She needs a new knee and will have knee replacement surgery after she leaves prison. At her last cortisone appointment, a nurse practitioner gave her the shot instead of the doctor.

(3)

The NP walked in the room with the wrong-sized needle - a short one, not the long variety needed to inject into a knee. After she was informed that a different needle was needed, she got the right needle and proceeded to jab my roommate four times - on the right side, the top, the bottom, and the left - hitting the knee cap every time. On the fourth jab the plastic syringe broke and the liquid dose ran down my roommate's calf. The NP pulled it out and jabbed it in the right side again, squeezing whatever liquid remained. When my roommate asked for a new shot, the NP said "You got enough in there." Then the NP shouted for the doctor. When the doctor poked her head in the room, the NP told her, "I got it." My roommate was in a lot of pain. With no apology, the NP laughed and said, "You'll be fine," and left the room.

#### V. Sloppy work hurts people in many ways.

Another roommate I had worked in the kitchen. She worked the Sunday-Wednesday shift, 5:45 AM - 1 pm. One day after working on the front line serving up breakfast trays, my roommate was called in the CO's [Correctional Officers] office. She was asked,

"What are you doing here?"

"I work here."

"You're not supposed to be here."

"This is my schedule."

"You're not supposed to be here. You're in an unauthorized area. It says right here in your medical file you aren't to be at work." "I haven't been to medical except for a blood test, nothing about not being able to work."

(4)

My roommate leaves the office. Soon four officers come into the kitchen and arrest her, putting her in handcuffs. They march her down to Holding. She gets strip-searched. Sits in Holding for at least an hour.

Medical had put another woman's — with the same first name — in formation in my roommate's medical folder. The officers who arrested her apologized. The CO who called for her arrest never did. Medical never did either.

VI It is easy to gain weight in prison because we sit around so much, have very few outlets to exercise, and have few healthy choices on canteen. There is little to comfort people who are often depressed and full of anxiety. I've had many roommates who come back from a doctor appointment in tears. They were told they were morbidly obese. After crying, they usually pound a bag of chips.

A little kindness goes a long way.

VII This past year has been brutal. People living beyond the fence could often be heard complaining about how isolated they felt during the pandemic, about how the isolation was damaging their mental and physical health. This blew my mind. Most people were with their families, in their homes, had access to phones, computers, cars, food delivery, Netflix, their pets, and nature. We were locked in rooms  $22\frac{1}{2}$  hours a day. We had continual quarantines. We were not allowed to walk outside April–June. I hope people remember their isolated feelings when they look at prison reform. Prison is sterile isolation 24/7. It makes people worse in every way.

(5)

VIII

I work as a R&O mentor. R&O stands for "Receiving & Orientation." R&O's are new arrivals to the prison. Along with two others, I give a power point on topics that will help people transition smoothly to living in prison. I also answer questions and help direct people to resources. I see the struggles that new arrivals go through.

Many problems could be alleviated by small changes in policy. For instance, a woman came in with broken glasses so Property took them from her. This woman is basically blind without glasses. Per policy, they will not allow this woman's boyfriend to send in contacts even if the contacts package is sealed and new. We have no eye doctor on staff. The eye doctor comes to the institution about once every two months. We are able to order glasses, but can only do so with the prescription from the prison eye doctor. The new arrival knows her prescription but is unable to order glasses until she has a prison eye appointment. She is stuck in a new environment and unable to see.

IX

There is one psychologist for a population that ranges from 400-660<sup>+</sup> people, most of whom have PTSD and backgrounds of abuse.

X

Most of the women here lived beneath the poverty line before they were arrested. They hadn't seen a doctor or dentist in a long time. Nearly everyone here has been through serious trauma. Even mundane medical appointments can trigger trauma.

(6)

A friend told me about her recent gynecology appointment. For these, you are in a room with the doctor and a medical assistant. When the doctor started the examination my friend started shaking. She was soon soaked in sweat. She began screaming. (The medical staff set her up with an appointment with a therapist).

XI Two summers ago I interviewed 51 people about their experience in segregation. A high percentage of these trips to solitary confinement revolved around mental health. The lack of mental health care was the most prevalent topic during the interviews.

If anyone in the prison's general population says they are having suicidal thoughts, the protocol is to take them to segregation and put them on COS [Constant Observational Status], constantly watched by guards.

A woman in her mid-40's said, "I was told by a CO that the only way I could get help for my mental illness was to tell them [staff] I had suicidal thoughts and be put in segregation. This was true. Medical staff had taken me off all my Serquel - all at once, which put me in a state of psychosis. I needed help. I wasn't getting help.

I spoke with a woman in her early 30s about mental health care. She had been to seg 16 times, 13 times for cutting herself with a razor, spending 15 days in solitary for every incident. When she writes to Mental Health Services for help, she gets no response, cuts herself and then is sent to solitary.

(7)

I asked her if she received any help once she was there. "They [mental health workers] come through, but don't stay and help. They say "try some deep breaths" or "Send a kite [paper communication between prisoner & staff] to your mental health worker. I do. No response. Mental Health [Services] is a joke. They cut off medication randomly. I emotionally shut down... we can't just stuff our emotions every day and expect not to explode." She is the mother of five sons, now all adopted out. Like many of the women here, her depression stems from being stripped of her children.

XII Much of mental health protocol seems to be about box-checking. "They" want to know if we want to kill ourselves. If we are not suicidal they can check us off their list. No one cares if we feel horrible or would like to talk to someone.

XIII I think medical was going through their files last fall. This past November I had my teeth cleaned for the first time. I've lived here since January 2010. This past November I had my first physical in 6 years.

Medical is not pro-active. Upon returning from the doctor, most people tell me they ① have thyroid problems, ② are morbidly obese, ③ have high blood pressure. (I was actually in great shape except for my vitamen D level. Apparently it is suppose to be in the 30-60ish range. Mine was at a "6".

XVI The prison needs more medical staff, especially mental-health staffing. We need people who believe in wellness and giving compassionate care, we need more opportunities to move/exercise, and have better food options. To be clear, there are some people in medical who are great. The problem is when people are not great, we have nowhere else to go.



# The Need for Improved Smoking Cessation Therapy for Female Prisoners

*Smriti Nair*

Smoking is a leading cause of preventable death in the United States. It has been linked to harmful effects on nearly every organ system in the human body and is associated with pathologies including but not limited to cancer, chronic obstructive pulmonary disease (COPD), Asthma, HIV, diabetes, gum disease, and heart disease.<sup>44</sup> This risk is enhanced in groups where smoking behaviors are more prevalent, as seen in the incarcerated population. Smoking behaviors can be seen in anywhere from 42 to 90% of incarcerated women. In comparison, among the general population in the United States, about 12.7% of women report themselves to be current smokers. Most correctional facilities combat this issue by implementing smoking bans, which intend to eradicate the behavior completely. However, this approach does little to acknowledge the addictive nature of quitting, and fails to produce any long term benefits for the inmates post-release. In fact, 97% of inmates in a correctional facility that imposed smoking bans returned to smoking after their release. This only highlights the need for cessation therapy in order to produce long term beneficial effects and encourage long term tobacco abstinence.<sup>45</sup>

In 2008, Cropsey et al. found that a combination of behavioral and pharmacological treatment was effective in increasing long-term tobacco abstinence among female smokers.<sup>46</sup> While the study showed that intervention programs are efficacious in decreasing smoking behaviors among female prisoners, there is currently a lack of similar literature available. There have been very few, if any, studies exploring the effectiveness of implemented smoking cessation programs on the smoking behaviors of female prisoners. The few studies that are available focus on male prisoners, and fail to acknowledge how gender differences could impact the efficacy of such treatment programs. Further research is direly needed in this field, in order to spur legislation and actions to ensure the availability of efficacious quitting programs for female smokers who are incarcerated. Correctional facilities should be encouraged to not only implement behavioral and pharmacological interventions to combat long-term smoking behaviors, but also to report data regarding such treatments in order to address and improve smoking cessation after incarceration for all smokers, and especially women. The implementation of programs aimed towards long-term smoking behavior cessation would address the complicated nature of quitting smoking, rather than implementing a prison-wide smoking ban that would only produce short-term effects.

<sup>44</sup> "Current Cigarette Smoking Among Adults in the United States," Centers for Disease Control and Prevention, accessed June 9, 2021, [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/adult\\_data/cig\\_smoking/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/adult_data/cig_smoking/index.htm). <sup>45</sup> Pamela Valera et al. "The smoking behaviors of incarcerated smokers," *Health Psychology Open*, 6, no. 1 (2019), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6328956/>. <sup>46</sup>Karen Cropsey et al. "Smoking Cessation Intervention for Female Prisoners: Addressing an Urgent Public Health Need," *American Journal of Public Health*, 98, 10 (2008): 1894-1901, doi:10.2105/AJPH.2007.128207.

## Better Options for Housing, Employment, and Support

*Rashida Smith*

I did not experience any trauma in my pre-incarcerated life, but my mother did suffer from addiction. Though my father and mother separated, my father was still an active figure in my life until he had a run in with the law. Although I received Medicaid before my legal troubles, I did not think my issues warranted mental health counseling and did not take advantage of those services.

While incarcerated, the medical treatment was non-responsive. At one point, I developed a cyst. I was initially unable to receive medical treatment. Eventually, my family members were able to advocate for my need of medical treatment, but by that point, I had to undergo emergency surgery for the issue.

Additionally, I suffered from depression and significant anxiety while incarcerated, and requested psychiatric services for my depression. I could not receive individual counseling without being prescribed medication, so I was given antidepressants and enrolled in counseling services. Now, as I navigate reentry into society, I am suffering from PTSD.

Although I have not been sexually abused or exploited, I have been offered money for sex not just in the street, but also by guards while I was incarcerated. The guards' treatment of the women at Edna Mahan was physically and verbally abusive.

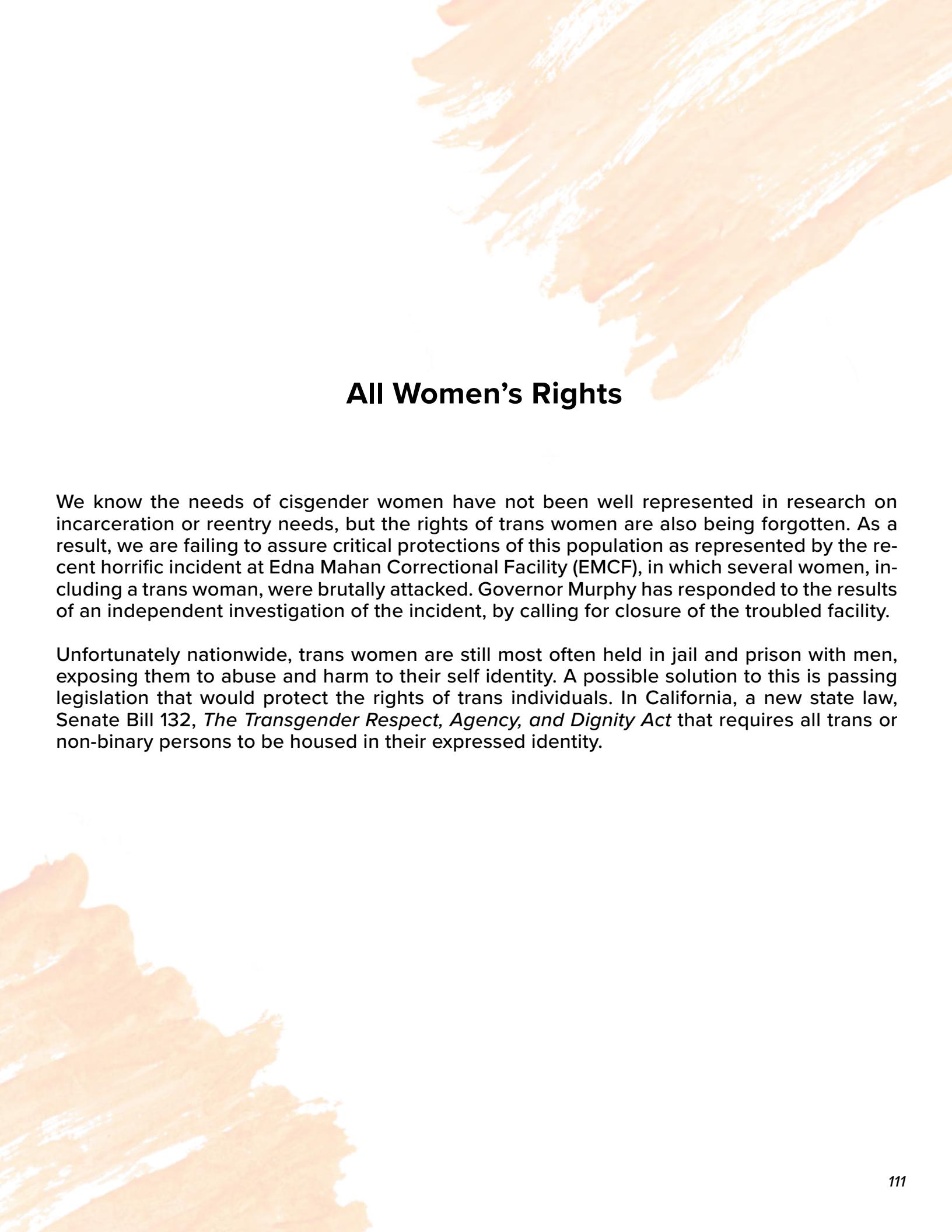
Prior to incarceration, I had one child. At the time my sentence began, my child was two years old. I now finally have custody after a relative taking over childcare while I was in prison. Now that I have been released and am trying to navigate reentry, I have found that my past has greatly impacted my present.

After gaining employment and beginning to work, I was then stripped of that employment because of my background. While I have a family and support system to help me successfully reenter society, barriers still affect me. I believe that women being released from prison need more and better options for housing, employment, and support.

## **Senate Bill No. 942 for the State of New Jersey**

Excerpt from Senate Bill: "Current law permits a board to suspend or revoke, refuse to issue, or refuse to admit a person to an examination for any certificate, registration or license issued by the board upon proof that the applicant or holder of such certificate, registration or license has been convicted of, or engaged in acts constituting, any crime or offense involving moral turpitude or relating adversely to the activity regulated by the board. The bill amends this standard of proof in current law to delete the reference to a crime or offense involving moral turpitude and requires that the crime or offense have a direct or substantial relationship to the activity regulated by the board, or to be of a nature such that certification, registration or licensure of the person would be inconsistent with the public's safety."

Why is this important to incarcerated mothers? Under the current law a minor drug offense would prevent someone from having a career in which a NJ state license is required; such as, a cosmetologist, security guard, driller, real estate agent, or plumber. This means that most previously incarcerated people would be ineligible from one of these vocations. We know that one of the effective ways to curve recidivism rates in both previously incarcerated men and women is to have a stable source of income, something that the aforementioned careers could provide. Women often have less job skills when becoming incarcerated; incarceration provides an opportunity to learn new skills during a transitional or reentry program. Some of the jobs mentioned can be learned with job training programs in several months and do not require a college degree. We also know that recidivism rates are lower in incarcerated mothers when they can identify with a more prosocial view of themselves, something else a robust career can provide. If we do not allow people to have a chance to become financially stable, we are dooming them to only an entry level low wage job and therefore perpetrating the cyclical nature of poverty and everything that comes with it.



## All Women's Rights

We know the needs of cisgender women have not been well represented in research on incarceration or reentry needs, but the rights of trans women are also being forgotten. As a result, we are failing to assure critical protections of this population as represented by the recent horrific incident at Edna Mahan Correctional Facility (EMCF), in which several women, including a trans woman, were brutally attacked. Governor Murphy has responded to the results of an independent investigation of the incident, by calling for closure of the troubled facility.

Unfortunately nationwide, trans women are still most often held in jail and prison with men, exposing them to abuse and harm to their self identity. A possible solution to this is passing legislation that would protect the rights of trans individuals. In California, a new state law, Senate Bill 132, *The Transgender Respect, Agency, and Dignity Act* that requires all trans or non-binary persons to be housed in their expressed identity.

# Reentry for Incarcerated Women

*Carey Francis*

During the time of my incarceration, these programs were not offered to women getting out of prison or jail. I was in a multiple unit programming system called SAF-P Substance Abuse Felony Program combination of prison, military, and treatment. During my stay in this facility, I gravitated toward the treatment part of the program. When I was incarcerated in 1996 the judicial system was still researching, studying, developing, and experimenting on how to better help people like me become productive citizens. During that time, a person really had to have it in them to want to get better. That treatment program was the best thing for me. I got to really look at my behavior and see what and how I could change my thought process and become a better person.

One of the group therapy approaches we did in SAF-P was called the Therapeutic Retro-Mend. This is where one person would go into the center of a circle of all the other participants and everyone would talk to you and tell you the positive and the negative about your behaviors. The person in the center of the circle could not say a word. That was the therapy part of SAF-P.

SAF-P was a program that had many hats. There were also military aspects of the program. For example, to get mail we would have to put on either green military jackets or green military t-shirts depending on the weather and stand in line outside and get our mail. That part of the program helped me to develop endurance and patience. I learned a lot from that program, even though at the time I saw it as cruel and unusual punishment.

Today, there are different programs called Drop in Assistance. Drop in Assistance goes further than SAF-P did to help people become professional productive citizens. It is a new innovative way for women to reenter back into society. They provide long term programming that helps you for longer than just your first year. It helps to smooth the transition back into society. The judicial system now has a number of organizations that offer help for reentry women such as nonprofits, government, and other organizations. These organizations offer all different kinds of programming like self-defense training, education, jobs placement, home security, counseling, and childcare.

The most important thing for me when I got out was not going back to jail. I needed assistance in all of the activities of daily living like transportation, finances, and education. All focused on that one thought. Not going back to jail.

When I got out of SAF-P, I got a job at Target and from that point on I began exploring and researching specific methods of how I could come up with a solution to stay focused and busy. Anything to not to go back to jail. One thing I did was move geographically and the other thing I did was get an education. I now have a BFA and a MFA and I work with incarcerated juvenile students. I am also grateful to be a part of the Community Family Life Services Speaker Bureau in Washington, DC.

All of these programs like Drop in Assistance programs should be a part of how we operate to help women reenter society. There should be programs set in place to evaluate, revamp, research and study even more. We need to provide ways for people to not go back to jail throughout the country.



Sara Bennett

# STACY

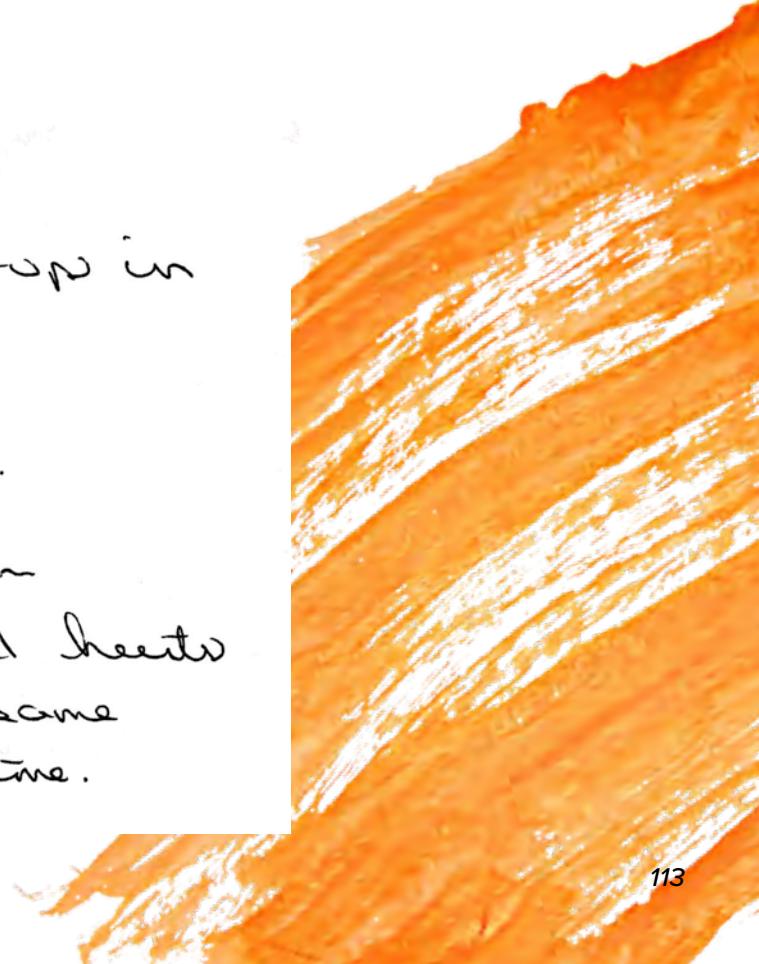
**STACY, 45**, in the college office at Bedford Hills Correctional Facility (2019)

**Sentence:** 30 years to life  
Incarcerated at the age of 30 in 2004

There are days I wake up in  
a dog.

I think I am home.

After all this time ~  
it feels good and meets  
all at the same  
time.



# It's Now or Never...

*Janice M. McElhiney*

Your time is up  
It's time to go  
Get your stuff  
Don't be slow

You've learned your lesson  
Do you hear what I say  
Skip the goodbyes  
We don't have all day

She was rough and so tough  
Never a kind word or smile  
She poked and she shoved  
Made my sad life a trial

I'll just haul my sick self  
Back to the threatening hood  
I'll try my very best  
I promised my God I would

I'm so sad and beat down  
I fear what awaits  
I ache and I'm tired  
Who'll beat on my fate

I've been here before  
Why am I still alive  
With no one to help  
Just how will I survive

If I could get it together  
If only there was a place  
Somewhere I could heal  
A safe house with some space

Perhaps a half-way sober house  
With women just like me  
Ex-cons who want to do the right thing

Who want their spirits free

Can someone come and help  
Can someone help save me  
I'll die before I'm back in this hell  
I pray I can stay free

I know it's all just up to me  
But I crave a helping hand  
Damn all those drugs and alcohol  
I know with help I'll stand

Goodbye mean guards and dingy bars  
My spirit's not been broken  
I've got my stuff - I'm ready to go  
I won't be back -- I have spoken!

# All For One

Melody Gray

## All For One

Finally the gates are open, I think I'm free;  
Even the sun is smiling down on me...  
A ticket for Amtrak, thinking of my first  
snack; Happy to hopefully have my life on  
track...

Scared of the unknown, but I know  
my purpose and will get to where I belong...  
Head against the window and then I feel  
a presence; I look to my left and it's a  
man who decided to vent...

I'm a Pastor he say; And informed me  
a Godly journey was heading my way...  
In 10,000 steps he said I would know my  
purpose; My heart sped like something  
was urgent...

A flash, I'm here motivational speaking;  
Listening to others and what they are seeking...

Life can change not for all, but for some;  
but us a unity can stand All For One!

Written By: Melody Gray

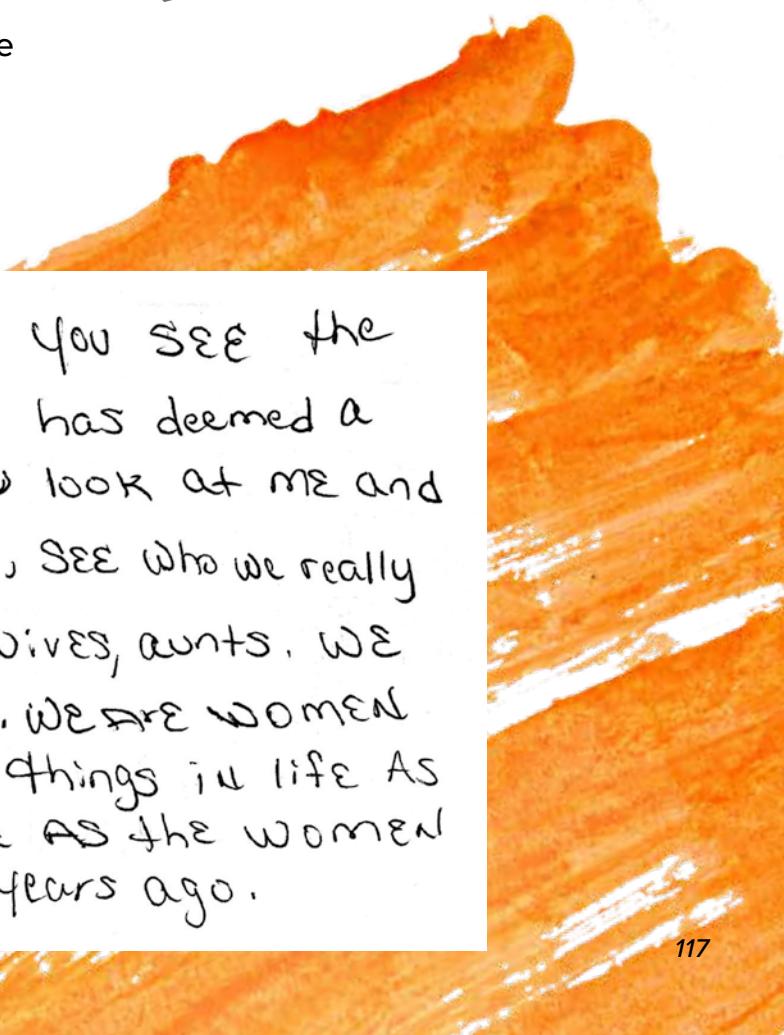


Sara Bennett

**YVETTE**, 54, outside the housing unit for the medically unemployed at Taconic Correctional Facility (2019).

**Sentence:** 25 years to life  
Incarcerated at the age of 32 in 1997

When you look <sup>at</sup> me you see the face of what society has deemed a criminal. But when you look at me and other women like me, see who we really are. We are mothers, wives, aunts. We are not just numbers. We are women who love the same things in life as anyone else. See me as the women I am today not 22 years ago.





Sara Bennett

**TIANA, 25**, in the library at Bedford Hills Correctional Facility (2019)

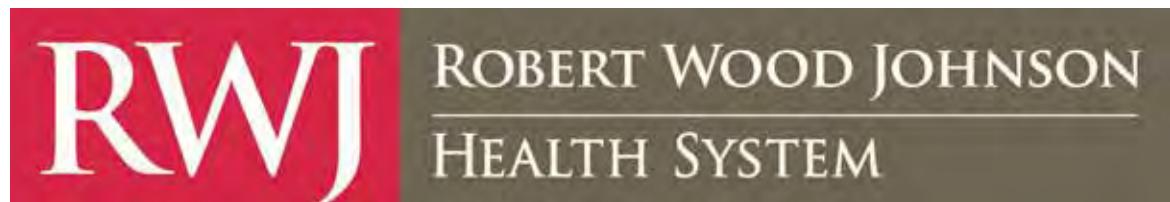
**Sentence:** 15 years to life  
Incarcerated at the age of 15 in 2008

"At the age of fifteen, I was charged with murder and tried as an adult. As a result, my entire youth was spent in a juvenile setting and then I was later transferred to Bedford Hills Correctional. I have done independent introspection of the last 10 years and grown tremendously. I am remorseful. Currently, I am in college working towards my AA in Human Resources and Business Management. I received a variety of certificates and awards during my incarceration in addition to remaining disciplinary free. One day I would like to become a motivational speaker for troubled teens and illuminate the injustice of the American Justice System."

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