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Planned Parenthood of New York City

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**Testimony in support of Proposed Int. No. 899**

Good afternoon. I am Julianne Verdi, Director of Government Relations at Planned Parenthood of New York City (PPNYC). I am pleased to be here today to provide testimony in support of Proposed Int. No. 899. Planned Parenthood of New York City thanks our strong supporter and Chair of the New York City Council Committee on Fire and Criminal Justice, the Hon. Council Member Elizabeth Crowley for her leadership in convening this hearing. We'd also like to thank Speaker Melissa Mark-Viverito, the Committee on Fire and Criminal Justice and the entire City Council for their dedication to issues that impact women in incarceration, and we welcome the opportunity to discuss ways we can work together to improve healthcare services for women in the criminal justice system.

As a sexual and reproductive health care provider, we see nearly 50,000 patients annually in our five health centers located in all five boroughs of New York City. PPNYC provides sexual and reproductive health services including birth control; emergency contraception; gynecological care (including cervical and breast cancer screenings); colposcopy; male reproductive health exams; testing, counseling, and treatment for sexually transmitted infections; the HPV vaccine; HIV testing and counseling; pregnancy testing, options counseling (including adoption) and abortion. As a trusted safety net provider in New York City we understand firsthand the structural inequities that affect a person's access to quality, compassionate health care.

PPNYC supports Proposed Intro. 899, which would require the New York City Department of Corrections to report on the Rikers Island nursery program. The nursery program offers a critical point of bonding and care for new mothers and their children, and this legislation would enable city agencies and advocates be better informed on the services provided in the nursery, as well as eligibility into the program and any use of force on inmates.

The need to address issues that impact women in the criminal justice system is more important than ever. The number of women incarcerated in the United States has grown by over 800% in the last three decades, more than double the increase of the male prison population.<sup>1</sup> PPNYC encourages the City Council to address the wide-range of health issues and experiences affecting incarcerated women. Female inmates are predominately mothers and have high rates of a history of trauma, substance abuse and mental illness.<sup>2</sup> Many are survivors of domestic violence or childhood sexual abuse.<sup>3</sup> Given the high rates of trauma, it is critical that healthcare for women in New York City jails be trauma-informed.

Women's specific healthcare needs must not be overlooked. Comprehensive care for female inmates includes routine gynecological exams, sexual assault support, pregnancy support and abortion. We recommend that routine check-ups include breast exams, cervical cancer screenings, HIV and STI testing as requested and timely follow-up care as needed, and that New York City's policy is enforced. Just as

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<sup>1</sup> Cooper, M., West, H., & Sabol, W. (2009). National Prisoner Statistical Data Series - Bureau of Justice Statistics. Office of Justice Programs, U.S. Department of Justice, NCJ(228417). Retrieved December 11, 2015, from <http://www.bjs.gov/content/pub/pdf/p08.pdf>

<sup>2</sup>. The Sentencing Project (2012, September 1). Incarcerated Women Factsheet. Retrieved December 11, 2015, from [http://www.sentencingproject.org/doc/publications/cc\\_Incarcerated\\_Women\\_Factsheet\\_Sep24sp.pdf](http://www.sentencingproject.org/doc/publications/cc_Incarcerated_Women_Factsheet_Sep24sp.pdf);

<sup>3</sup> The Correctional Association of New York (2009, April). Women in Prison Fact Sheet. Retrieved December 11, 2015, from <http://www.correctionalassociation.org/resource/women-in-prison-fact-sheet>

important as providing access to care; however, is ensuring a healthy doctor-patient relationship. Female inmates at Rikers Island have reported cases of physician assault, and so we urge the Department of Corrections to ensure stringent accountability measures are in place.<sup>4</sup>

In order to better understand and improve the reproductive and gynecological services provided in New York City jails, PPNYC recommends the New York City Department of Corrections report on the provision of contraceptive services for female inmates in NYC jails. In accordance with the New York State Commission of Correction's 2008 memo to Corrections administrators, jails should permit women "to continue taking previously prescribed hormonal therapy during incarceration, i.e., in a manner no different from most other prescription medications prescribed by an offender's primary care physician."<sup>5</sup> Contraception is prescribed for a variety of health reasons, including to prevent pregnancy, and the decision of whether or not to use contraception must be left to a patient and their physician. Conflicting reports on the provision of contraceptive services in correctional facilities evidences the need for clear public reporting.

All New Yorkers deserve access to quality health services, and correctional facilities have an obligation to enact and uphold policies that ensure inmates' access to care. Jails and prisons can help address health inequities incarcerated women face by providing timely access to critical services. When it comes to sexually transmitted infections, women in New York City jails are twice as likely as men to be diagnosed with HIV and female inmates experience higher rates of Hepatitis C.<sup>6</sup> Jails serve as a critical access point to care, able to provide screening, counseling, and follow-up care at no cost for individuals at high risk of transmission.

Comprehensive care also includes personal hygiene, and for women, this includes menstrual products. Access to feminine hygiene products is a basic human right and an issue of dignity and health. New York City correctional facilities should ensure all female inmates are provided with an adequate amount of feminine hygiene products upon request. Women should not be forced to acquire a medical permit or spend their commissary earnings to achieve a basic standard of hygiene.

Lastly, PPNYC recommends the Department of Corrections report on the use of restraints on pregnant inmates and new mothers, both in the nursery program as well as during transport. Shackling during pregnancy and recovery after birth is dangerous and degrading and puts a person's health and safety at risk. The use of restraints on pregnant individuals heightens the risk of blood clots, limits the mobility needed for a safe pregnancy and delivery, and increases the risk of falling, which can potentially cause miscarriage.<sup>7</sup> The American Congress of Obstetricians and Gynecologists (ACOG), the American College of Nurses-Midwives (ACNM) and the American Medical Association (AMA) all condemn the use of shackles during pregnancy.<sup>8</sup> The AMA has even called the practice "barbaric."<sup>9</sup> The New York State

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<sup>4</sup> Eichelberger, E. (2015, September 10). In Harm's Way: Seeking Medical Care, Female Rikers Inmates Say They Faced Sexual Abuse. Retrieved December 11, 2015, from <https://theintercept.com/2015/09/10/female-rikers-inmates-medical-care-sexual-abuse-allegations/>

<sup>5</sup> New York State Commission of Corrections (2008, March 3). Chairman's Memorandum No. 4-2008, RE: Reproductive Services for Women in Jail. Retrieved December 11, 2015, from [http://www.nyclu.org/files/Correction\\_Memo\\_080304.pdf](http://www.nyclu.org/files/Correction_Memo_080304.pdf)

<sup>6</sup> Porr, T. (2015, May 18). Breaking The Silence Around The "Silent Epidemic" Of Hep C. Retrieved December 11, 2015, from <http://fortunesociety.org/2015/05/18/breaking-the-silence-around-silent-epidemic-of-hep-c/>.

<sup>7</sup> The American Congress of Obstetricians and Gynecologists (2011, November 1). Health Care for Pregnant and Postpartum Incarcerated Women and Adolescent Females. Retrieved December 11, 2015, from <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Pregnant-and-Postpartum-Incarcerated-Women-and-Adolescent-Females>

<sup>8</sup> *Id.*



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Assembly and Senate recently passed legislation prohibiting the use of restraints during pregnancy and eight weeks postpartum. The legislation is currently awaiting Governor Cuomo's signature. PPNYC urges Governor Cuomo to sign the shackling bill and further urges New York City to enact measures to assess compliance and public reporting tools for when restraints are used. The reports should track the total number of times restraints are used on pregnant inmates and during postpartum care while in custody, as well as the reason for the use of restraints and the duration of use.

Planned Parenthood of New York City is committed to advancing compassionate nonjudgmental healthcare for all New Yorkers, no matter what. Putting a woman's health and safety at risk because she is in jail is cruel and undermines patient choice and dignity. We urge the Council to pass Proposed Intro. No. 899 and further address the wide-range of health issues affecting incarcerated women in New York City.

Thank you for the opportunity to testify on this important issue and I would be happy to take any questions or provide additional information.

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**Since 1916, Planned Parenthood of New York City (PPNYC) has been an advocate for and provider of reproductive health services and education for New Yorkers. Through a threefold mission of clinical services, education, and advocacy, PPNYC is bringing better health and more fulfilling lives to each new generation of New Yorkers. As a voice for sexual and reproductive health equity, PPNYC supports legislation and policies to ensure that all New Yorkers—and, in fact, people around the world—will have access to the full range of reproductive health care services and information.**

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<sup>9</sup> Walker, E. (2010, June 6). AMA: House of Delegates Backs Ban on Shackling Inmates in Labor. Retrieved December 11, 2015, from <http://www.medpagetoday.com/MeetingCoverage/AMA/20692>