GIVING BIRTH BEHIND BARS

A Guide to Achieving Reproductive Justice for Incarcerated Women

SPARK
REPRODUCTIVE JUSTICE NOW

FREE BODIES,
HEALTHY BABIES
End
SHACKLING Now!!

CONTENTS

ACKNOWLEDGEMENTS
LETTER FROM THE EXECUTIVE DIRECTOR
WHAT'S IN THIS RESOURCE?
WHO CAN USE THIS RESOURCE?

PRISONS AND REPRODUCTIVE JUSTICE

REALIZING REPRODUCTIVE JUSTICE FOR PREGNANT WOMEN BEHIND BARS: WHY WE STRUGGLE

HEAVY METAL MUZIK: A POEM BY CORINA MCCARTHY-FADEL

WHAT YOU SHOULD KNOW ABOUT WOMEN IN PRISONS IN THE UNITED STATES AND GEORGIA

GEORGIA DEPARTMENT OF CORRECTIONS FACILITIES FOR WOMEN

ACLU OF GEORGIA ANALYSIS OF SHACKLING POLICIES IN GEORGIA JAILS AND PRISONS

"LABORING IN CHAINS" IN GEORGIA: GWEN'S STORY

LEGISLATE THIS!: COMMUNITY CENTERED PUBLIC POLICY ANALYSIS, ADVOCACY & ORGANIZING

HEALTHCARE PROVIDERS TAKE A STAND AGAINST SHACKLING

ON THE FRONT LINES: HEALTHCARE PROFESSIONALS, INCARCERATED, PREGNANT WOMEN AND GIVING BIRTH WITH DIGNITY AND IN SAFETY

WHAT SHOULD I SAY AND/OR DO? WHAT I SHOULD KNOW ABOUT RESTRAINT PRACTICES?

SCRIPT FOR NURSES/MIDWIVES/PHYSICIANS WHO PROVIDE CARE TO PREGNANT INMATES

LIST OF MEDICAL PROFESSIONAL ORGANIZATIONS EXPRESSING THEIR OPPOSITION TO THE PRACTICE OF SHACKLING INCARCERATED PREGNANT WOMEN DURING LABOR AND DELIVERY

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS LETTER OF SUPPORT OF FEDERAL LEGISLATION TO PROHIBIT THE PRACTICE OF SHACKLING INCARCERATED PREGNANT WOMEN IN LABOR

RESOURCES

THE NATIONAL ANTI-SHACKLING MOVEMENT: WHERE WE STAND TODAY

TALKING POINTS: WHY WE OPPOSE SHACKLING INCARCERATED PREGNANT WOMEN

SAMPLE: LETTER TO STATE LEGISLATORS URGING THEM TO PASS LEGISLATION PROHIBITING THE PRACTICE OF SHACKLING PREGNANT INMATES

MODEL LEGISLATION: THE GIVING BIRTH WITH DIGNITY AND IN SAFETY ACT

STATES WITH ANTI-SHACKLING LEGISLATION

STATEWIDE CALL TO ACTION: END SHACKLING IN GEORGIA NOW!

PETITION: BE 1 IN 10,000: GEORGIANS DEMAND AN END TO SHACKLING PREGNANT INMATES

3RD ANNUAL LEGISLATE THIS! ORGANIZING FLYER

4TH ANNUAL LEGISLATE THIS! ORGANIZING FLYER

ORGANIZATIONS COMMITTED TO PROTECTING THE RIGHTS OF WOMEN BEHIND BARS

CONTACT INFORMATION FOR POLITICAL STAKEHOLDERS

BIBLIOGRAPHY AND OTHER RELEVANT INFORMATION

ACKNOWLEDGEMENTS

This resource is a collection of materials developed by and for communities most affected by the expansion of the prison industrial complex and confronting reproductive oppression within the confines of the walls of these institutions.

We are extremely grateful to our CORE Organizing Team of the Speak Justice Take Action Program for their relentless commitment to engaging in the struggle to end the practice of shackling, incarcerated pregnant women during transport, labor, delivery and recovery. The CORE is a crew of committed member leaders dedicated to advancing the reproductive justice movement in Georgia and the South, originally brought together to develop, organize, and sustain our community based public policy program, Legislate THIS!

Ellen Coleman
Shanna Gildersleeve
Paris Hatcher
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Gillian Silver
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We would like to thank our organizational partners that have been essential in the development of this resource and our campaign to end the practice of shackling incarcerated, pregnant women in Georgia:

American Civil Liberties Union of Georgia
Amnesty International USA, Southern Region
Rebecca Project for Human Rights

We would like to thank Cara Page for her constructive and insightful editorial comments and direction.

We want to extend our tremendous gratitude to Gwen, Ashley and Pandora for their fierce commitment to reproductive justice and contribution to the publication of this resource.
This resource is dedicated to all the women that have labored in chains, present, past and future.

Dear friends, allies and members,

Over the last few years, reproductive justice organizations, in coalition with other social justice groups and medical professional organizations, have achieved considerable progress towards ending the practice of shackling incarcerated women during transport, labor, delivery and post-delivery recovery. As of now, ten states have prohibited the practice echoing the sentiments of the American College of Obstetricians and Gynecologists that "physical restraints have interfered with the ability of physicians to safely practice medicine by reducing their ability to assess and evaluate the physical condition of the mother and fetus, and have similarly made the labor and delivery process more difficult than it needs to be; thus, overall, putting the health and lives of the women and unborn children at risk." More recently, the national anti-shackling movement has witnessed a string of victories condemning the practice as activists on the state level have successfully won bans in New Mexico, New York, Texas, West Virginia, Washington state, Colorado and Pennsylvania.

This resource is designed to provide our communities, political stakeholders, state medical professional organizations, healthcare providers including doulas and midwives, elected officials and social justice groups with an understanding of the intersections of race, class *and gender* within the context of institutions of social control like jails and prisons in Georgia. The absence of this critical analysis and operational grassroots strategy rendered the female incarcerated population and their needs nearly invisible or broadly misunderstood.

We know that prisons and jails are, oftentimes, unaccountable sites of reproductive oppression *where justice is hardly won or marginally realized*. In spite of that, we are committed to building a reproductive justice movement that centers the lived experiences of women of color rendered invisible and silent by the walls, intersecting systems of oppression, social stigma, shame and physical restraints employed in prisons and jails. We look forward to the day when Georgia can join the ranks of states' expressing their commitment to ending the shameful practice of shackling incarcerated pregnant women. Thank you for your commitment to building the reproductive justice movement where all women are able to live their lives in safety and dignity.

Sincerely,

Paris Hatcher, Executive Director
SPARK Reproductive Justice NOW

WHAT'S IN THIS RESOURCE?

Giving Birth Behind Bars: *A Guide to Achieving Reproductive Justice for Incarcerated Women* is composed of three sections, each highlighting the tools and materials that we have employed over the last three years for our popular education and organizing campaign to end shackling of incarcerated pregnant women in jails and prisons. While this resource is not exhaustive, it provides our allies, members, communities and elected officials with the most thorough assessment, to date, of the practice of shackling pregnant women in Georgia prisons and jails.

Section One provides a broad overview of the intersection between reproductive justice and prisons. This section includes a reproductive justice analysis of the prison industrial complex, information on women in Georgia prisons, a powerful story from a formerly incarcerated woman empowered through her experience and information about our community centered public policy analysis program, Legislate THIS!

Section Two consists of information designed to offer healthcare providers with a broad overview of what they can do to ensure that women are able to labor, birth and recover without the burden of restraints. In addition, this section provides a list of medical organizations that oppose the practice of shackling pregnant inmates during labor, delivery and recovery and additional relevant materials.

Section Three provides a collection of material about the national anti-shackling movement. The publication includes information on states with anti-shackling laws and some of the practical popular education resources SPARK has developed including anti-shackling talking points, a petition, a sample letter to legislators, resource list, and other organizing materials and relevant information.

WHO CAN USE THIS RESOURCE?

We hope this popular education resource will encourage all stakeholders to collectively identify strategies for realizing reproductive justice for women behind bars and effectively end one of the most inhumane institutional practices pregnant women are routinely subjected to.

This resource provides elected officials with a comprehensive understanding of the harmful practice of shackling incarcerated pregnant women during labor, delivery and recovery in Georgia. It explores legislative actions taken by other states to prohibit the practice and model anti-shackling legislation based on the principles of the inherent dignity and right to safety of the woman and the baby.

This resource offers medical professionals providing care to incarcerated pregnant women with the information and tools they need to advocate for just and humane treatment.

This resource offers social justice activists, community partners and families with essential information on the national anti-shackling movement including our statewide campaign, an analysis of the gendered implications of mass incarceration, and resources to advocate for a more just society where dignity and security define our values as opposed to control and punishment.

PRISONS & REPRODUCTIVE JUSTICE

REPRODUCTIVE JUSTICE FOR PREGNANT WOMEN ON THE INSIDE: WHY WE STRUGGLE?

Reproductive justice is a social justice movement rooted in the belief that individuals and communities should have the resources and power to make sustainable and libratory decisions about their bodies, genders, sexualities, families and lives. The rapid expansion of the prison industrial complex triggered, in part, by black political protest of the 1960s and 1970s to racial subordination, the war on drugs, criminalization and feminization of poverty and the subsequent systematic disappearing and incarceration of bodies of color, particularly female bodied people of color, is a reproductive justice issue. Prison abolitionist, scholar-activist Angela Y. Davis provides this astute assessment of the gendered and racialized dimensions of the expanding prison industrial complex, "Almost two million people are currently locked up in the immense network of U.S. prisons and jails. More than 70 percent of the imprisoned population is people of color. It is rarely acknowledged that the fastest growing group of prisoners are black women and that Native American prisoners are the largest group per capita" (Davis, 2000). While, we are socialized to believe that prisons provide protection, diminish crime and punish those who broke the law, prisons and jails can be institutions of tremendous violence, degradation and reproductive oppression. Making matters worse, prisons and jails reflect a society more committed to warehousing bodies than investing in transforming desperate social, economic and political conditions in order to ensure and sustain community safety and wellness. The mass incarceration of black and brown bodies, male, female and transgender people,[1] reflects a country unwilling to own and acknowledge the complicated, systemic roots of poverty and inequality premised on mutually reinforcing intersecting oppressions "that prescribe simplistic and punitive enforcement responses to complex social problems" (Braithwaite, 20). Instead of creating a just social, political and economic environment where people can live in dignity and security, our system prioritizes punitive, corrective measures that fail to address problems that trouble our communities. This unfortunate strict disciplinary approach is evident in the state of Georgia where 1 out 13 residents are under some form of state supervision according to an analysis by the Pew Center on the States.

> ***"I cannot imagine a place where one might stand and have a clearer view of concentrated disadvantage based on race, class, and gender inequality in the country then from inside the walls of women's prisons."***
>
> *- Beth E. Richie*

Over the last thirty years, the female prison population has increased exponentially, largely as a consequence of the criminalization of poverty and the war on drugs. Oftentimes, women behind bars have been subjected to physical and sexual

1 Transgender people are those in our communities whose gender identity and/or expression that does not or is perceived to not match stereotypical gender norms associated with our assigned gender at birth.

abuse prior to incarceration and once incarcerated, there is evidence to suggest that women may also be subjected to a variety of gendered abuse and violence ranging from custodial sexual misconduct to prison rape to shackling of incarcerated, pregnant women during labor and delivery. Operating with limited public oversight and indifference to the rapidly growing female prison population, prisons and jails, institutions historically constructed by men for men, frequently deny or fail to provide adequate reproductive health care services for women. One of the most harmful manifestations of the invisibility and/or marginality of the particular needs of female inmates is the oftentimes arbitrary shackling by the waists, ankles and wrists of pregnant women during labor, delivery and recovery and transport to and from medical facilities. Contrary to popular belief, these practices are not isolated incidents but an issue that is national in scope. Since data from the Department of Justice estimates that 5% of women that enter state prisons are pregnant and 6% of women that enter jails are pregnant at the time of their arrest, the need for explicit policy and legislative prohibitions are essential in order to ensure that women labor and birth in safety and with dignity. Amnesty International explains the extensiveness of restraint practices women are subjected to while incarcerated:

> *Sick and pregnant women prisoners are chained to their hospital beds all over the USA. Jails and prisons commonly use restraints on incarcerated women when they are being transported to and kept in hospital (even when they are in labor or when they are in a coma). Jails and prisons use restraints on women as a matter of course regardless of whether a woman has a history of violence (which only a minority have), regardless of whether she has ever absconded or attempted to escape (which few women have) and regardless of her state of consciousness (Factsheet: Shackling of Pregnant Prisoners, Amnesty International USA).*

Georgia is one of forty states that continue to permit, either by neglect, omission or disregard in practice and policy, the shackling of incarcerated women during the birthing and laboring processes. Moreover, the Georgia Department of Corrections does not have an explicit standard operating procedure that prohibits the practice of shackling pregnant inmates during transport, labor, delivery and recovery. Furthermore, many local jurisdictions do not have any policy regarding restraint practices for pregnant inmates, at all, according to an analysis by the American Civil Liberties Union of Georgia. The absence of a prohibition means that restraint practices for pregnant laboring and birthing inmates across state and local correctional systems are oftentimes inconsistent with human rights standards, constitutional prohibitions against cruel and inhumane treatment or the standards established by the Federal Bureau of Prisons and the U.S. Marshalls Service.

In a groundbreaking report by The Rebecca Project for Human Rights and the National Women's Law Center entitled, "Mothers Behind Bars: A state-by-state report card and analysis of federal policies on conditions of confinement for pregnant and parenting women and the effect on their children," the state of Georgia, reflecting our own participatory research over the last few years, received a failing grade in two categories: shackling policies and prenatal care. Nurses that we have interviewed at hospitals providing care for pregnant inmates have confided that women have been shackled and oftentimes the shackling practices, when and where the restraints are placed, are inconsistent and sometimes differ depending on the correctional officer on duty. Considering Georgia has one of the largest female prison populations in the country and one of the highest incarceration rates for women in the United States, according to the Institute on Women and Criminal Justice, and no clearly delineated Department of Corrections policy on restraint practices for pregnant inmates during labor, delivery and recovery, the need for state legislation on this matter is essential.

Over the last few years, several states (VT, NY, NM, CO, PA, WA and WV) have decided that this practice is not only unnecessary but also potentially medically harmful to the mother and her newborn, and should be prohibited by law. In 2008, the Federal Bureau of Prisons and U.S. Marshall Service prohibited the practice of shackling pregnant women prisoners during transport, labor, delivery and post-partum recovery except where a documented risk exists. More recently, the 8th Circuit Court of Appeals held that "the U.S. Constitution protects pregnant women in prison from the unnecessary and unsafe practice of shackling during labor and childbirth." In addition, the practice of shackling incarcerated women during labor, delivery and recovery violates international human rights standards and norms. There is a consensus amongst all of the major health professional organizations including the American Medical Association, the American College of Obstetricians and Gynecologists and the American College of Nurse Midwives, to name a few, that shackling of incarcerated pregnant women during labor, delivery and recovery is harmful, unnecessary and undermines their responsibility to provide quality and timely maternal care.

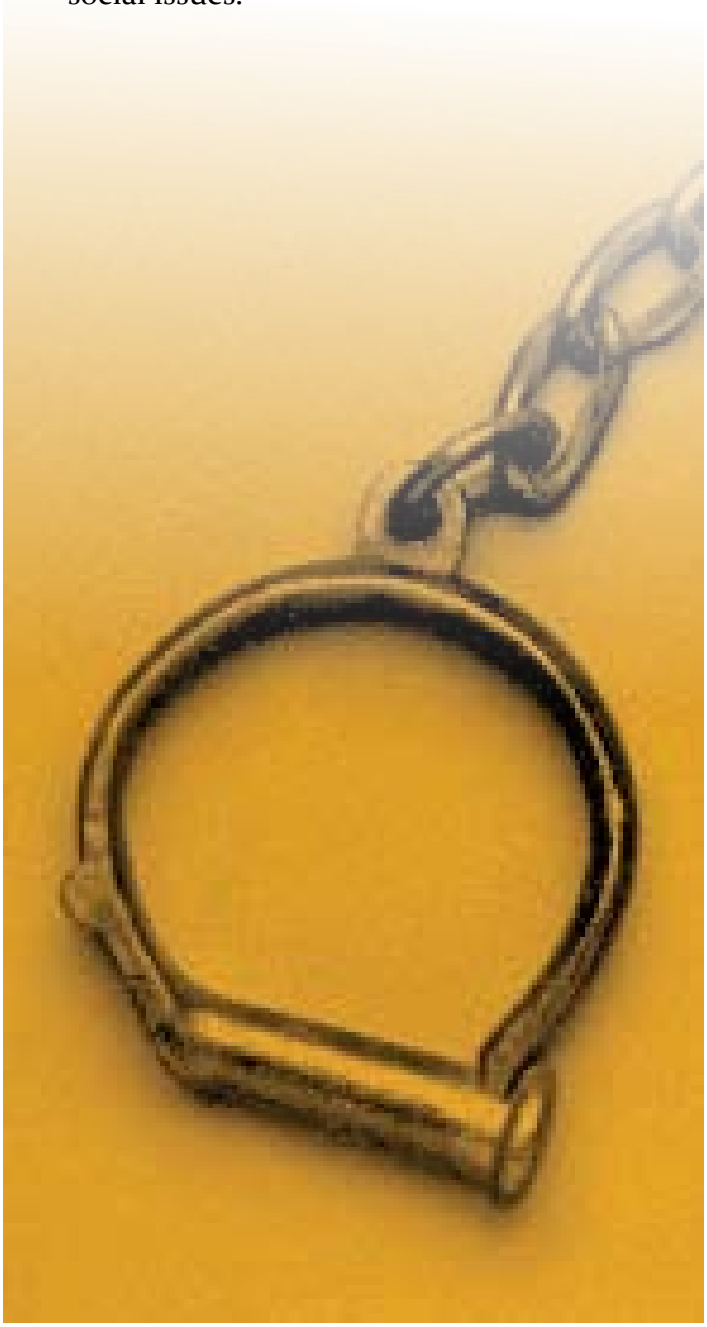
Clearly, the time to end this practice in Georgia is now. How many more women will labor in pain, silence, obscurity and shame?

We struggle for the realization of reproductive justice for incarcerated women because:

1) The unprecedented increase in the female prison population in the country and Georgia, in particular, warrant greater scrutiny and attention from the reproductive justice movement and all those committed to a just and secure society;

2) Pregnancy is one of the vulnerable times in a women's life and it is the state's obligation to ensure that she is able labor, give birth and recover in dignity and safely, free from restraints and/or shackles; and

3) We are committed to building a society where our bodies, genders and sexualities, families and lives are not subjected to public and private violence, excessive state regulation, surveillance and oversight and other institutional methods of social control as a prescription for complicated social issues.



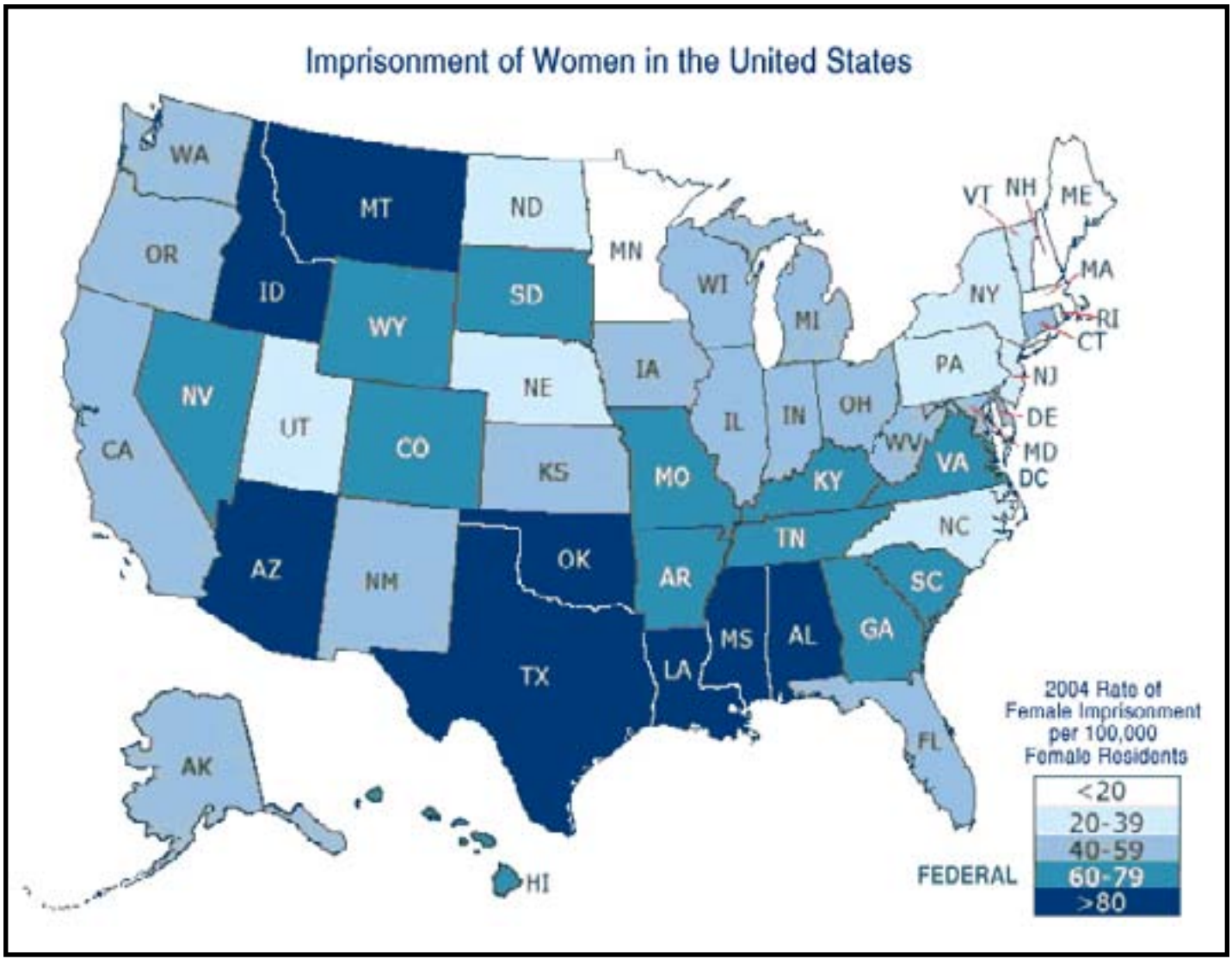
HEAVY METAL MUSIK

By
Corina McCarthy-Fadel

Heavy Metal Musik,
Shackles and chains.
Heavy Metal Musik,
Shackles and chains.
Heavy Metal Musik
Shackles and chains carry weight of years of institutionalized hate
Prison mothers feel'n heavy
Not just the amniotic fluids
With legs weighted down by the shackles
They are forced to wait
For change to come...
As the chains 'round their ancles shake
Prison mother screams.
on beat with the metal musik at her feet
Feeling beat
From being held captive in a land that's supposed to be free
Mother clenches fists fightin for the generation that's been growin for nine months inside of her
She screams
Praying her baby sees some change
Mother pushes out life from her balloon belly
She pops
Screams one last time and falls back
Shackle chain metal musik be lullaby to babies born behind bars of prison
Ears ringing from their own mother's screams
Ears ringing from that Heavy Metal Musik
Prison babies have no room to dream.
Born on a bed of steel
behind bars of steel
in a cement prison
These prison babies know it's a cold world
Open their eyes hearing the cries from their mother
First sight seen is bars shackles and chains
Mother names baby hope
Society names baby other
In a world where everyone has a price
Prison babies bar code ring up error
Since mother made mistake of defending self
After piece of paper that ordered restraint
Didn't shield her from bloody bruise breaks
Mother decided to be her own shield
Defend herself and the baby unborn in her belly
From future years of abuse...
Judge found mother guilty of being woman
Sentence sent her to prison
In prison not allowed GED classes society labels her unteachable
Mother adds her body to long list of untouchables society locks away
Prison population grows every minute of every hour of every day
Women of the prisons are
Mothers of babies born behind bars
Babies who don't have room to dream
Ears ringing from the metal musik at their Mother's feet
No life should start in shackles
No birth should begin in chains

The practice of shackling an incarcerated woman in labor may not only compromise her health care but is demeaning and unnecessary. Most women in correctional facilities are incarcerated for non-violent crimes and are accompanied by guards when they are cared for in medical facilities. Testimonials from incarcerated women who went through labor with shackles confirm the emotional distress and the physical pain caused by restraints. Women describe the inability to move to allay the pains of labor, the bruising caused by chain belts across the abdomen, and the deeply felt loss of dignity.

The American College of Obstetricians and Gynecologists (ACOG)



Source: Institute on Women and Criminal Justice
http://www.wpaonline.org/institute/hardhit/part2.htm#msr

WHAT YOU SHOULD KNOW ABOUT WOMEN IN PRISON IN THE UNITED STATES

- ***The United States has the highest incarceration rate in the world.***
- *Since 1980, the number of women in prison has increased at nearly double the rate for men.*[2]
- *The number of people in women's prisons rose almost twice as fast (4.8%) as the growth of the number of men imprisoned (2.7%).*[3]
- *Women in state prisons in 2001 were more likely than men to be incarcerated for a drug offense (32% vs. 20%) or property offense (25% vs. 19%) and less likely than men to be incarcerated for a violent offense (31% vs. 50%).*[4]
- *More than half of the women in state prisons have been abused, 47% physically abused and 39% sexually abused (with many being survivors of both types of abuse).*[5]
- *43% of women prisoners are African American and 12% are Latinas.*[6]
- *An estimated 25% of women in prison nationwide are pregnant at the time of their arrest or have given birth at some point during the year prior to their incarceration.*[7]
- *According to a report by the Department of Justice, 5% of women who enter state prisons are pregnant; 6% of women who enter county jails are pregnant.*[8]
- *Women in prisons and jails are predominately mothers, rendered invisible in a system that was designed for men where reproductive health care varies and are oftentimes inadequate and discretionary.*

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2. The Sentencing Project, (2003). Women in Prison Fact Sheet. Available from: http://www.prisonpolicy.org/scans/sp/1032.pdf
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7. Correctional Association of New York, Imprisonment and Families Fact Sheet. Available at: http://prisonpolicy.org/scans/Families_Fact_Sheet_2009_FINAL.pdf
8. Greenfeld, L. and T. Snell. (1999). *Women Offenders: Bureau of Justice Statistics Special Report*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs. December. Available at: http://bjs.ojp.usdoj.gov/content/pub/pdf/wo.pdf

WOMEN IN GEORGIA PRISONS

- *There are 31 state prisons in the state of Georgia, 3 of which are delegated to women.* [9]
- *More than three thousand women are incarcerated in Georgia prisons.*[10]
- *In 2004, Georgia had one of the highest total number of women incarcerated in the United States.*[11]
- *Georgia, on average, has one of the highest incarceration rates for women in the United States.*[12]
- *In less than 30 years (1977-2004), Georgia's female incarceration rate grew by nearly 600%.*[13]
- *The Georgia Department of Corrections has no explicit policy nor are there state laws prohibiting the us of restraints for pregnant inmates during transport, labor, delivery and post-delivery recovery.*
- *Personal stories from incarcerated women and health care professionals provided to SPARK have revealed that incarcerated women have been shackled during transport, labor and delivery, and recovery.*

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9. Georgia Department of Corrections. Available at: http://www.dcor.state.ga.us/Divisions/Corrections/StatePrisons.html
10. Women's Prison Association, "The Punitiveness Report: Hard Hit: The Growth in the Imprisonment of Women, 1977- 2004" Available at: http://www.wpaonline.org/institute/hardhit/states/ga/ga.htm
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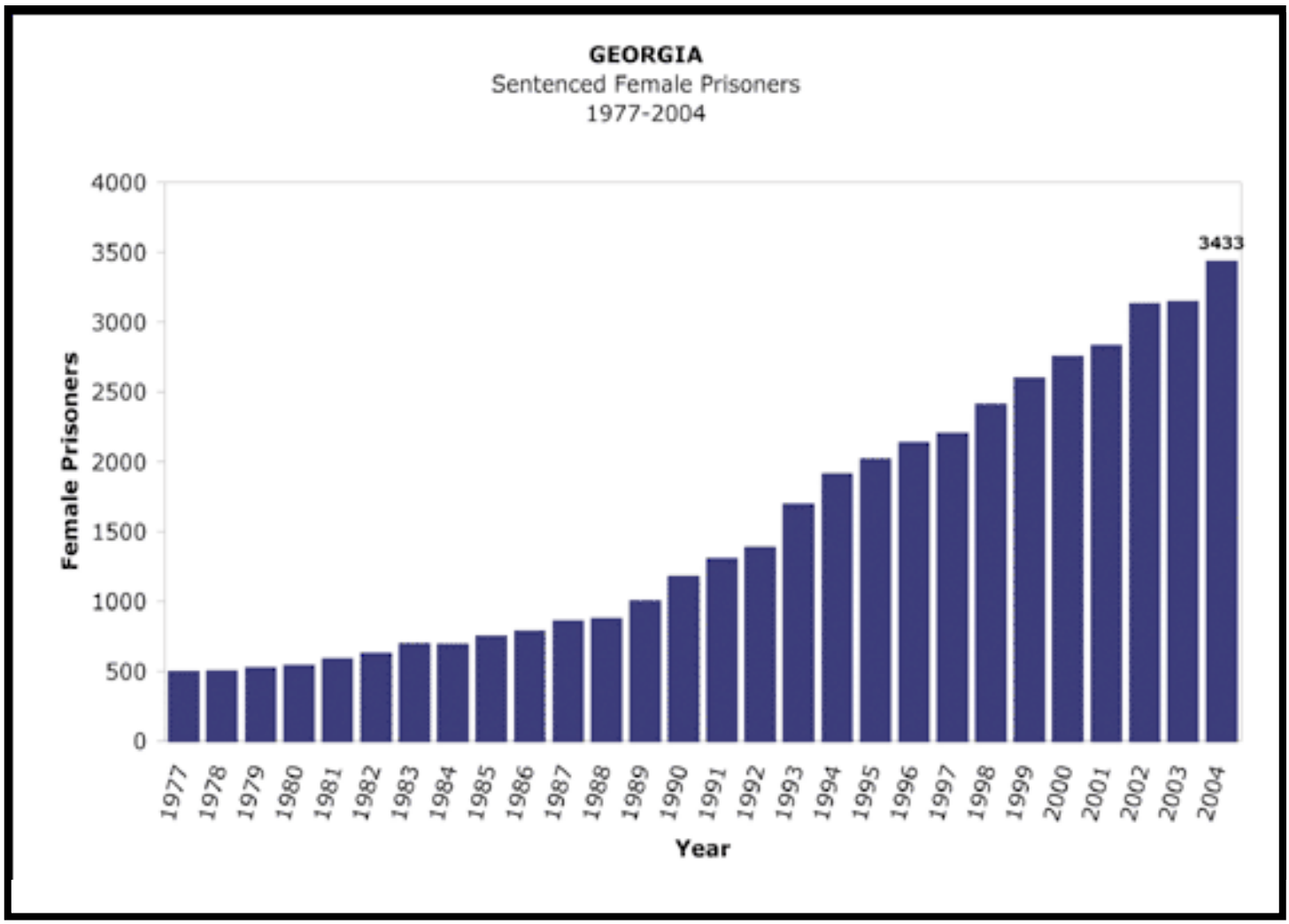
13. Women's Prison Association, "The Punitiveness Report: Hard Hit: The Growth in the Imprisonment of Women, 1977- 2004" Available at: http://www.wpaonline.org/institute/hardhit/states/ga/ga.htm

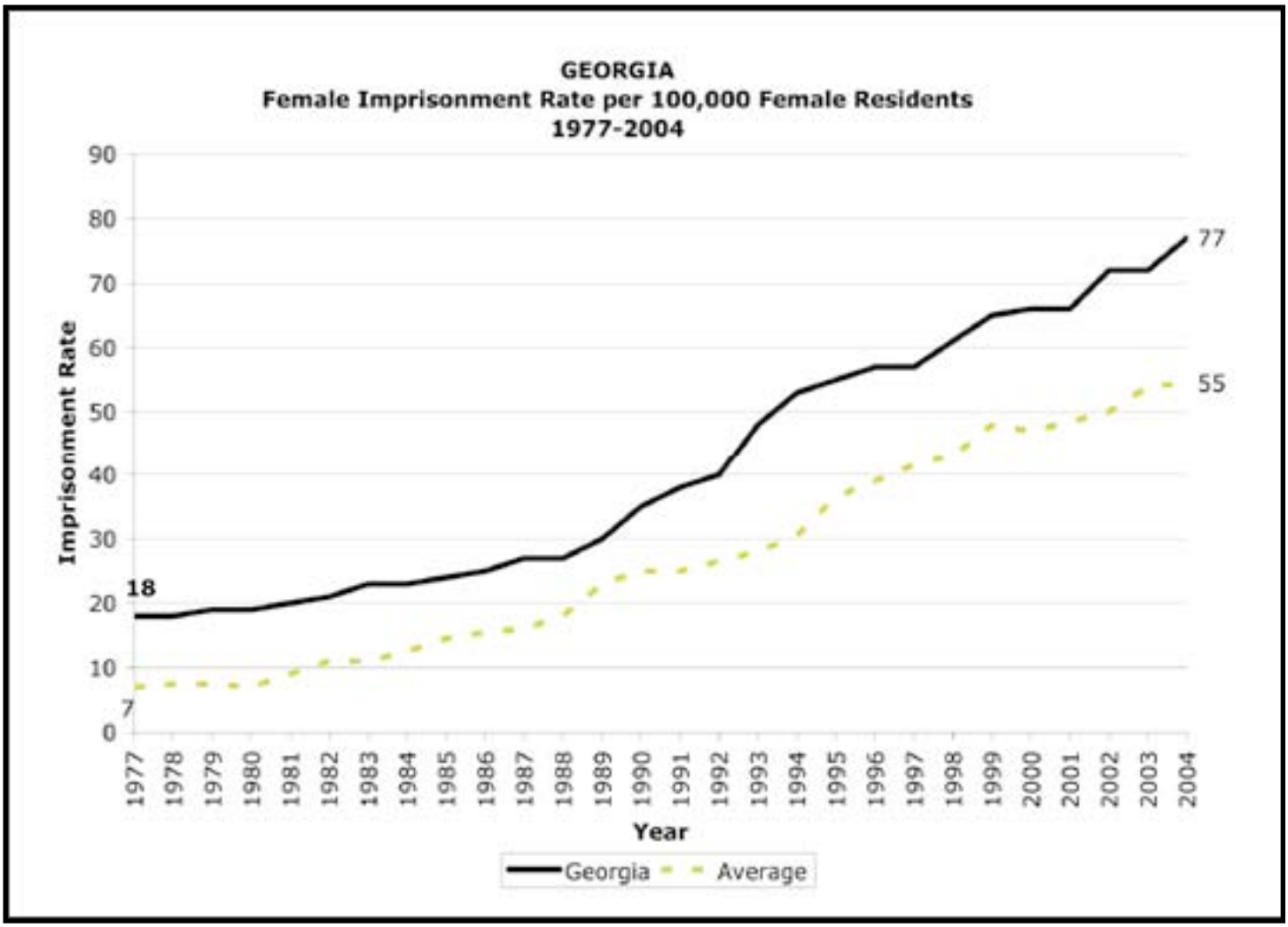
GEORGIA DEPARTMENT OF CORRECTIONS FACILITIES FOR WOMEN

*Metro State Prison	Pulaski State Prison	Arrendale State Prison
1301 Constitution Road Atlanta, GA 30316 Phone: (404) 624-2200 Fax: (404) 624-2235	P.O. Box 839 Hawkinsville, GA 31036 Phone: (912) 783-6000 Fax: (912) 783-6008	P. O. Box 709 2023 Gainesville Highway, S Alto, GA 30510-0709 Phone: (706) 776-4700 Fax: (706) 776-4710
A maximum-security facility.	*Houses female inmates of all security levels and juveniles.*	*A general purpose all female facility.*

Metro State Prison is scheduled to close in April 2011 due to budget considerations according to the Georgia Department of Corrections.



Source: Institute on Women and Criminal Justice
http://www.wpaonline.org/institute/hardhit/states/ga/ga.htm



Source: Institute on Women and Criminal Justice
http://www.wpaonline.org/institute/hardhit/states/ga/ga.htm

ACLU OF GEORGIA ANALYSIS OF SHACKLING POLICIES IN GEORGIA JAILS AND PRISONS

On any given day, more than 200,000 women are living behind prison or jail walls. Thousands of these women are pregnant and dependent on correctional authorities for their health care, and correctional authorities are legally obligated to meet those needs. The ACLU conducted a state-by-state analysis of pregnancy-specific correctional policies and found that 34 states and the District of Columbia have pregnancy specific policies. *Georgia was not one of those states*. In a 2010 report released by the *National Women's Law Center and the Rebecca Project for Human Rights entitled Mothers Behind Bars: A State-By State Report And Analysis Of Federal Policies On Conditions Of Confinement For Pregnant And Parenting Women And The Effect On Their Children*, Georgia received an F in Shackling Policies. Shackling during labor and delivery can cause difficulties in the progress of labor and interfere with proper care and assistance during delivery by the medical professionals endangering both the mother and child. Ten states have passed laws restricting the use of restraints on women during pregnancy, labor, delivery, and/or during postpartum recovery: Illinois (2001), California (2006), Vermont (2007), New Mexico (2009), New York (2009), Texas (2009), Colorado (2010), Pennsylvania (2010), Washington (2010), and West Virginia (2010). While the Federal Bureau of Prisons in September 2008 prohibited shackling pregnant inmates as a matter of routine in all federal correctional facilities, the Georgia Department of Corrections has no written policy nor are there state laws related to the provision of restrains for pregnant inmates during transport, labor, delivery and postpartum recovery. To gain a clear perspective of the state of pregnant women in Georgia's jails and prisons, the ACLU of Georgia issued open records requests to jails in 159 Georgia counties and the Georgia Department of Corrections. Responses were received from 143 counties and the Department of Corrections.

Here is a summary of the results:
Currently 12 counties have official written policies regarding shackling while pregnant

Berrion	When determining to use restraint or choosing the most appropriate restraint limitations of the inmate, such as pregnancy, must be considered.
Carrol	Restraints are not used on pregnant females.
Cherokee	Pregnancy may be considered a special circumstance and an exception to the restraint policy may be made.
Cobb	Pregnant females may be restrained with leg-irons on handcuffs (in the front only) during their pregnancy.
Decatur	No shackling if pregnant, but handcuffed in the front.
Dougherty	Handcuffed in front with no leg irons.
Gwinnett	No R.E.A.C.T belt[14] or waist restraints. Handcuffed only in front and leg irons may be used only for history of violence or escape/ attempted escape.
Hall	Unless there is a medical condition placement of handcuffs will be at the discretion of the escorting staff member. Shackles will be used for transport outside of the facility unless medical conditions exist.
Rockdale	No restraints used during labor, delivery, or post delivery recuperation.
Tatnall	No restraints used on pregnant prisoners.
Ware	Will wave policy of belly chains and leg irons dependent upon the state of the pregnancy and security or risk factors.
Walker	Handcuffs and leg irons are removed during medical exam or request by medical provider.

14 Remote Electronically Activated Control Technology belt is a restraining device that applies 50 kV to the muscles in the area of the kidneys, pulsed over 8 seconds.

15 facilities do not accept inmates that are pregnant or those in the last months of their pregnancies.

53 counties outsource medical care and treatment to a 3rd party medical providers and follow the protocols of the providers.

Southern Health	28 Counties
Correct Health Care	15 Counties
Prison Health Services	3 Counties
Transformer Health Rx	1
Inmates Physicians Service	1
Southeastern Service Group	1
Correctional Medical Services	1
Southern Correctional Medicine	1
Advance Correctional Health	1

These results demonstrate a need for legislation and a state wide correctional policy against shackling pregnant women. Legislation is an effective way to end this medically unsafe practice. Anti-shackling legislation presents the opportunity to proactively protect and preserve the civil liberties and human rights of women in Georgia's jails and prisons. Shackling a woman during labor demonstrates deliberate indifference to a prisoner's serious medical needs, a violation of long-established Supreme Court precedent protecting prisoners' 8th Amendment right to be free from cruel and unusual punishment. Legal action is needed to ensure that all women's constitutional rights are not violated.

Recommended Legal Action for Georgia:

- *Adopt legislation that prohibits the shackling of pregnant women.*
- *Include formal policies that prohibit the shackling of pregnant women in Georgia Jail Standards.*
- *Adopt policies that are in compliance with the Federal Bureau of Prisons, United States Marshals Service, and American Medical Association anti shackling policy which states "Restraints on pregnant offenders during active labor and delivery of a child should only be used in extreme instances and should not be applied for more time than is absolutely necessary."*

"LABORING IN CHAINS" IN GEORGIA: GWEN'S STORY

When Gwen got locked up she didn't know she was pregnant. By the end of her brief stint in a Fulton County jail, she would discover she was pregnant, miscarry, and as a final illustration of benign state neglect, be shackled by the wrists and ankles as the physician removed the remains of her stillborn fetus from her womb.

The jail was so overcrowded when Gwen got locked up that she was not assigned a cell but confined to some obscure room with a mat with several other women. Shortly after her confinement, she began to feel abnormal and experienced severe abdominal pains. Her initial effort to alert the guards about her condition was unsuccessful. She began to bleed heavily. After more than an hour of pleading and begging for medical assistance, an officer finally came to take Gwen to the infirmary. The only treatment she received there were towels to put in between her legs for the bleeding. By this time, Gwen was hemorrhaging profusely, feeling weak, in agony and unsure about what would happen next. Eventually, she was taken to the hospital. She believed at the time and still does, that the absence of compassion, consideration and timely medical treatment was not only inhumane but an act of state sanctioned brutality and violence. The officers' demonstrated little concern for her as she winced in pain and pleaded for help. They acted as though, since she was locked up, the state could do anything they wanted to her. They callously behaved as though she deserved it; she never should have used drugs, and never should have got caught up in that raid. It didn't matter what her story was.

She was in pain, mortified and shocked but the trauma did not end in the jail infirmary. Little did she realize at the time that the worst of the indignities were just beginning. After a medical evaluation, she was told she *was* pregnant. By the time she arrived at the hospital and it was determined that she was pregnant, her fetus was pronounced dead...stillborn. While, the doctor performed a procedure to remove the remains of the fetus, she was forced to endure yet another humiliation and indignity. She was shackled to the gurney during the entire process by the wrists and ankles. The doctor pleaded with the guard to remove the chains. He declined and Gwen remained physically incapacitated, unable to move during the procedure. The next day, an emotionally, psychologically and physically exhausted Gwen was returned to the institution that neglected to provide the essential medical care that she needed to preserve her pregnancy.

Many years later, Gwen is still traumatized but determined to ensure that no woman should be subjected to medical neglect and the use of restraints while pregnant particularly during labor and delivery. She continues to tell her story because she refuses to be silent or invisible. Her story inspired a movement in Georgia to end the practice of shackling incarcerated pregnant women and while her story is one of the most horrific, we know many women are subjected to this type of treatment and never tell their stories.

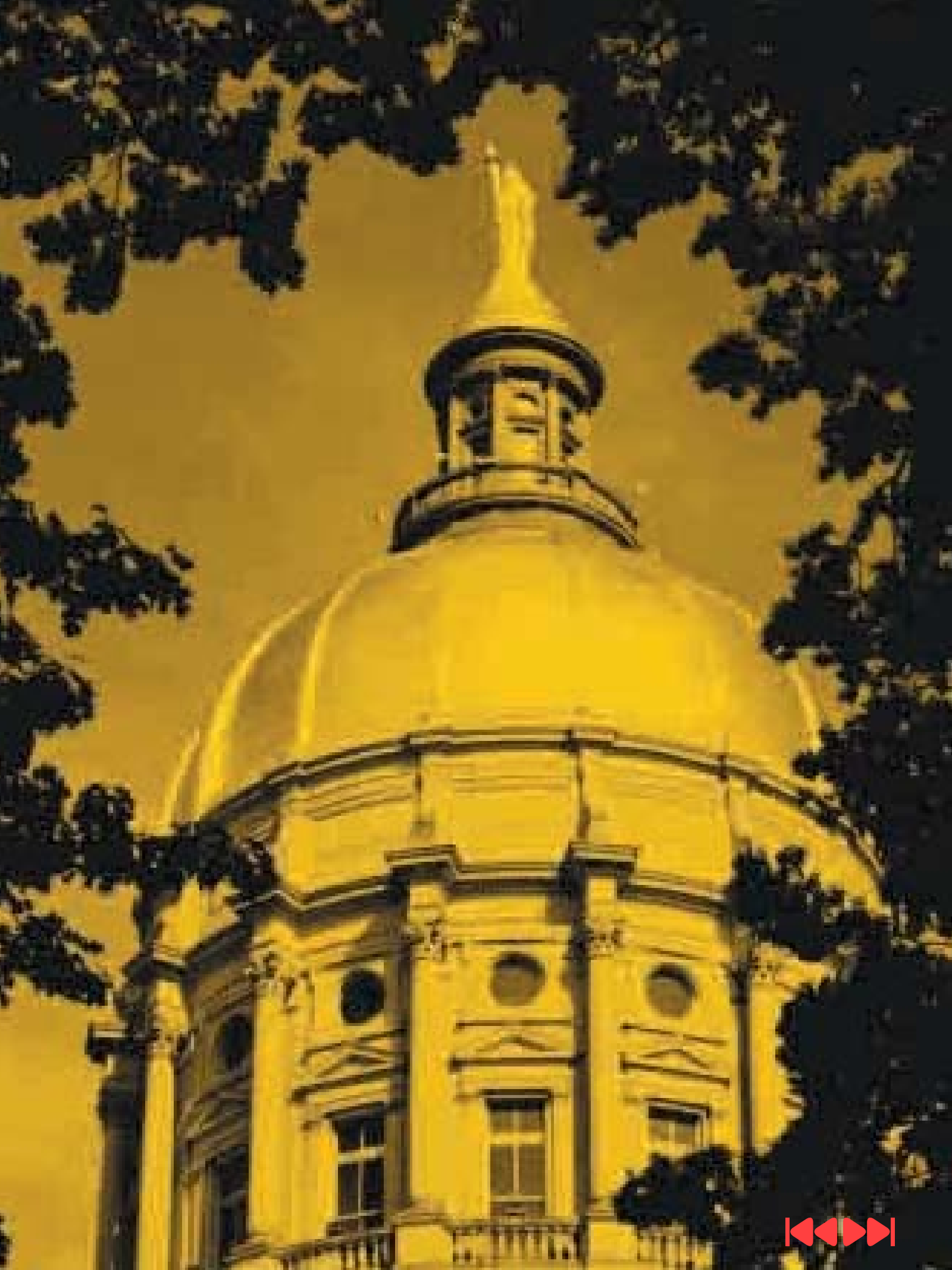
LEGISLATE THIS!: COMMUNITY CENTERED PUBLIC POLICY ANALYSIS, ADVOCACY AND ORGANIZING

Legislate THIS!, an initiative of the SPEAK JUSTICE TAKE ACTION Program, is a radical, community-centered program that challenges the boundaries of the debate, popular discourse and conservative narratives that regard our communities, bodies, sexualities, communities and lives as pathological and dangerous. In addition, we confront institutional practices and policies that are intended to subject our communities to harsh treatment and heightened surveillance as opposed to creating constructive policies and practice that are just, sustainable and strengthen communities. Collectively, we do this work through participatory, community centered research and public dialogues, popular education and resource development, policy analysis and advocacy, and most importantly, grassroots organizing. For the last four years, this initiative has been organized by SPARK member leaders representing a broad constituency of communities ranging from women of color, queer people, immigrant communities, formerly incarcerated women and other segments of disenfranchised communities. Oftentimes, our communities are left out of public policy debates yet are subjected to the most onerous, punitive public policies ranging from criminal justice to poverty to the barrage of legislation intended to determine who can parent or should not parent and under what conditions. Our history of struggle and resistance reflects our capacity to develop principled positions and thoughtful strategies that have the capacity to shift cultures, practices and policies that are oppressive and reactionary. Furthermore, we believe our communities are best positioned to define and represent ourselves, our interests and identify those groups and policy makers that threaten our communities' ability to live in dignity and security, free from discrimination and prejudice. The Legislate THIS! program, with the support of the CORE member organizing team, has been responsible for three successful Statewide Day of Action advocacy days at the state capitol. Predominately led by queer and transgender and working class people of color, we have organized to demand justice for incarcerated pregnant women while opposing punitive reproductive policies that seek to police and further politicize pregnancies and bodies of women of color.

COMMITTED TO SOCIAL JUSTICE, THIS CORE MEMBER ORGANIZING TEAM COMES TOGETHER PERIODICALLY:

1) To assess restrictive and dangerous public policies, practices and organized threats that undermine our ability to realize reproductive justice in Georgia.

2) To develop strategies to address reproductive oppression and build power.



HOW WE ORGANIZE AT THE "GOLD DOME"

Last year's advocacy day resulted in multiple commitments to sponsor our "Giving Birth with Dignity and in Safety Act" an anti-shackling bill.

- *We have organized three successful statewide advocacy days intended to provide communities and political stakeholders with a critical understanding of reproductive justice, lobbying training, tools to analyze the political landscape, a synopsis and analysis of dangerous bills that threaten reproductive justice introduced during the legislative session and a strategy to address to our short term political objectives.*
- *Each year, more than 50 people attend our Annual Legislate THIS! Statewide Day of Action.*
- *Thus far, we have contacted over 10% of Georgia state representatives and 20% of Georgia state senators, Democrats and Republicans, about the statewide campaign to end shackling of incarcerated pregnant women.*
- *We have worked with organizational partners to develop model legislation.*

HOW WE ORGANIZE IN OUR COMMUNITIES

- *We produced important resources about the anti-shackling campaign, passed out thousands of informational flyers, held community meetings, organized at universities, conducted radio interviews, and secured more than 500 signatures urging state legislators to pass a bill to prohibit the practice of shackling.*
- *We have worked with allies and organizational partners to foster greater awareness about the gendered implications of mass incarceration and the particular reproductive health needs of incarcerated women.*
- *In addition, we have worked with formerly incarcerated women to document not only the fact that the practice is happening in Georgia but to support formerly incarcerated women, as they demand for themselves, the right to birth in dignity and safety.*
- *Finally, we have worked with healthcare providers in Georgia hospitals that provide care to pregnant inmates to ensure that they know that this practice is harmful and inhumane and they are not powerless. We have provided them with extensive information to ensure that they feel empowered to demand that women are able to labor, birth and recover without physical restraints and shackles. We understand that support from medical professionals is the key to ensuring that women are not restrained during the laboring and birthing processes even when an anti-shackling bill is passed.*

At the time of this publication, we are working with organizational partners and community members to ensure that the anti-shackling bill is filed during the 2011 Georgia Legislative Session.

IAC

HEALTHCARE PROVIDERS: TAKE A STAND AGAINST SHACKLING

ON THE FRONT LINES: HEALTHCARE PROVIDERS, INCARCERATED PREGNANT WOMEN AND GIVING BIRTH WITH DIGNITY AND IN SAFETY?

Gwen's story is just one of the inhumane treatment pregnant women across the state of Georgia and continue to suffer due to the practice of shackling mothers by the wrists, ankles or around the belly on their way to the hospital, during labor and delivery and in recovery. Dehumanized, shamed by the visible signs of their bondage, and oftentimes unable to receive the holistic and essential pre- and postnatal care and nutrition needed, pregnant women in Georgia are subject to unnecessary, painful and dangerous corrections practices. The only people that expressed empathy and genuine concern for Gwen's care were the healthcare professionals who treated her after her numerous requests for medical attention were ignored and as she lay shackled to the bed during her procedure. Over the last year, SPARK has interviewed several nurses and physicians that were outraged that this practice is condoned by the Department of Corrections and the state of Georgia. Each nurse interviewed stated that they have treated several incarcerated, pregnant women during their tenure at the hospital and most times the women were shacked during labor, sometimes delivery and always immediately after the birth. Furthermore, the nurses expressed their dissatisfaction with the Department of Corrections' standard operating procedures and with the correctional officers because the restraint practices were oftentimes arbitrary and inconsistent. A physician working at an Atlanta hospital also stated that he had "to make" correctional officers remove the wrist restraints from a pregnant inmate while she was laboring after his initial request was ignored. When we asked if medical providers were concerned about their safety, each professional affirmed that they were not fearful and not one woman had ever tried to escape. In fact, they all mentioned that their principle concern was the health of the woman and ensuring a safe delivery. In every state where the practice of shackling, incarcerated women has been prohibited; nurses, doctors and nurse-midwives were on the *front lines* of our efforts demanding women be permitted to give birth safely and with dignity, free from physical restraints. Executive Vice President of the American College of Obstetricians and Gynecologists definitely declares: "Preventing the practice of shackling these women is an important step toward assuring humanitarian care and social justice" (American College of Obstetricians and Gynecologists [ACOG]).

The movement to end this harmful practice cannot be won without committed medical professionals like the ones who advocated for Gwen when no one else would. With your support, we can work together with legislators to pass legislation to prohibit the practice of shackling of incarcerated women during transport, labor, delivery and recovery in Georgia jails and prisons.

Physical restraints have interfered with the ability of physicians to safely practice medicine by reducing their ability to assess and evaluate the physical condition of the mother and the fetus, and have similarly made the labor and delivery process more difficult than it needs to be; thus, overall putting the health and lives of the women and unborn children at risk.

American College of Obstetricians and Gynecologists

WHAT DO I NEED TO KNOW?
WHAT SHOULD I SAY?

If, in your capacity as a medical professional, you provide care to a pregnant inmate who is shackled by the wrist, arm, ankle and/or around the belly while receiving treatment at your facility, please take into consideration the following information:

1. The use of restraints on pregnant inmates has been condemned by the Federal Courts and can be an unconstitutional practice because it violates the 8th amendment prohibition against cruel and inhumane treatment, violates international law, has been prohibited by ten states and has been determined to be dangerous and unsafe by every major medical professional association including the American Medical Association, the American College of Nurse-Midwives and the American College of Obstetricians and Gynecologists.
    a. Oftentimes, the correctional officer is unsure what the standard operating procedures are for shackling incarcerated pregnant women during labor, delivery and recovery.
2. Ask the officer, politely, to remove the restraints for medical reasons (the safety and dignity of the mother and the baby).
    a. If he/she refuses, please refer to the **SCRIPT**.
    b. If the officer agrees, thank him or her.
3. Always, always document how the woman was restrained (shackled by the wrist and/or ankle to the bed or around the belly).
    a. Document the name of the officer and when and if the officer removed the restraints.
    b. Was the woman restrained during labor, delivery and post-delivery?
    c. What was her response to the restraints? Did she ask to have them removed or express discomfort?
    d. If the woman had a c-section, was she restrained during that time, as well?
    e. WRITE everything down!
4. Provide the written information requested to tonya@sparkrj.org.
5. The information is totally anonymous. Your name, position and medical facility will not be disclosed at any time. We want to document every time a pregnant inmate is restrained during transport, labor, delivery and post-partum recovery to prevent harm to women and children during childbirth.

SCRIPT FOR THE NURSE/MIDWIFE/PHYSICIAN WHO PROVIDES CARE TO A PREGNANT INMATE

Officer,
(Greet him/her)

My responsibility as a health care professional/nurse/nurse-midwife/physician is to provide the best care available to all of my patients regardless of whether they are under state supervision or not. In order to ensure a safe and healthy delivery for the mother and the child, I am asking you to remove the restraints. During this delicate time, restraints can be extremely dangerous and harmful to the woman and the child during labor, delivery and recovery periods. I am unable to provide the best care for my patient under these conditions. She is not dangerous and no laboring mother has ever escaped from this hospital.

If they need more convincing and the nurse feels confident, he/she might add the information below:

Laboring under these conditions is unsafe for the mother and child and professionally violates our commitment to providing the best possible care for our patients. Could you please ask your supervisor to permit the removal of the restraints?

If the officer refuses, document their name and other relevant information. You may suggest that the least restrictive restraints possible are used if the officer is unwilling to remove the restraints altogether. Do not be confrontational or antagonistic. Thank you so much for your commitment. If you have any questions or concerns, please call Tonya Williams, Program Director, SPARK Reproductive Justice NOW at 404-532-0022.

LIST OF MEDICAL PROFESSIONAL ORGANIZATIONS EXPRESSING THEIR OPPOSITION TO THE PRACTICE OF SHACKLING INCARCERATED PREGNANT WOMEN DURING LABOR AND DELIVERY

American College of Obstetricians and Gynecologists

American College of Nurse Midwives

American Medical Association

American Public Health Association

Association of Certified Nurse Midwives

American Medical Women's Association

June 12, 2007

Malika Saada Saar
Executive Director
The Rebecca Project for Human Rights
2309 18th Street, NW, 2nd Floor
Washington, DC 20009

Dear Ms. Saada Saar:

The American College of Obstetricians and Gynecologists (ACOG) is writing this letter in support of federal legislation to prohibit the practice of shackling incarcerated pregnant women in labor. This practice has already been outlawed in Illinois and in California. ACOG's District IX testified in support of the legislation in California: "Physical restraints have interfered with the ability of physicians to safely practice medicine by reducing their ability to assess and evaluate the physical condition of the mother and the fetus, and have similarly made the labor and delivery process more difficult than it needs to be; thus, overall putting the health and lives of the women and unborn children at risk. Typically these inmates have armed guards on-site, which should be more than adequate to protect personnel helping a pregnant, laboring woman or to prevent her from fleeing."

The practice of shackling an incarcerated woman in labor may not only compromise her health care but is demeaning and unnecessary. Most women in correctional facilities are incarcerated for non-violent crimes and are accompanied by guards when they are cared for in medical facilities. Testimonials from incarcerated women who went through labor with shackles confirm the emotional distress and the physical pain caused by the restraints. Women describe the inability to move to allay the pains of labor, the bruising caused by chain belts across the abdomen, and the deeply felt loss of dignity.

The safety of hospital personnel is paramount and for this reason, adequate correctional staff must be available to monitor incarcerated women in labor, both during transport to and from the correctional facility and during the hospital stay. However, the safety of personnel has not been compromised in the years since laws preventing shackling have been instituted in California and Illinois. This safety track record demonstrates the feasibility of preserving the dignity and providing compassionate care of incarcerated laboring women.

ACOG is committed to high quality obstetric care for all women. Incarcerated women in labor constitute a particularly vulnerable population. Preventing the practice of shackling these women is an important step toward assuring humanitarian care and social justice. If you need further assistance as the specifics of this legislation are developed, please do not hesitate to contact staff in our Department of Government Relations. Specifically, you can contact either Lucia DiVenere by phone at 202-863-2510 or via email at ldivenere@acog.org or Tara Straw by phone at 202-863-2512 or via email at tstraw@acog.org.

Sincerely,

Ralph Hale, MD
Executive Vice President

cc: Janet Chapin, RN, MPH, Lucia DiVenere, Lisa Goldstein, MS, Tara Straw, Tara Linh Leaman, JD

RESOURCES

THE NATIONAL ANTI-SHACKLING MOVEMENT WHERE WE STAND TODAY?

As one of the most prominent issues within the reproductive justice movement, the statewide and national campaigns to end the shackling of incarcerated pregnant women during transport, labor, delivery and recovery, has gained tremendous momentum over the last few years. From statewide campaigns winning legislative prohibition against the practice, to the mobilization of a national anti-shackling coalition to the submission of a report on the United States' Compliance with Its Human Rights Obligations In the Area of Women's Reproductive and Sexual Health to the United Nations Human Rights Council endorsed by nearly all of the major national reproductive justice organizations, a fundamental shift is taking place and the reproductive justice movement is the engine. Recently, the Rebecca Project for Human Rights and the National Women's Law Center released a landmark report entitled "Mothers Behind Bars: A state-by-state report card and analysis of federal policies on conditions of confinement for pregnant and parenting women and the effect on their children." The authors of this rigorous analysis of all fifty states offer this definitive testimonial:

> *"The dangerous practice of shackling pregnant women is being reconsidered and in many cases prohibited due to both proven and potential harm to the mother and child. Restraints make it difficult for doctors to adequately access the condition of the mother and the fetus, and to provide prompt medical intervention when necessary. Restraints also make the process of labor and delivery more painful."*

As a result of the strategic organizing and coalitions built around the lived experiences of formerly incarcerated women refusing to be rendered invisible or silent, reproductive justice organizations, national and grassroots, and their allies have demonstrated that a course of action grounded in social justice can transform conditions within prisons and render visible women in a system that has largely failed to accommodate gender specific issues and reproductive health needs, in particular. In 2008, the Rebecca Project for Human Rights initiated the coordination of a national coalition of social justice groups from a variety of movements and communities to work strategically across the country to "to end the

draconian practice of shackling incarcerated mothers during transport, labor, delivery and post-delivery in state prisons and jails" (The Rebecca Project for Human Rights). To date, there have been a number of monumental victories, beyond legislative ones, for the reproductive justice movement, prisoners rights advocates and incarcerated and formerly incarcerated women across the country as collectively they have worked to 1) raise the visibility of the substantial increase in the female prison population and the racialized dimensions of this phenomenon, 2) challenge prevailing male normative practices in jails and prisons that fail to adequately address the gendered implications of the expanding prison industrial complex and 3) provide substantive recommendations intended to improve conditions of confinement for women and encourage alternatives to incarceration.

In addition to these consequential but subtle shifts in correctional practices and culture relating to women, ten states have passed legislation prohibiting the dangerous and harmful practice of shackling incarcerated women during labor and delivery and a federal court has ruled the practice as unconstitutional. Moreover, since 2008, the Bureau of Prisons is no longer shackling incarcerated pregnant women except under extraordinary circumstances. In Georgia, SPARK, in close consultation with formerly incarcerated women empowered by their experience and nurses committed to justice, our work has focused on:

1. Raising awareness about women in prisons and jails in Georgia,
2. Examining the gendered and racial dimensions of the prison industrial complex,
3. Working with women that gave birth while incarcerated that are now empowered to challenge the institutional practices and give voice to women on the "inside,"
4. Building relationships with progressive organizations committed to cross movement building, and
5. Working with healthcare professionals providing care to incarcerated women to ensure that they are not subjected to harmful restraint practices during labor, delivery and recovery,
6. Mobilizing our base to urge elected officials to pass legislation prohibiting the practice of shackling pregnant women during transport, labor, delivery and recovery.

In partnership with the American Civil Liberties Union of Georgia, we have provided substantive recommendations for public policy interventions prohibiting shackling to state legislators. In an intensely partisan and conservative political climate, we continue to struggle at the capitol and in communities to ensure that Georgia, along with other states, are no longer complicit in subjecting pregnant women to such harmful and inhumane treatment.

SAMPLE TALKING POINTS ABOUT SHACKLING, INCARCERATED PREGNANT WOMEN FROM THE LEGISLATE THIS! DAY OF ACTION

Shackling incarcerated women by the wrists and ankles during labor and delivery is unsafe, inhumane and cruel.

- *In 2007, according to the Department of Justice, on average 5% of women who enter prisons are pregnant and 6% of women who enter jails pregnant.*
- *Medical professionals, including the American College of Obstetricians and Gynecologists (ACOG), believe that shackling incarcerated pregnant women during labor and delivery is unsafe and dangerous to the health and lives of the mother and the baby.*
- *Recently, the 8th Circuit Court of Appeals, in* Nelson v. Norris *(Arkansas) held that "the U.S. Constitution protects pregnant women in prison from the unnecessary and unsafe practice of shackling during labor and childbirth."*[15]
- *Pregnancy is one of the vulnerable times in a women's life and it is the state's obligation to ensure that she is able labor, give birth and recover in dignity and safely, free from restraints and/or shackles.*
- *Personal stories from incarcerated women and health care professionals provided to SPARK have revealed that incarcerated women have been shackled during transport, labor and delivery, and recovery.*

Over the last few years, several states have banned the practice of shackling pregnant inmates during labor and delivery.

- *Ten states (CO, PA, WV, WA, NY, NM, VT, TX, IL, and CA) prohibit the practice of shackling pregnant inmates during labor and delivery.*
- *Four of these laws (CO, PA, WV, and WA) were passed during the last legislative session alone.*

The Federal Bureau of Prisons and the U.S. Marshall Service placed severe limitations on the practice of shackling pregnant inmates during labor and delivery in 2008.

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15. Diana Kasdan, "Long Past Due: Constitution Protects Women in Prison from Unsafe Shackling During Childbirth." American Civil Liberties Union. Available at: http://www.rhrealitycheck.org/blog/2009/10/05/long-overdue-decision-constitution-protects-women-prison-shackling-during-labor-and-delivery

- *Georgia should, like many other states have recently decided, end the dangerous practice of shackling incarcerated women during labor and delivery.*

We urge Georgia legislators to remedy this dangerous practice by passing legislation prohibiting the shackling pregnant inmates during transport, labor, delivery and recovery.

- *Georgia legislators can pass legislation prohibiting the use of restraints on pregnant inmates during labor and delivery.*
- *The GA Department of Corrections has no written policy and/or state laws related to pregnant inmates nor are they required by law to collect information on pregnant inmates, birth outcomes or other relevant information the concerning reproductive health of its female inmate population.*

This legislation would require Georgia correctional facilities to implement uniform standards and guidelines for treatment of pregnant women and girls who are incarcerated.

- *Leg irons, shackles, belly chains or handcuffs behind the body may not be used at any time during pregnancy.*
- *For pregnant women and girls in the third trimester no restraints may be applied, including during transportation.*
- *Under no circumstances may restraints of any kind be used on a woman or girl in labor or while she is giving birth.*
- *A female correctional officer should accompany the woman during transport to the hospital for prenatal checkups as well as for the delivery itself, and should remain immediately outside the room during checkups, and a woman's labor and delivery. The officer should be trained to be sensitive to the medical and emotional issues of pregnancy, childbirth and postpartum separation from the mother.*
- *No restraints should be applied while a woman/girl remains in the hospital during recovery, and all efforts should be made to afford the mother reasonable access to the baby in order to facilitate breastfeeding and critical bonding with the child without impeding her movement by restraints.*
- *Restraints should not be applied during transportation back to the detention facility unless required for medical reasons or a documented security risk.*

SAMPLE LETTER TO STATE LEGISLATORS

Dear Legislator,

We are urging Georgia legislators to join other states around the country and introduce and pass a bill that would prohibit the practice of shackling of pregnant, incarcerated woman during transport, labor, delivery and recovery. Over the last few years, several states (IL, VT, CA, TX, NY, and NM), with bipartisan support, have determined that this practice is not only unnecessary, but is also cruel and inhumane and have passed laws reflecting their commitment to ensuring all women can give birth in safety and in dignity. During the last legislative session, four more states (WA, CO, WV and PA) passed legislation prohibiting the practice, as well. In 2008, the Federal Bureau of Prisons and U.S. Marshall Service prohibited the practice of shackling pregnant women prisoners during transport, labor, delivery and post-partum recovery except where a documented risk exists after considerable lobbying from a broad range of prison advocacy, religious groups, and medical associations, civil liberties and women's rights groups. More recently, the 8th Circuit Court of Appeals, in *Nelson v. Norris* (Arkansas) held that "the U.S. Constitution protects pregnant women in prison from the unnecessary and unsafe practice of shackling during labor and childbirth." Moreover, the practice of shackling incarcerated women during labor, delivery and recovery violates international human rights standards and norms. Every major national health professional organizations have expressed their dissatisfaction with the practice and have worked with legislators to prohibit the practice. Furthermore, prisons and jails are not mandated to provide data concerning pregnancy and birth outcomes making determining the extent to which shackling is practiced, the provision of reproductive healthcare and pregnancy related care nearly impossible to empirically verify.

We are asking for your support in guaranteeing that pregnant women under correctional supervision are able to labor, birth and recover free from physical restraints around their waist, wrists, and ankles. We urge the General Assembly, to join with other states, to pass legislation prohibiting the practice of shackling of incarcerated women during transport, labor, delivery and recovery. We look forward to working with you to end the unsafe and unconstitutional practice in our state. If you have any questions or concerns, please contact me at your earliest convenience.

Sincerely,

Tonya M. Williams
Speak Justice Take Action Program Director

MODEL LEGISLATION: THE GIVING BIRTH WITH DIGNITY AND IN SAFETY ACT

A BILL TO BE ENTITLED
AN ACT

To amend Title 42 of the Official Code of Georgia Annotated, relating to Penal Institutions, conditions of detention generally, is amended by adding a new Code Section, so as to prohibit the use of mechanical restraints on any pregnant female prisoner or juvenile detainee, including a pregnant prisoner or detainee who is in labor, delivery or postpartum recovery, or who is in transport to or from a medical facility; the use of restraints are only permitted under extraordinary circumstances where restraints are determined to be necessary to prevent such woman or girl from injuring herself, or medical, or correctional personnel.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA

SECTION 1.

This Act shall be known and may be cited as the "The Giving Birth with Dignity and in Safety Act"

SECTION 2.

Title 42 of the Official Code of Georgia Annotated, relating to Penal Institutions, conditions of detention generally, is amended by adding a new Code Section to read as follows:

a) The use of any mechanical restraints, including handcuffs and shackles, on a female prisoner or juvenile detainee known to be pregnant is prohibited, including when a pregnant inmate is in labor, in transport to a medical facility, or at a hospital or other facility for childbirth and postpartum recovery, except as permitted in section b).

b) Permits the use of handcuffs under extraordinary circumstances where restraints are determined to be necessary to prevent such woman or girl from injuring herself, medical staff, or correctional personnel.

SECTION 3.

This Act shall become effective upon its approval by the Governor or upon its becoming law without such approval and shall apply to conduct on and after that date.

SECTION 4

All laws and parts of laws in conflict with this Act are repealed

Why support legislation prohibiting the practice? According to the 8th District Court of Appeals, "the U.S. Constitution protects pregnant women in prison from the unnecessary and unsafe practice of shackling during labor and childbirth."

STATES WITH ANTI-SHACKLING LEGISLATION

STATE	YEAR PASSED/ AMENDED	BILL #/ LANGUAGE OF THE BILL
IL	1999	Bill number N/A. When a pregnant female prisoner is brought to a hospital from a county jail for the purpose of delivering her baby, no handcuffs, shackles, or restraints of any kind may be used during her transport to a medical facility for the purpose of delivering her baby. Under no circumstances may leg irons or shackles or waist shackles be used on any pregnant female prisoner who is in labor.
CA	2000	AB 1900: This bill will require that the standards ensure that women who are pregnant shall not be shackled by the wrists, ankles, or both, during any transport, and during labor, delivery, or recovery after birth, except that the least restrictive restraints possible may be used when deemed necessary for the inmate, the staff and the public.
VT	2005	28 V.S.A. 801a: It shall be the policy of the state of VT to respect the unique health issues associated with a pregnant inmate. The dept. of corrections shall not routinely restrain pregnant inmates who are beyond their first trimester of pregnancy in the same manner as other inmates, recognizing that to do so might pose undue health risks for the mother and unborn child.

STATE	YEAR PASSED/ AMENDED	BILL #/ LANGUAGE OF THE BILL
NM	2009	SB 0423: Relating to juvenile and adult corrections, prohibiting the use of restraints on certain pregnant women; providing exceptions. Correctional facility, detention center or local jail shall use the least restrictive restraints necessary when the facility has actual or constructive knowledge that an inmate is in the second or third trimester of pregnancy. No restraints of any kind shall be used on an inmate who is in labor, delivering her baby or recuperating from the delivery unless there are compelling grounds to believe that the inmate presents: serious or immediate threat or harm to herself, staff or others; or a flight risk and cannot be reasonably contained by other means.
NY	2009	AB 03373/S1290 A: prohibits the use of restraints of any kind from being use during the transport of such female prisoner to a hospital for the purpose of giving birth, unless such prisoner is a substantial flight risk whereupon handcuffs may be used; prohibits the use of any restraints during labor.
TX	2009	HB 3653: Relating to the use of restraints to control the movement of pregnant women and female children confined in certain correctional facilities in this state. The dept may not use restraints to control the movement of a pregnant woman in the custody of the dept at any time during which the woman is in labor or delivery or recovering from delivery, unless the director or director's designee determines that the use of restraints is necessary.

STATE	YEAR PASSED/ AMENDED	BILL #/ LANGUAGE OF THE BILL
WA	2010	HB 2747: Prohibits restraints of any kind on an incarcerated pregnant woman or youth, except in extraordinary circumstances, where a corrections officer makes a determination that restraints are necessary to prevent escape or injury. Permits use of restraints only under extraordinary circumstances of any pregnant woman or youth in a correctional or detention faculty during transportation to and from visits to medical providers and court proceedings during the 3rd trimester of her pregnancy.
WV	2010	HB 4531: Mechanical restraints during pregnancy. In providing or arranging for the necessary medical and other care and treatment of inmates committed to the Regional Jail Authority's custody, the authority shall assure that pregnant inmates will not be restrained after reaching the second trimester of pregnancy until the end of pregnancy: Provided, that if the inmate, based upon her classification, discipline history, or other factors deemed relevant by the authority poses a threat of escape, or to the safety or herself, the public, staff or the fetus, the director or designee shall consult with an appropriate health care professional to assure that the manner of restraint will not pose an unreasonable risk of harm to the inmate or the fetus. Charleston Women's Rights
CO	2010	SB 193: Concerning the Safe Treatment of Pregnant Persons in Custody. The bill limits the use of restraints on pregnant women in custody or confined in prisons, city/county jails, juvenile detention, or department of human services facilities. Corrections staff will not be permitted to use restraints of any kind on a pregnant woman during labor and delivery unless exceptional circumstances exist. Correctional staff is required to use the least restrictive measures of restraint during postpartum recovery and transport to/ from the medical facility.

STATE	YEAR PASSED/ AMENDED	BILL #/ LANGUAGE OF THE BILL
PA	2010	SB 1074: Previously known as the Healthy Birth for Incarcerated Women Act. A correctional institution shall not apply restraints to a prisoner or detainee known to be pregnant during any stage of labor, any pregnancy-related medical distress, any period of delivery, any period of postpartum, as defined in subsection, or transport to a medical facility as a result of any of the preceding conditions or transport to a medical facility after the beginning of the second trimester of pregnancy.

STATEWIDE CALL TO ACTION!

WHAT CAN YOU DO TO MAKE GEORGIA THE FIRST SOUTHERN STATE TO PROHIBIT THE SHACKLING OF WOMEN DURING TRANSPORT, LABOR, DELIVERY and RECOVERY?

1. ***Sign the Petition***. SPARK Reproductive Justice NOW is attempting to collect 10,000 signatures from Georgia residents so we can deliver them to the members of the Georgia General Assembly demanding that legislation be passed prohibiting the practice of shackling, pregnant inmates during transport, labor and delivery and recovery. To sign the petition, please visit: http://www.petitiononline.com/SPARKRJ/petition.html

2. ***Invite us to speak*** with your community members, organization, association, staff and/or board of directors about reproductive justice and our campaign to end shackling of women during transport, labor, delivery and recovery.

3. ***Attend the 4th Annual Legislate THIS! Day of Action on Tuesday, March 1st***. To register for the Day of Action!, please visit www.legislatethis.org.

    a. You can also volunteer for the event by contacting tonya@sparkrj.org.

    b. Tell your friends, family, classmates, colleagues and community about Gwen's story. Encourage them participate in the 4th Annual Legislate THIS! Day of Action.

4. ***Contact your elected officials***. Tell them to end the practice of shackling incarcerated pregnant women during transport, labor and delivery. Write a letter, make a call, and/or send an email.

    a. Encourage them to dedicate five minutes to contact their state representative and senator and demand an end to this heinous and unsafe practice.

    b. Don't know who your legislator is? Visit: http://www1.legis.ga.gov/legis/FindLegislator.htm and find out.

5. ***Contact us so that we can document violations***. If you know a woman who has been subjected to this unsafe and unnecessary practice or was pregnant when she entered jail or prison, let us know. We are in the processing of collecting stories of incarcerated women that have shackled during transport, labor and delivery. Please contact Tonya at tonya@sparkrj.org.

6. ***Donate NOW***. To ensure we are able to continue to build power, shift policy priorities, demand accountability from our elected officials and realize reproductive justice in Georgia, donate to SPARK Reproductive Justice NOW at www.sparkrj.org.

Be 1 in 10,000: Georgians Demand an End to Shackling Pregnant Inmates

Petition to end shackling of pregnant women in Georgia NOW!

Help us ban the practice of shackling of incarcerated pregnant women during transport, labor, delivery and recovery in Georgia jails, prisons and juvenile detention facilities.

Georgia is one of forty states that permit the shackling of incarcerated women during transport, labor, delivery and recovery. In 2008, the Federal Bureau of Prisons and U.S. Marshall Service prohibited the practice of shackling pregnant women prisoners during transport, labor, delivery and post-partum recovery except where a documented risk exists. More recently, the 8th Circuit U.S. Court of Appeals held that "the U.S. Constitution protects pregnant women in prison from the unnecessary and unsafe practice of shackling during labor and childbirth." There is a consensus amongst all of the major health professional organizations including the American Medical Association, the American College of Obstetricians and Gynecologists and the American College of Nurse Midwives, to name a few, that shackling of incarcerated pregnant women during labor, delivery and recovery is harmful, unnecessary and undermines their responsibility to provide quality and timely maternal care.

Clearly, the time to end this practice in Georgia is upon us. How many more women will labor in pain, silence, obscurity and shame? It is inhumane and unnecessary to force women to endure the laboring and birthing process with chains on their wrists and/or ankles.

Please sign our petition calling for an end to this heinous and unsafe practice.

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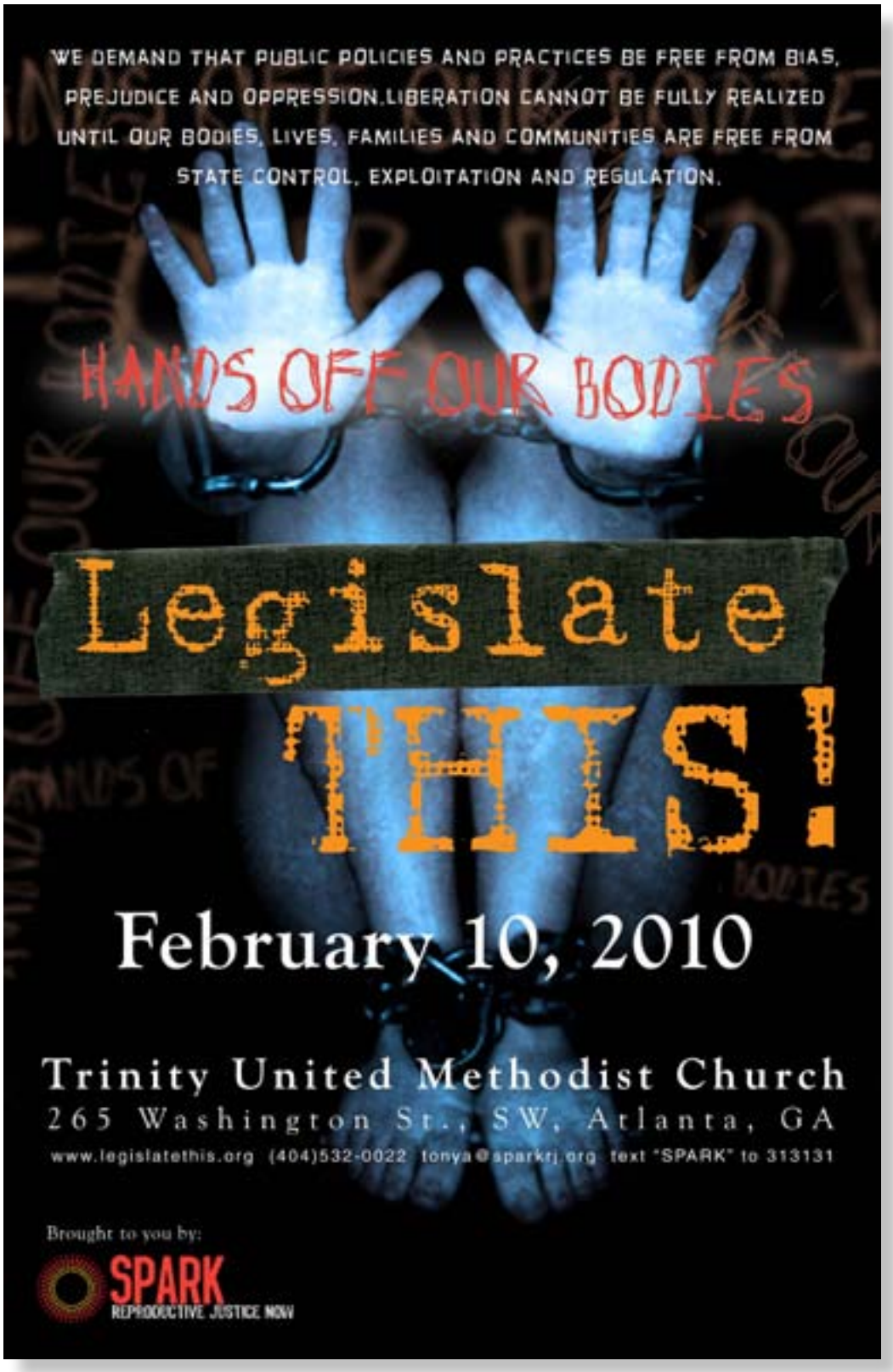
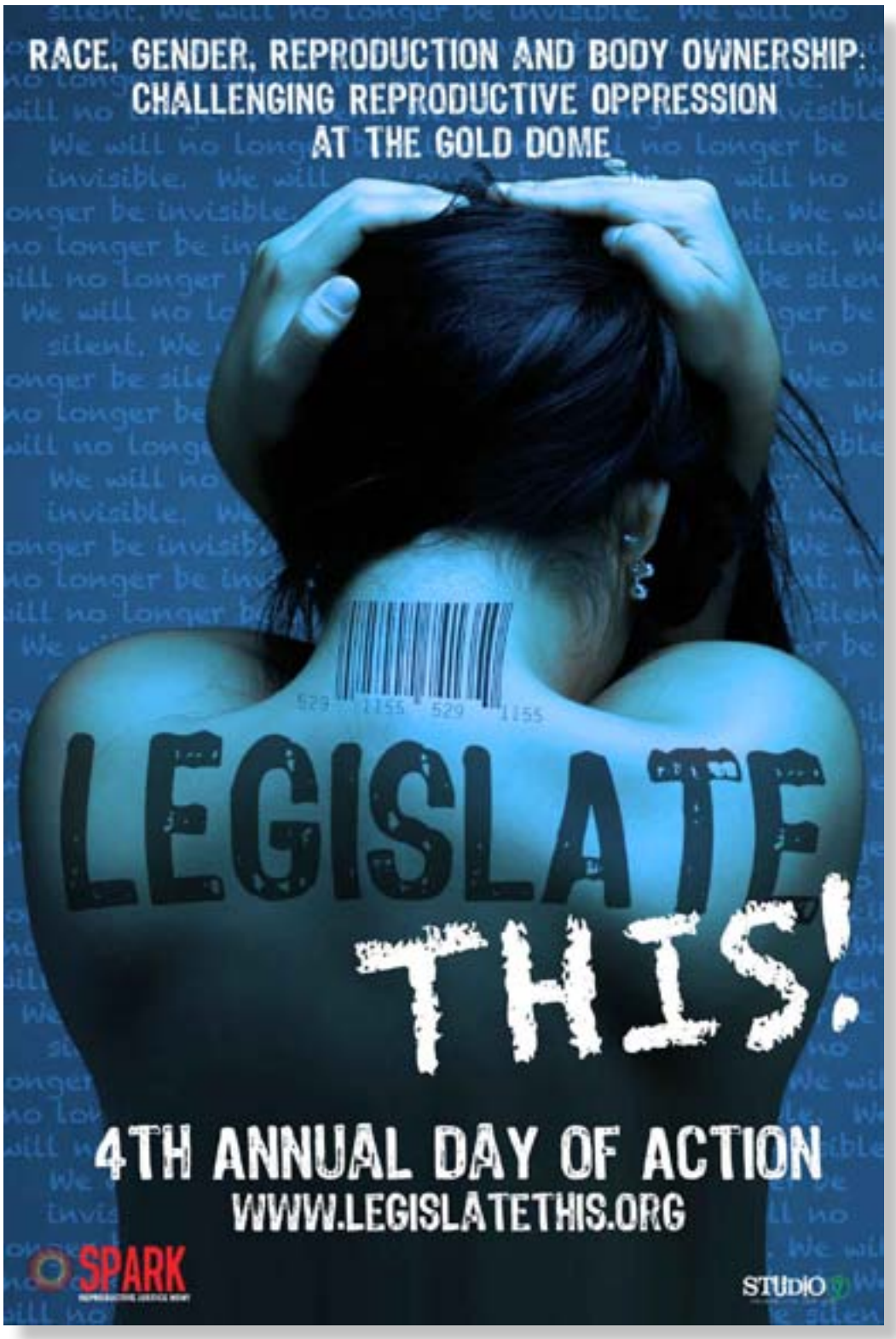


3RD ANNUAL LEGISLATE THIS! ORGANIZING FLYER



4TH ANNUAL LEGISLATE THIS! ORGANIZING FLYER

ORGANIZATIONS COMMITTED TO PROTECTING THE RIGHTS OF WOMEN BEHIND BARS

American Friends Service Committee
Philadelphia, PA
215-241-7000 (phone)
www.afsc.org

Amnesty International USA
New York, NY
212-807-8400 (phone)
www.amnestyusa.org

Amnesty International USA,
Southern Region
Atlanta, GA
404-876-5661 (phone)
www.amnestyusa.org

American Civil Liberties Union
New York NY
212-549-2500 (phone)
www.aclu.org

American Civil Liberties Union of
Georgia
Atlanta, GA
770-303-8111 (phone)
www.acluga.org

Critical Resistance
Oakland, CA
510-444-0484 (phone)
www.criticalresistance.org

Drug Policy Alliance
New York, NY 10018
212-613-8020 (phone)
www.drugpolicy.org

Forever Family
Atlanta, GA 30310
404-223-1200 (phone)
www.foreverfam.org

Georgians for Equal Justice
Atlanta, GA
404-651-5576 (phone)
www.gejustice.org

Human Rights Watch
New York, NY
(212) 290-470 (phone)
www.hrw.org

INCITE! Women of Color
Against Violence
Redmond, WA
484-932-3166 (phone)
www.incite-national.org

Justice NOW
Oakland, CA
510 839 7654 (phone)
www.jnow.org

National Advocates for Pregnant Women
New York, NY
212-255-9252 (phone)
www.advocatesforpregnantwomen.org

National Women's Law Center
Washington, DC 20036
202-588-5180 (phone)
www.nwlc.og

National Women's Prison Project
Baltimore, MD 21217
410-233-3385 (phone)
www.nwpp-inc.com

The Rebecca Project for Human Rights
Washington, D.C.
202-265-3906 (phone)
www.rebeccaproject.org

The Sentencing Project
Washington, DC 20036
202.628.0871 (phone)
www.sentencingproject.org

Southern Center for Human Rights
Atlanta, GA 30303
404.688.1202 (phone)
www.schr.org

Women on the Rise Telling HerStory (WORTH)
Bronx, NY 10455
917 626 8168 (phone)
www.womenontherise-worth.org

Women's Prison Association
New York, NY 10003
646-292-7740 (phone)
http://www.wpaonline.org

This is an abbreviated list of organizations

CONTACT INFORMATION FOR POLITICAL STAKEHOLDERS

Georgia Department of Corrections

Brian Owens, Commissioner
Contact Information

www.dcor.state.ga.us

2 Martin Luther King, Jr. Dr.
SE Twin Towers - East,
Room 854
Atlanta, Georgia 30334

Phone: 404) 656-9772
Fax: (404) 656-6434

Email: info@dcor.state.ga.us

Executive Branch (Office of the Governor)

Governor Nathan Deal (R)
82nd Governor
of the state of Georgia

Elected: 2010

Office of the Governor
State of Georgia
203 State Capitol
Atlanta, GA 30334
Phone: 404-656-1776
Fax: 404-657-7332

Legislative Branch (Georgia General Assembly)

Senate

56 members

Chief Officer:
Lieutenant Governor

House of Representatives

180 members

Presiding Officer:
Speaker of the House

Find your legislator:
http://www1.legis.ga.gov/legis/FindLegislator.htm

Georgia State Capitol
State Capitol
Atlanta, GA 30334
(404) 656-2844

To search for legislation:
http://www.legis.ga.gov/Legislation/en-US/Search.aspx

HANDS
OFF
OUR BODIES
BABIES
Ends

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SPARK REPRODUCTIVE JUSTICE NOW
SPARK Reproductive Justice NOW is a statewide community based and centered reproductive justice organization based in Atlanta, GA.

Our mission is to collaborate with individuals and communities to build and sustain a powerful reproductive justice movement in Georgia. We do this by: Developing and sharing a radical analysis in order to shift culture; Mobilize in response to immediate threats and; Organize for long-term systemic change.

SPEAK JUSTICE TAKE ACTION PROGRAM
SPEAK JUSTICE TAKE ACTION Program is the direct action, tactics and strategies arm of SPARK Reproductive Justice NOW.

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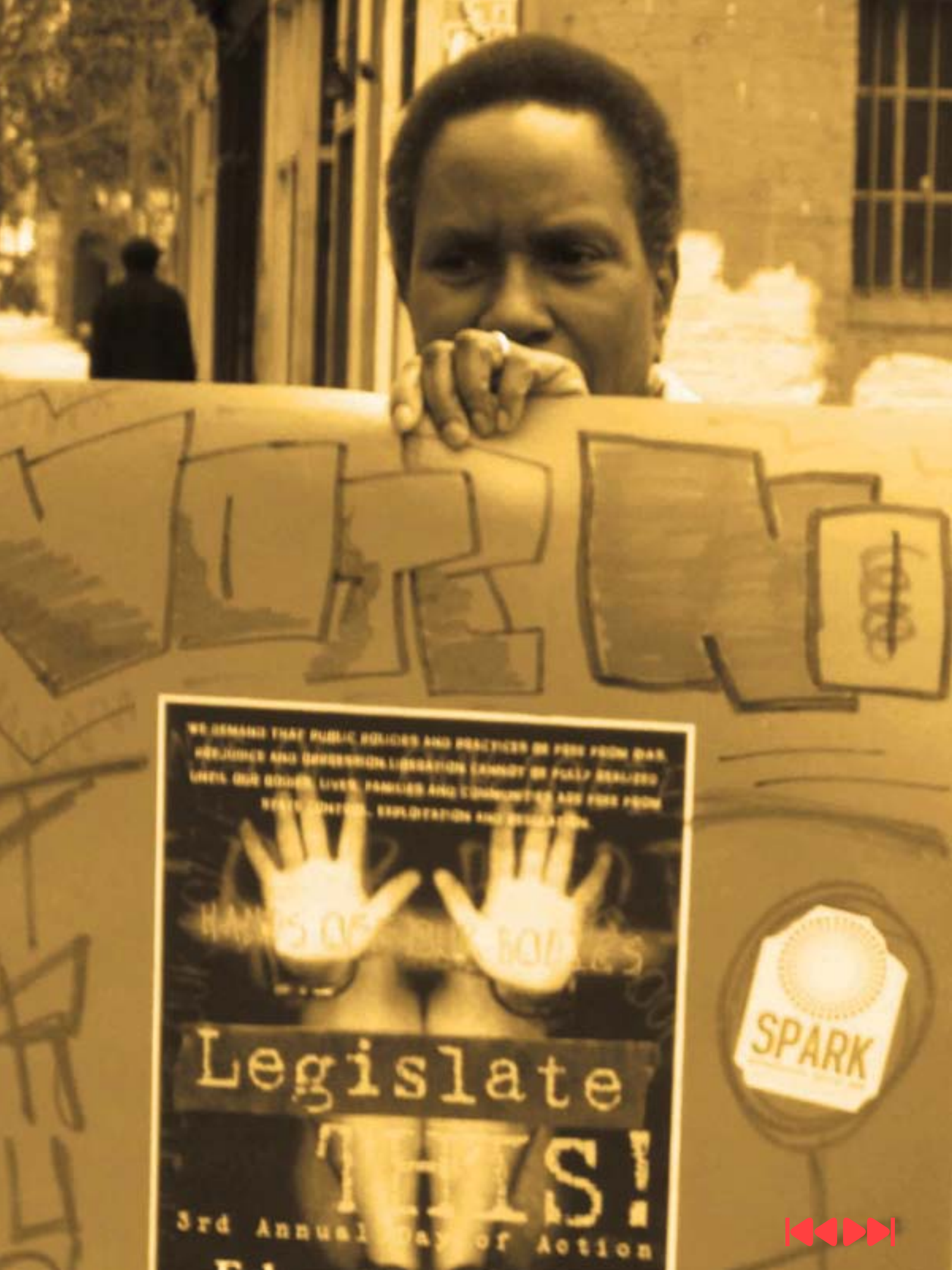
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