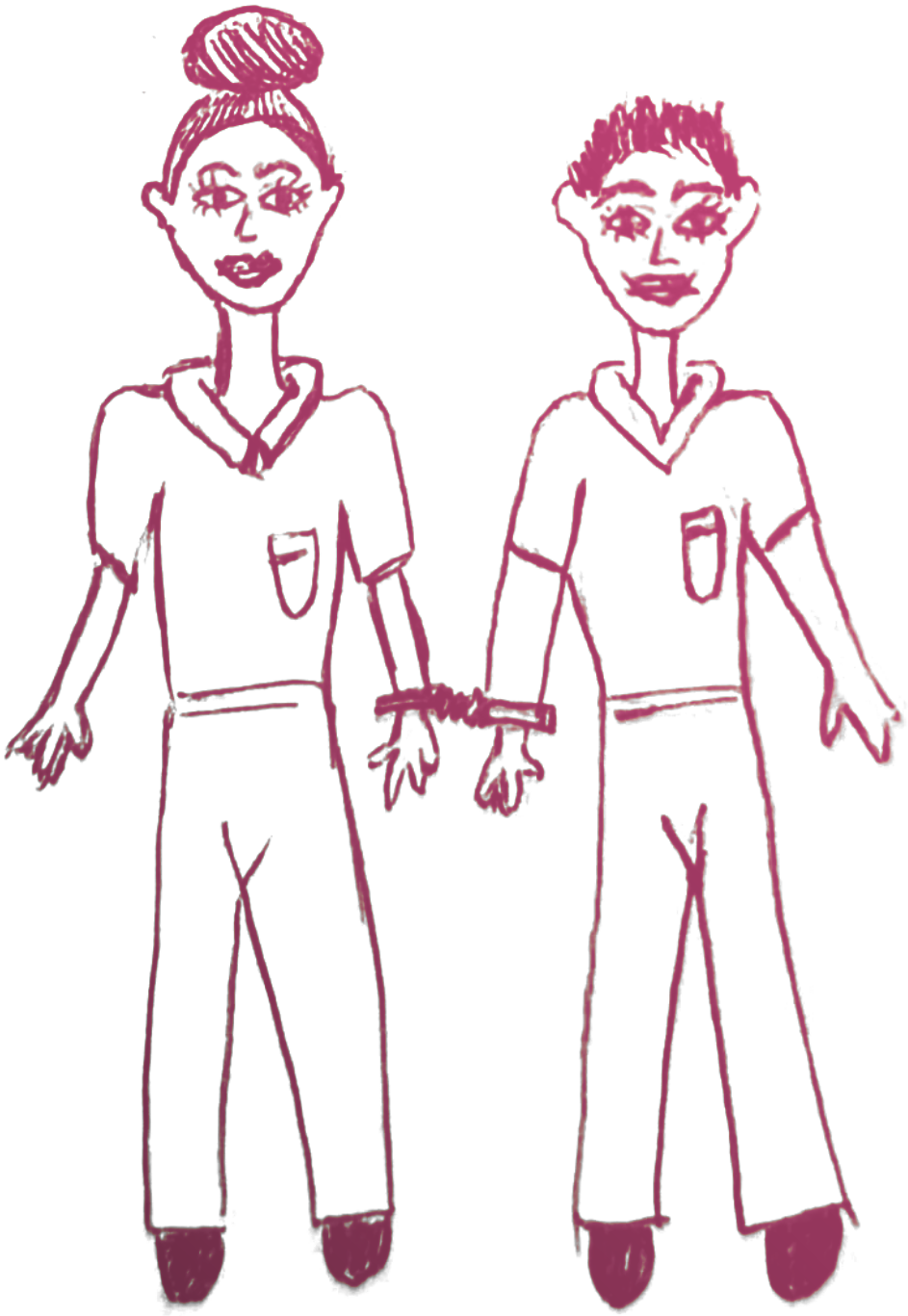


Unlocking Reproductive Healthcare in Texas Women's Jails and Prisons

A Report by Lioness Justice Impacted Women's Alliance and Texas Civil Rights Project

Lioness
Justice Impacted
Women's Alliance

TEXAS
CIVIL RIGHTS
PROJECT

This report is dedicated to Frances Ford and the many other women like her whose lives were cut short in TDCJ. Frances never stopped advocating for what she knew was right. With this report, we honor and carry on her struggle.

Executive Summary

Prison as an institution is designed by and for men, and as such routinely disregards the experience of women. This dynamic is perhaps nowhere clearer than in the realm of reproductive and women's healthcare. Women in Texas prisons and jails face steep barriers to accessing reproductive and other healthcare. To better understand these difficulties, Lioness Justice Impacted Women's Alliance and Texas Civil Rights Project partnered to seek out information from incarcerated women. **We heard from 197 people** with a range of experiences of incarceration. Some were still learning the ropes of prison, while others had been there for decades; some went home shortly after we heard from them, while others had no end in sight to their incarceration. Across these differences, we heard many common themes of **inaccessible medical care, dehumanizing treatment, and discounting of serious concerns by staff**. This report aims to distill the accounts we heard to highlight the extent of the systemic failures, as well as areas ripe for change.

Nearly half of the people we heard from did not receive the reproductive and women's healthcare they needed, and a majority of women told us they did not receive information on how to request care. We heard repeatedly about medical departments that were chaotic, disorganized, and apathetic. While most people had met with a medical provider during their incarceration, largely for routine services such as pap smears and mammograms, **many people had appointments infrequently—sometimes only once over decades of incarceration**. Those who could access care were largely unsatisfied, reporting extreme delays in appointments, unexplained cancellations, difficulties accessing any care beyond routine screening, and an inability to meet with a gynecologist, as opposed to a non-physician. We heard many complaints about unit medical and security staff, who were often callous and dismissive of complaints, and regularly shared private medical information with other staff and incarcerated people. Difficulties accessing care were exacerbated for people in solitary confinement.

Perhaps the most universal complaint we heard was a **lack of adequate menstrual supplies**—reported by two thirds of women, not to mention those raising concerns on behalf of others. The meager monthly allotment of tampons, pads, and toilet paper was far from sufficient for many women, who were left with nowhere to turn for items essential to health and dignity. We also heard from women about **difficulties accessing birth control** for any reason. While some people were able to obtain these medications to control heavy bleeding or treat other conditions, many were made to jump through hoops to prove themselves worthy of basic medical care.

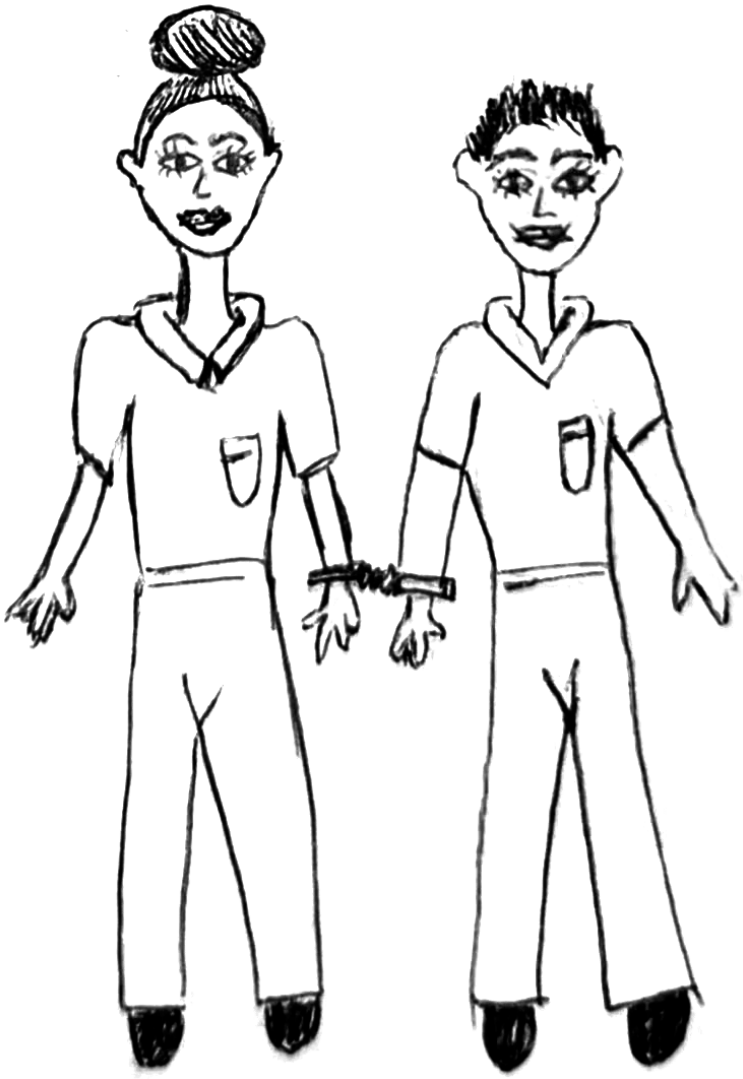
We heard from **nearly forty people who had been pregnant in prison or jail**, around half of whom had given birth while incarcerated. Across the board, the experience was traumatizing, leaving women full of uncertainty and fear. Most received some form of prenatal care, more commonly in prison than in jail. Some, but not all, were allowed an accommodation to sleep on a bottom bunk. While some received extra snacks, others reported insufficient food and nutrition during pregnancy. Most of the women who gave birth while incarcerated did so at a hospital. Some were transported there in restraints. All were separated from their infants shortly after delivery, and were not given adequate time to feed or bond with their babies. Women received little postpartum care.

Many women told us about **deficiencies in care related to menopause**. More than forty people told us about symptoms including hot flashes, yeast infections, inflammation, and weakening bones. Staff were largely dismissive of these medical concerns. Some people could access hormone replacement therapy, but most had difficulty accessing the treatment.

We also learned of people struggling with significant medical conditions and procedures while incarcerated, including cancer treatment, hysterectomies, organ prolapses, and other surgical procedures. Above all, **people struggled to have their complaints taken seriously**, so their conditions could be diagnosed and treated. Indeed, we heard repeatedly of treatment delays, including at least one case in which delays became fatal.

In addition to the medical treatment itself, women told us about the **dehumanizing experience of transportation to a hospital facility for care**. We heard about trips lasting hours, sometimes overnight, restrained in vans without proper restroom facilities, that reinjured people in need of medical attention. The process was so arduous and demeaning that some women refused medical care to avoid it.

Across these reports, several themes emerged again and again. First was the care women practiced for their friends and neighbors, whether in showing someone the ropes, redistributing scarce menstrual supplies, or advocating for those in need. Second was the lack of support from unit and medical staff, including by denying or dismissing medical needs, cancelling, delaying, or otherwise interfering with appointments and care, or simply failing, whether because of staff vacancies or otherwise, to provide an adequate level of information and care. Finally, **prisons and jails in Texas are unprepared to provide for the full range of healthcare needs of women throughout their lifetimes**. From inadequate staffing of gynecologists, to refusal to provide something as basic as toilet paper at a sufficient level, the failures run deep. Texas legislators and administrators must recognize the unique needs of women in the state's custody and make changes to ensure that all Texans can access the care they need.



Acknowledgments

This report is a collaboration between Lioness Justice Impacted Women's Alliance and Texas Civil Rights Project. It was principally authored by Molly Petchenik, and built on first-hand accounts and reports from incarcerated women collected by Diane Thompson, Jennifer Toon, Marcie Marie Ray, and many others. LaToya Lane, Mandi Zapata, Katie Drackert, and Charlotte Baker provided invaluable assistance and insight. Christina Beeler and Dustin Rynders oversaw the project. Sebastian Gomez de la Torre designed the report, incorporating contributions from incarcerated artists. Thanks always to the many incarcerated individuals who shared their stories with us.

About Lioness Justice Impacted Women's Alliance

Lioness Justice Impacted Women's Alliance is a nonprofit organization founded and led by currently and formerly incarcerated girls, women, and gender-expansive people. Our mission is to end the incarceration and systemic devaluation of our population within the Texas criminal legal system, while also building power within our communities. We envision a society where we are spiritually, emotionally, mentally and physically free from all forms of violence and harm in the criminal legal system. Our vision is achieved through radical advocacy, leadership development, community building, grassroot organizing and civic engagement. We believe that lived experience is the guiding force to change. We believe in honoring each other's differences while striving to bring one unified voice of currently and formerly incarcerated girls, women and gender expansive people in Texas into all spaces. We believe that jails and prisons by nature perpetuate harm and violence. Our goals are to cultivate and elevate the leadership of directly impacted individuals, empowering them through peer support, training, and advocacy. Our work includes letter-writing campaigns, storytelling, collaborative research with trusted partners, and resource gathering. Through these efforts, we are dedicated to informing policies and strengthening our communities across Texas.

About Texas Civil Rights Project

We are Texas Lawyers for Texas Communities. The Texas Civil Rights Project ("TCRP") believes in a Texas where everyone can live with dignity and justice, and without fear. Since its founding in 1990, TCRP has brought thousands of strategic lawsuits and spearheaded countless advocacy campaigns to protect and expand voting rights, challenge injustices in our broken criminal legal system, and advance racial and economic justice for historically marginalized communities on the border and throughout the state. TCRP's Criminal Legal Program partners with impacted communities in an effort to challenge injustices at the front and back ends of the criminal legal system, from overcriminalization to conditions of confinement.

Table of Contents

Introduction

Women's healthcare in the United States is in a precarious state. With abortion bans in Texas and other states, a patchwork of insurance that leaves many unprotected, and rising costs across the board, it can be an insurmountable challenge for any woman simply to receive the basic care they need to survive. This crisis is even more pronounced for women[1] in Texas prisons and jails. Accessing healthcare of any kind is difficult in and of itself. But in these systems designed around the male experience, women's medical needs are systematically overlooked and dismissed. As Kwaneta Harris, who has spent more than a decade behind bars, puts it, "*The whole system isn't created for women—they think they can copy and paste from men, but we're different*."

Although it is widely understood that women's healthcare behind bars is lacking, there is little concrete information available regarding the specific needs and failings that contribute to the broader crisis. To gain a more fulsome understanding of women's experiences, Lioness Justice Impacted Women's Alliance ("Lioness") and Texas Civil Rights Project ("TCRP") partnered together to gather this information first hand. Lioness is an organization led by currently and formerly incarcerated girls and women in Texas working to end the incarceration and systematic devaluing of girls and women. TCRP is a non-profit organization that has defended the rights of all Texans for more than thirty years, focused primarily on immigration, voting rights, and the criminal legal system.

To assemble this report, we wrote to individuals in women's prisons across the Texas Department of Criminal Justice, ("TDCJ") soliciting their perspectives on their own care. We received approximately two hundred responses from people eager to share. We also engaged in conversations with currently and formerly incarcerated women, who reflected on their time behind bars. Their experiences were varied but had many common themes. This report attempts to distill these accounts and highlights some of the most common or egregious healthcare issues in TDCJ. Many people also shared their experiences in county jails, which we include where available.

This report addresses a number of concerns that we heard repeated over and over again about problems with reproductive and women's healthcare at every stage of life and phase of incarceration. We learned that, beginning from their arrival in TDCJ, women lacked information on how to request reproductive healthcare—some did not even know they were entitled to these services. Women had trouble getting appointments, stuck in a convoluted maze of delays and cancellations. Some women gave up on medical appointments altogether because of the sheer impossibility of navigating the system. We heard stories of prison staff and medical providers who lacked training and empathy, and of medical appointments conducted without any semblance of privacy. Perhaps the most common issue we heard was also the most basic—that women could not access menstrual supplies sufficient to meet their needs, despite laws guaranteeing them these items. We also heard about everything from birth control, to pregnancy, to childbirth, to menopause; urinary tract infections, to bleeding, to hysterectomies, all the way to cancer. Women in county jails shared the trauma of medical transportation to and from the hospital for treatment. Through it all, we consistently heard about incarcerated individuals doing all they could to support one another, whether through formal peer education, informal information sharing, or raising the alarm in any number of ways.

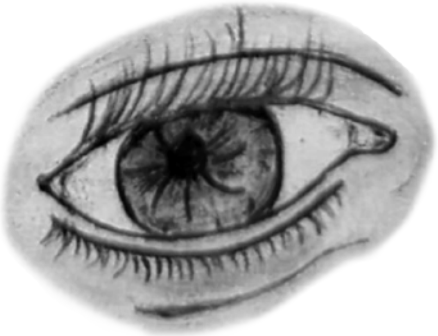
[1] As discussed in more detail below, throughout this report, the words "women" or "woman" are used to describe the unique experiences of people in women's prisons. The authors recognize that gender is a spectrum and that not all people in women's prisons identify as women. Where we heard from individuals with different gender identities, those differences in gender identity are noted.

Notes on Language and Terms

This report discusses healthcare that is inherently gendered, and incorporates gendered language. Not everyone who engages with what we call "reproductive and women's healthcare," or who lives in a women's facility in TDCJ, identifies as a woman. We acknowledge that gender is a spectrum, and hope that this report reflects the experiences of individuals across the gender spectrum. Where applicable, we have used appropriate language to describe the gender identities of specific people who do not identify as women, but in places, we have used the term "women" to convey the experiences of specific individuals, to reflect the language that was reported to us, or otherwise as a shorthand for incarcerated people in women's prisons and jails.

Second, this report addresses reproductive and women's healthcare, which are expansive terms that can mean many different things. At base, women's healthcare is healthcare. Women need holistic care that takes their gender into account as one of many factors influencing health. Here, we look at a narrower range of care under the umbrella of reproductive and women's healthcare. We use both terms interchangeably to refer to care related to the reproductive system, including menstruation, pregnancy, and menopause, as well as healthcare issues that have a disparate impact on women. We also include in this category care such as contraception, termination of pregnancy, cervical and breast cancer screening and care, mental healthcare, and other servicesfrom a gynecologist or women's health professional.

Notes on Methodology

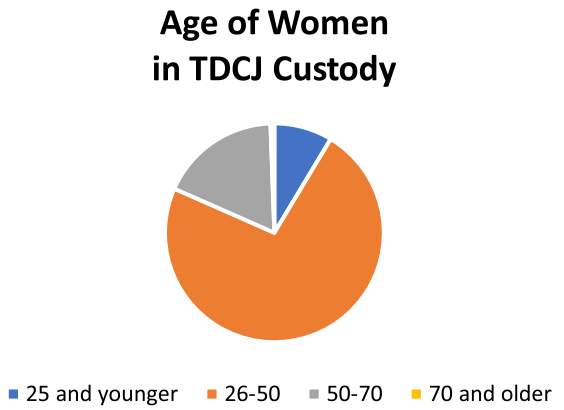


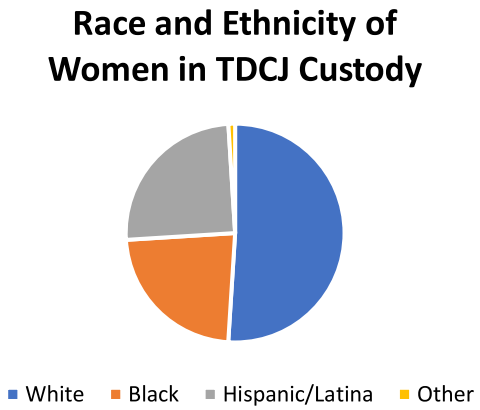
This report does not attempt to provide a scientific or rigorous analysis of data associated with women's healthcare. Rather, it aims to collect and share the experiences of a large number of women in a digestible and usable form. We relied on women's own reports about their experiences, as no one can know better than them what it is like to exist within this system. It is possible that our questions were not always understood as we intended. While a disconnect may itself point to a general lack of information available to incarcerated individuals, all such errors are our own. We share these accounts with the permission of those we heard from, but have largely omitted names for their safety.

We hope this report serves as a starting point to reframe the discussion around the failing healthcare system in our state's carceral institutions. People in women's prisons have unique healthcare needs that Texas fails to address. Because of its willful ignorance about these issues, Texas exposes thousands of women to serious, preventable, and irreversible medical conditions, with nowhere to turn for help. As one incarcerated woman told us, "*Reproductive and Women[']s Health Care is not a luxury, it is a necessity. Most of the time it is a matter of life or death. . . . [W]omen in the TDCJ system are not animals we are human beings and deserve proper reproductive and women[']s health care as any women in the 'free world' would receive . . .* "

Women in Prison by the Numbers

As of September 2024, there were 10,843 women incarcerated in TDCJ.[2] With a total incarcerated population of 134,667, women made up just over 8% of those in TDCJ. Women ranged in age from 18 to 85: 934 women were 25 or younger, 1,995 were 50 or older, and 62 were 70 years old or older. According to data on race and ethnicity collected by TDCJ, 51% of these women were white, 25% were Hispanic, 23% were Black, and less than 1% were Asian or Pacific Islander, American Indian or Alaskan Native, or other.[3]





The 196 women we heard from ranged in age from 19 to 81. The age bracket we heard from the most was women in their forties, at just under one third of those we talked to. 75% of people were between 30 and 59. 5% were under 30, and another 5% 70 or older. 15% were in their sixties. The self-reported race and ethnicity of those we heard from roughly mirrored the TDCJ-wide data: 41% of women were white, 26% Hispanic or Latina, 21% Black or African American, 8% American Indian or Alaskan Native, 3% other, and less than one percent each Asian or Asian American and Pacific Islander. Seventeen people reported more than one race or ethnicity, and were counted multiple times.

Out of a total of 102 facilities TDCJ has just 12 for women,[4] plus three designated as co-gender.[5] Of these 12, three are state jails, generally for people serving shorter sentences, but still operated by TDCJ. One of the 12 is a medical facility (Carole Young), as is one of the co-gender facilities (Hospital Galveston). One is a specialized substance abuse facility (Halbert). One co-gender prison is a psychiatric treatment facility (Skyview). One women's prison (Coleman) and one co-gender prison (East Texas) are privately run; the others are managed by TDCJ. We heard from people who had spent time at all of these 15 prisons except for East Texas.

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[2] This data is taken from TDCJ's High Value Data Set for September 2024, available at https://www.tdcj.texas.gov/kss_inside.html (accessed November 26, 2024).

[3] In raw numbers, the demographic breakdown is: 5,527 white, 2,704 Hispanic, 2,546 Black, 39 Asian or Pacific Islander, 11 American Indian or Alaskan Native, 13 other, and 1 unidentified. *Id.* Black women vastly overrepresented in these numbers when compared with the overall population of Texas. According to the most recent census data, 13.6% of the state's population is Black. United States Census Bureau, *Texas: Quick Facts* (July 1, 2024), https://www.census.gov/quickfacts/fact/table/TX/RHI825223#RHI825223

[4] These are: Coleman, Crain, Halbert, Henley (State Jail), Hilltop, Hobby, Marlin, Murray, O'Daniel, Plane (State Jail), Woodman (State Jail), and Carole Young. Texas Department of Criminal Justice, *Unit Directory*, accessed February 10, 2025, https://www.tdcj.texas.gov/unit_directory/

[5] These are: East Texas, Hospital Galveston, and Skyview. *Id.*

The Poor Quality of Information and Services

TDCJ is a system designed by and for men. But women have unique healthcare needs that go unaddressed in a system that was never meant for them. One person reflected, "The medical on this unit is a joke. This place wants to treat everyone the same and everyone is not the same." We heard from women about any number of ways in which TDCJ fails to comprehend their basic needs, and how those needs differ from men's. For example, women are not given more toilet paper than men, despite having distinctly different sanitary needs, including menstruation, that require additional supplies. We also learned that women who need assistance are not given instructional materials on how to insert tampons—the kind of material available at any drug store in the "free world"—because TDCJ considers the diagrams of female anatomy to be explicit. Similarly, people told us that books on female anatomy were censored, while books on male sexual performance were allowed in TDCJ facilities. Women were broadly frustrated with the lack of information available to them about their unique needs.

"I feel we as women need to be more informed concerning our medical care and our bodies and everything shouldn't be generalized."

–Crain Unit Resident

45%
of the people we heard from told us they did not get the reproductive and women's healthcare they needed.

45% of the people we heard from told us they did not get the reproductive and women's healthcare they needed. Six people told us that whether or not they got care depended on which members of staff were working that day. According to one typical account, "*health care in TDCJ sub[-]standard in all areas[. T]he medical staff is rude all the time, the[y] make jokes and make fun of us[.]*" We heard consistently that "*security gets involved in your medical care and their opinions are valued more than ours[,]*" and staff "*think all inmates are lying about what's wrong with them.*" As a whole, "*[t]here is no true focus on women's health care. The lines of professionalism for medical staff get blurred and as women we get treated worse than animals for being in TDCJ. So, women's health care goes out the window.*"

I. Information on Reproductive Healthcare

Approximately one third of women received no information on how to request reproductive and women's healthcare upon arriving in TDCJ. More than ten people told us they only learned the process from talking to other incarcerated women. One person told us, "*I didn't believe or know that I could have anything. During my intake I informed Dr. of concerns I had, nothing was ever done, nor did I pursue issues.*" Almost all of the people who did receive information were simply told to file an I-60, or sick call request.

"I always believed that while incarcerated [healthcare] is not a right I had[.]"

–Hobby Unit Resident

Thirty-four people told us they received some sort of information on reproductive or women's healthcare beyond simply how to request it upon arriving to TDCJ. The type of information received varied. Six people received this information through Peer Education classes. One person said "*[t]he info was available on the wall if I looked for it but not verbalized[.]*" Those who did not receive information also cited a variety of experiences. As we heard from many people, one person "*was told nothing about women's healthcare only that if I get sick drop an I-60 to see the provider[.]*" Others told us they only received information about STDs. Three people noted that they did not speak English when first incarcerated, and no one made any attempt to get them information in a language they could understand.

One person told us, "*The medical dep[artment] is so chaotic and busy that they do not have the time or enough available information[.]" Many people told us the intake process was rushed, with little information provided on any subject. One person was told that TDCJ "does not cover those issues[.]" Two people were only told about the Prison Rape Elimination Act ("PREA"). Transgender men also told us they did not receive information relevant to their medical needs. One person reflected that "I honestly feel that I could've done more for myself had I known that I could have accessed this type of care. I wonder if not having this care has affected my physical [and] mental health overall[.]*"

II. Routine Healthcare

Almost everyone we heard from had met with a medical provider at some point during their incarceration in TDCJ. More than half of people requested some type of reproductive or women's healthcare and had met with a reproductive healthcare provider at one time or another while in custody. Routine preventative care was available to many people. More than eighty percent of the people we heard from had a pap smear at some point during their incarceration, many on a regular basis; nearly a quarter had separately had a cervical cancer screening. More than three quarters had a breast exam, and more than two thirds had a mammogram. Approximately twenty people told us that they were automatically given a pap smear, mammogram, or breast examination, without having to request care. Concerningly, we also heard that people who refused a mammogram—which is their right—were given a disciplinary case. Many people received medications related to reproductive healthcare, largely birth control,[6] but a significant number expressed frustrations with the procedures. Indeed, one person told us she refuses appointments "because of the process."

"I only go to medical if absolutely necessary due to the struggle that the medical department consistently is."

–Hilltop Unit Resident

People we heard from expressed difficulties getting appointments for reproductive care as frequently as they needed, repeating that appointments were "not often enough." One person noted, "*I've had to see the gynecologist for pelvic pain, it[']s an ordeal though [and] the waiting period is ridiculous[.]*" While we heard from many women that they received regular pap smears and mammograms, this experience of routine care was far from universal. Some saw a provider annually, but more only did every three years. We heard from some that the frequency of reproductive healthcare appointments recently changed from every year to every three years. As one person put it, "*Our annuals are done every 3 years which defeats the purpose of calling it an annual[.]*"

Many people reported having reproductive healthcare appointments even less frequently, with experiences varying from every six years to more than twenty years without a single appointment. Others told us they had only had one reproductive healthcare appointment over years in TDCJ—for one woman, only one time only in 17 years—and many told us they had never had an appointment. Some women were able to get more frequent appointments for serious conditions, but older women tended to have far fewer appointments, even though, as discussed further below, the need for reproductive care does not stop with menopause.[7] One woman expressed concern about her peers unable to get the appointments they needed, reporting that many people were "getting lost" between appointments, particularly for cancer treatments, and noted problems "with transportation."

One woman had only one reproductive healthcare appointment in **17 years**

[6] This data is taken from TDCJ's High Value Data Set for September 2024, available at https://www.tdcj.texas.gov/kss_inside.html (accessed November 26, 2024).

[7] Numerous health issues affect individuals as they enter menopause, including urinary issues, pelvic organ prolapse, and depression. See, e.g. Talaulikar, Vikram, *Menopause Transition: Physiology and Symptoms,* 81 Clinical Obstetrics & Gynecology 3 (2022), available at https://www.sciencedirect.com/science/article/abs/pii/S1521693422000426.

Many people had trouble getting an appointment for anything other than a pap smear. One person said, "*I don't bother requesting for anything because we get refused services many times or it takes an act of congress to get any type of preventive procedures[.]*" Another person told us, "*I agreed to have further examination by gynecologist at Crain unit for my abnormal results[, but] the appointment was cancelled [and] rescheduled [three times] due to no wheelchair transportation, after that it was never rescheduled again*." One person posited that TDCJ used these bureaucratic hoops to discourage people from accessing care.

We heard from many people who were denied or still waiting for appointments. According to one person, "[o]n [or] about October 2022 my old C-section [scar] opened and ripped from the Bikini area to my left side abdomen, yet I was denied hospital care[.]" Another person told us, "*TDCJ was supposed to have scheduled me an [appointment] with the gynecologist for removal of [a] polyp in my cervix. I never got that [appointment].*" One person had spent almost a year *"[a]waiting prolapse vaginal wall surgery possibly vaginal hysterectomy[.]"* Yet another had been waiting five months for lab work. Others told us they were still waiting for appointments for polycystic ovary syndrome ("PCOS"), heavy periods and excessive bleeding, a popped implant, hemorrhoids, and leaking urine. Other people declined care because of the associated cost. We heard from many people that the cost of medical care was "too expensive," especially since it sometimes turned out to be "a waste of time[.]"

We also heard that appointments were easier to get at some facilities than others. Carole Young, a medical facility, predictably had more access than some other units. Another person reported, "I really didn't get proper care until I was all off Crain unit[.]" For women in solitary confinement, the additional security required for any trip means appointments are often canceled. One woman confirmed, "I *would like to meet with [a provider] as often as possible but because [I'm in] solitary and at Skyview [mental health facility] most of my appointments are canceled by security.*" On the other hand, we heard from multiple people that the care at Lane Murray Unit was better than elsewhere in TDCJ, although we still heard a large number of complaints regarding care there—especially for those in solitary confinement.

III. Providers and Quality of Care

"I was rushed in [and] out of my appointment. The provider spoke to me as minimally as possible. She was very rough during the actual examination. I felt like she wanted me out of her care as quickly as possible."

–Hilltop Unit Resident

As for the quality of medical care itself, we heard a variety of responses. Many people were satisfied with the care that they were able to receive. For example, we heard from one person that "I requested a complete physical and the provider (PA Scott) was helpful, informative, and easy to talk to." Another person found a lump in her breast, wrote a "sick call slip," and was seen two days later. One person went so far as to say, "[t]he mammogram ladies are awesome[.]" Others were able to get care for uncomfortable or irregular periods and follow-up care for abnormal pap smears. One person noted that the care varied "depending on the provider but sometimes they were ok[, but] sometimes they were very rough, rude and insensitive[.]" Some told us the medical staff were "helpful to some people, but not to others."

On the other hand, we heard many complaints about unit medical staff, especially in comparison with doctors at the TDCJ hospital at the University of Texas Medical Branch ("UTMB") in Galveston, and about disparities in care between proficient doctors and inadequacies in other staff: "*The providers are usually very detailed [and] concerned during examinations but somehow once you[']re out of their hands, prescriptions never get ordered, visits are canceled or just missed due to lack of nurse cooperation [and] record keeping . . . health issues never get resolved and it is an unending cycle." One person explained, "Our current medical staff has a bad habit of overriding our doctors at [Hospital Galveston] and deleting orders, refusing medications, . . . even cancelling our [appointments] when they deem them unnecessary.*" Similarly, one woman felt "*[t]he hospital Galveston staff [gynecologist] is great, the staff on the unit is not[.]*" Another reasoned that staff cancelled appointments, or forced people to sign refusal forms for appointments, because the unit was short of staff.

Many women expressed frustration that they were unable to be seen by a gynecologist. They could get appointments with PAs and NPs, but a gynecologist appointment was more difficult to obtain. One woman had met with a gynecologist a total of three times in 33 years. Another explained, "I haven't seen an actual gynecologist ever since the birth of my baby in 1995. I've seen a provider for pap smears . . . we used to get them every year."

"I had my annual pap [in 2023] . . . [and] was asked by [the] proctor PA if I would allow Ryan Williams NP to practice on me[.] I said yes and regret every minute as he pinched my vaginal canal so hard with equipment I yelled and mysteriously ended up getting [MRSA] near my panty line and was eventually hospitalized for it . . . because [the] NP wouldn't keep me on an [antibiotic]."

–Carole Young Unit Resident

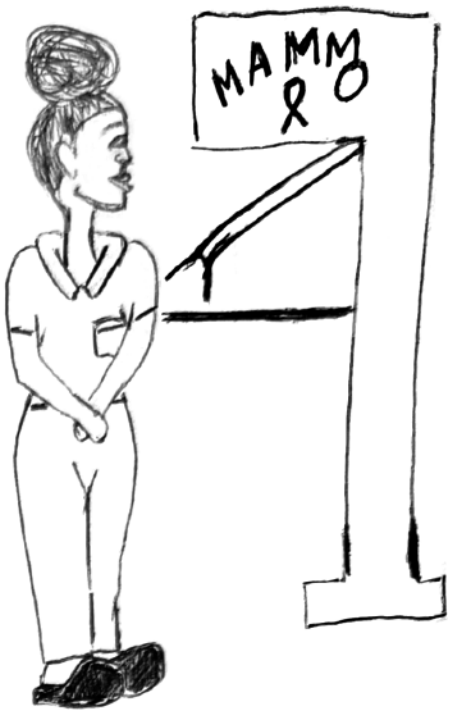
Other people were frustrated by their insufficient level of care. One person told us, "*I'm nervous to go to the health care workers here other than for medicine for a yeast infection due to my opinion of their lack and or confusion of medical knowledge[.]*" Another reported, "*I have requested healthcare in the past but TDCJ does not have good nurses for doctors so healthcare is not good[.]*" We heard one woman's concerns that her fibroids had not been diagnosed by the TDCJ gynecologist. One person went so far as to describe being "*in fear of harmful torture*" after she was denied antibiotics for a "*painful*" chronic urinary tract infection for more than a year. Another woman agreed: "*It was a nightmare, constantly arguing with health providers about being consistent with the weekly dosages and also nurses that were not trained or educated on the treatment[.]*" Several people noted the harried nature of any care: one described the process as "*[v]ery unprofessional like herding cattle through the process of paps[.]*"

We heard repeatedly about difficulties with staff, which for some interfered with their medical care. One person told us, "*I don't feel comfortable talking to the medical department here, [because the nurses] are very rude.*" Another agreed, "*Some of the medical staff on the units are either under qualified or they have no compassion for other human beings—or perhaps just one in prison. They hate being called to the dorms for medical codes.*" Some people told us it was difficult to get care because providers did not believe their requests were sincere. One person noted, "*[I]f you get the wrong provider it can be very difficult to get the care you need because they think you are faking it[.]*" Another person said, "*[T]his unit has providers that don't care, don't listen. I guess being in a prison they think everyone just wants attention, meds, or just anything to get out of their dorm that they oversee . . . [that] is really in need of medical attention.*" On the security side, we heard that "*the officers don't care, [and] some talk to you bad and say oh well it's not their problem[.]*"

The signs and symptoms they complain of are disregarded by medical staff, until they are critical, worse or die[.]"

–O'Daniel Unit Resident

We also heard multiple complaints about privacy. One person noted that "*medical care visits are not in a private setting. At times other offenders [and] the nursing staff laugh [and] snicker or comment during a consult.*" We also heard about women who were afraid to raise issues with medical providers because they could potentially lead to disciplinary charges. For example, some people forewent treatment for yeast infections because they feared being written up for same-sex sexual activity, even without other evidence.



We also heard from multiple women about their discomfort with male providers. We heard that at many medical appointments, guards remained mere feet from the women being examined—often male guards. As noted, those staff members were known to repeat the private medical information they learned to others on the yard. One person refused a pap test because of the male provider; and another told us she was "uncomfortable" being examined by a male nurse practitioner. One person described, "*I've been uncomfortable during some exams because some male doctors seem to do too much [with their] fingers instead of a duckbill—very impersonal nurses are there[.]*" Another person told us she had seen more male providers than female, adding, "*If it was a male provider he would just rush through, be insensitive and not always [do] everything because he was uncomfortable. For example, no breast exam.*" One woman who did have a breast exam from a male provider told us, "*The breast exam was uncomfortable because the doctor in my opinion made me uncomfortable. He didn't seem to know how to do a breast exam. I also felt it was inappropriate because I was completely nude under a paper gown and I had to dress and undress with him in office[.]*"

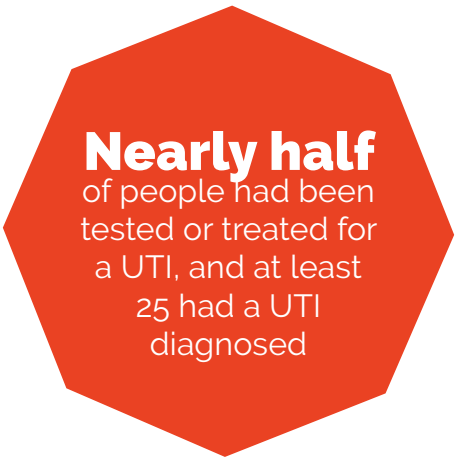
IV. Common Conditions

We heard reports of difficulties getting care for many different conditions and concerns, but some were reported more often than others. One of the most common conditions people discussed were urinary tract infections ("UTI"), which research has shown have a high prevalence in carceral settings. Nearly half of the people we heard from had been tested or treated for a urinary tract infection; at least twenty-five reported being diagnosed with and treated for a UTI. Multiple women reported having UTIs more than once in their time incarcerated. One woman told us she has had UTIs six to seven times in TDCJ, another at least four different times, and a third two to three times. Four others told us about multiple UTIs in a year, and one simply reported "repeated" UTIs.

"I'm constantly having women's issues such as cramping, excessive discharge . . . , pain, urinary tract infections. It seems . . . never ending."

–Hobby Unit Resident

Most people had to affirmatively request a UTI test, but were able to get treatment. As one person summarized, "I told them my symptoms peed in [a] cup [was] given antibiotic for [a] UTI[.]" Others reported problems getting treatment—or getting no treatment at all. One person told us, "I have been forced to walk around with [a] painful urinary tract infection for about 8-10 months at a time, now with a bladder smell[] where I am not allowed anti-biotics[.]"



Others reported frustrations with the lack of follow-up care. As one woman relayed, "Last year I had to get several UTI tests and] medication sometimes. I know there is something going on but I have not been [able] to find out what it is because they don't do follow ups after you take medication for [a] UTI." Another person told us that because of the lack of care, she "gave up trying to find out why I keep getting UTI's [with] blood in my urine."

Aside from UTIs, eight people were treated for thyroid conditions. One person went years before being informed of her diagnosis: "I was diagnosed three years ago with [h]ypothyroidism but never informed. Last February was when I requested a physical and the provider at the time followed through with care. I began receiving [levothyroxine] following blood tests and I received it monthly[.]" We also heard from seven transgender people who discussed difficulties obtaining gender affirming care. These difficulties included accessing providers, obtaining medication at the necessary dosage, and having their treatment needs taken seriously.

More than twenty people discussed receiving mental health care while incarcerated. Almost universally, people were unsatisfied with their mental health care. People described mental health care as "a joke" and "*a façade, it[']s nonexistent[.]*" We heard about women's needs being ignored: one person told us that "*no one would help me for a while when it came to mental health*" while another was told "*no amount of medication would help*" her. People took mental health medications for a variety of reasons, from longstanding diagnoses, to dealing with trauma from assaults in county jail. Multiple people shared frustrations with medications that were ineffective or difficult to obtain. We also heard from some people that mental health conditions were treated without any individualization, and pain medication prescribed broadly without inquiry into a person's specific needs. Another person explained, "*There is no substance to mental health care . . . . Hobby just checks the boxes, talks ugly to us and rushes us out[,] so harmful and discouraging[.]*"

Some people expressed concerns over disparities in care, noting "*the men are given/offered better inpatient mental health treatment.*" One person described mental health concerns associated with menopause going unaddressed; another was given only mental health medications to treat her physical symptoms of menopause, including insomnia and hair loss. Several people discussed the particular mental health challenges that come with solitary confinement, where care can be even more difficult to get. According to one person, people in the mental health program at Lane Murray Unit were placed in solitary confinement, and subjected to the same debilitating conditions as others there, despite their heightened mental health needs. We also heard that mental health care was inadequate for transgender individuals who sought it out. Transgender individuals reported a number of other struggles with medical care and otherwise, which are worthy of their own report. [9]

"When it comes to our mental health—especially those with dementia[,] there are no adequate care/services provided for those inmates."

–Plane State Jail Resident

[9] Texas ignores and sometimes even punishes incarcerated people for expressing or having gender identities that do not match their assigned sex at birth. In contrast, some states attempt to respect the gender identities of incarcerated people within their prison systems, which should serve as a model for all states. For example, in California, on January 1, 2021, Senate Bill 132, The Transgender Respect, Agency and Dignity Act, went into effect. Senate Bill 132 allows transgender, non-binary, and intersex Californians to request to be housed and searched in a manner consistent with their gender identities. California Department of Corrections and Rehabilitation, *Senate Bill 132 FAQs*, https://www.cdcr.ca.gov/prea/sb-132-faqs/ (last visited Feb. 18, 2025).

V. Concerns for Others

We heard from many people concerned about their friends and neighbors. Many women wrote of things they did to help their peers when the prison system failed them. For example, one person told us, "*I try to help with filing and wording informal resolutions for them which usually work[s] before having to file a grievance and for the most part other mentors [and] old schoolers like me try to help if they can't legal writers . . . .*"

"I've seen ladies ask for mammograms and get told no and later on find out they have breast cancer[.]"

–Carole Young Unit Resident

More than two-thirds of people told us they knew of others who had trouble accessing the healthcare they needed, although one woman told us it could be difficult to raise these issues with peers, as "*[i]t almost feels as though the topic is taboo[.]*" One person put it bluntly: "*All women here on this unit are always having problems with health care. Literally 95% of the unit.*" Another agreed, "*I hear women all the time, practically begging from medical via I-60s to give them women[']s health care.*" One person described a range of problems, including "*people with constant cervical bleeding or whatever the issue may be are not treated with urgency or taken seriously until there is an emergency or the individual has a resourceful family member to advocate for them. The post-op care for women[']s health related surgeries is a joke, there is no sympathy . . . .*"

We heard about a lack of communication on medical issues, a lack of response to sick calls and other appointment requests, the discounting of menopause symptoms, and staff who ignored complaints or were unwilling to offer help. Forty-four people told us that other women could not get the menstrual products and toilet paper they needed. One person explained, "*[O]n every unit I've been on this is a[n] issue shortage of supplies, no tissue, pads, sanitary napkins or tamponsl.]*" Three people told us that other women were unable to get pap smears or mammograms when they needed them. Several people raised issues with medications, including people who were given the incorrect medications, women who were not warned of serious side effects of medications, and others who could not access their "free-world" prescriptions or prescriptions from other facilities—including for conditions as serious as HIV. Many people who asked to see a "*gynecologist [were] not able to [do so] unless there [was] an abnormal test. When there is an abnormal test they do not approach you about it until another visit or [until] you ask about the test you took.*"[10]

[10] The letters and information we received were sometimes informal and did not always use traditional grammar. Any alterations are noted in brackets and do not affect the meaning of the statement.

Multiple people told us about others who had difficulties getting to medical appointments, whether because they were repeatedly cancelled, because staff did not want to facilitate them, or otherwise. As one person put it, "Never can see the PA, PA doesn't know anything, PA is suppose[d to] schedule screenings but they never came[.]" Many times, scheduled appointments at the TDCJ hospital were cancelled "due to transportation." One person described a common experience: "*I know women who go repeatedly to Galveston and never get treated but spend weeks at [another facility] (missing their program) and get rescheduled repeatedly[.]*" The consequences for these cancellations can be dire, including a lack of timely treatment for potentially fatal diseases—as we heard from one person, "*[A] women I currently live with has cervical cancer[. S]he was scheduled to go to [G]alveston and her trip was cancelled but medical is saying she refused to go[.]*"

Many people expressed concern for women who had excessive menstrual bleeding and were unable to get treatment. One person "*heard horror stories of women who bleed constantly and receive no help for months.*" Another had "*seen medical require women to sit in [the] waiting room for hours, showing their bloody pads to 'prove' they has excessive bleeding.*" One person was ignored until she fainted and had to be "*rushed to the hospital for an emergency hysterectomy.*" Others who need hysterectomies "get the run around."

"[The] main thing I've noticed . . . [is a] lot [of] ladies having long extended bleeding to include months of bleeding [with] no real explanation[.]"

–Crain Unit Resident

We also heard concerns that others were given hysterectomies "when they really did not need them" and that "a lot of women are prompted to have a hysterectomy." Three people who had excessive bleeding were ultimately diagnosed with cancer. One person believed these people could not get help "due to nursing staff not thinking it's urgent[.]"

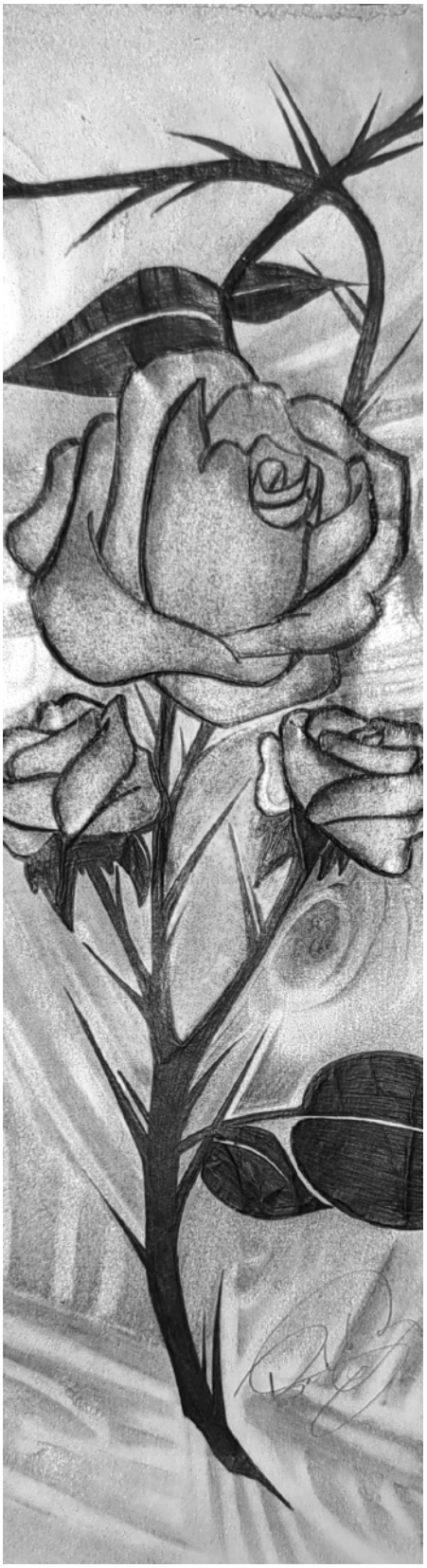
Nine people told us about friends and acquaintances who had cancer that was treated improperly or too late. One person told us, "*A friend of mine has cancer that could have been detected early and helped . . . . She just started receiving chemo at stage 4 of the cancer.*" Another person spoke of a friend with a tumor who could not get treatment. Similarly, one person's friend "*found a lump in her breast" that "for over 2 months [was] leaking blood[.]*" She "*dropped several forms*[11] *but still has not been seen[.]*"

We also heard multiple concerns about women in solitary confinement who were unable to access the care they needed. One person heard complaints from these people "daily." One person told us that in solitary confinement, "*many times we get denied medical because there is no staff to escort us to medical . . . .*" Another described, "*In seg I worked down there and the officer[s] ignore those ladies[.]" such that they even had to "yell and bang on doors for pads . . . .*" Echoing these concerns, one person noted that "*the ladies in Ad [S]eg should have more access getting these products[. T]hey have so much trouble getting pads and tampons in these cells[.]*" Another person described the impact of the heightened security requirements at medical appointments for those in solitary confinement: "*People refuse and don't want to go to medical [because] male C.O.'s must remain beside us unless we are being examined. Then they stand about 4 [feet] away behind a screen[, e]avesdrop [on] answers about our medical history then repeat to all[.]*"

"They say you have to be dying to receive treatment[.]"

–O'Daniel Unit Resident

[11] TDCJ uses a form called an HSA-9 for requests for healthcare, called "sick call requests." The general request form, called an I-60, is also used for medical care requests, and written requests for healthcare that do not use these forms are accepted as well.



Reproductive Healthcare in Jail

County jails are the typical point of entry into the carceral system. Most people in jail are there awaiting trial, but some serve their entire sentences there. Nearly all of the women we heard from spent time in a county jail apart from their time in TDCJ. Only 25 people—approximately one in eight—received any information about women's or reproductive healthcare while in jail. Eleven of these women also received information on pregnancy, as did nine others who did not receive information on reproductive healthcare generally. Several people were given pamphlets or booklets with information, or tested for sexually transmitted diseases or pregnancy. Only two people told us they received any information about abortion. Others told us jail staff "really limit conversation" and the topic was "taboo[.]"

1 in 8
people received information about women's or reproductive healthcare while in jail

Twenty-two people told us they took medications related to reproductive and women's healthcare while in jail including, from most to least common, birth control prenatal vitamins, hormone therapy, thyroid medications, and mental health medications. Only three people told us they had trouble accessing those medications in jail. Approximately one fifth of people—39—told us they received reproductive or women's healthcare in jail including, from most to least common, care for pregnancy, STD[12] and pregnancy testing, pap smears, general check-ups, birth control services, mental health care, and UTI-related care. Approximately one in eight people told us they knew of people who did not get the reproductive healthcare they needed in jail—whether related to routine care, STDs, pregnancy, cancer, hormone therapy for transgender people, or otherwise.

[12] We use the term "STD" because it is more commonly used than "STI." We note that the term "disease" may carry stigma, and that not all STIs become diseases.

An Alarming Absence of Menstrual Products

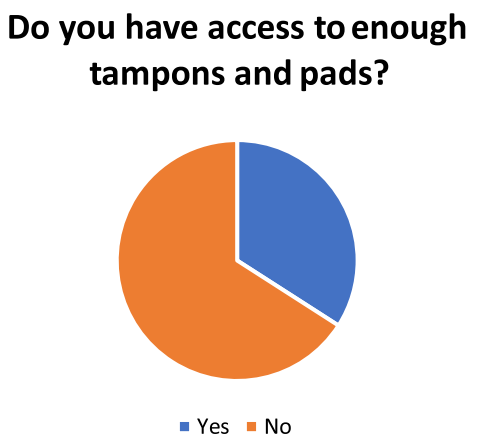
Texas prisons are required to provide women and people who menstruate with the sanitary items they need. This obligation is enshrined in Texas law. As enacted in 2019, Texas Government Code Section 501.0675(b) provides: "On request of a female inmate, the department shall provide free of charge to the inmate up to 10 feminine hygiene products per day that comply with applicable federal standards for comfort, effectiveness, and safety." A similar requirement exists for jails: "*Jails shall provide quality feminine hygiene products to female inmates, to include tampons in regular and large sizes and menstrual pads with wings in regular and large sizes. These products shall be available at all times and upon request.*" [13]

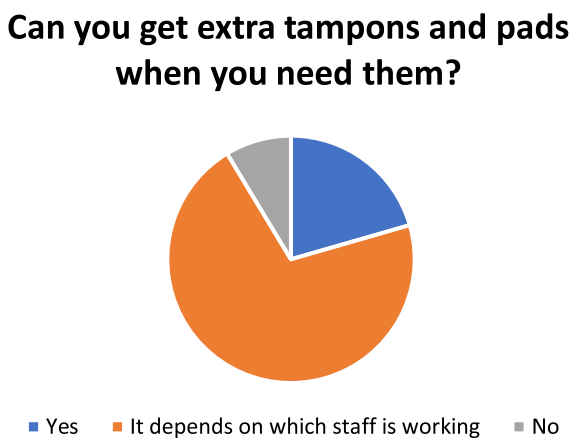
"Sometimes there just are none."
–Murray Unit Resident

In spite of these legal requirements, women almost universally reported problems accessing menstrual products. Only 61 of the 179 people who answered (including some who do not menstruate) told us they had access to enough menstrual products—two-thirds of people reported not having enough tampons and pads to meet their needs. Many people with the resources to do so had to resort to buying supplies from commissary, even though the State is required to provide them free of charge. One person added that "*[t]he quality of our menstrual products suck so you have to buy better from commissary if you can*." Another person confirmed that the poor quality of the products means they do not last through the month. We heard that because of the shortfall in supplies, some women resort to making their own tampons out of pads or other materials—which can have severe health consequences including causing potentially fatal toxic shock syndrome. Some women also had to teach others how to use tampons because of the lack of educational material on women's health concerns.

Many people reported that menstrual products are distributed once a month, from unit supply, the picket, or through laundry, but we heard repeatedly that staff did not provide more if the monthly distribution was insufficient. One hundred thirty-three people told us that whether or not they could get extra menstrual supplies depended on which staff members were working that day. Only 38 people told us they always get enough menstrual supplies (including some individuals who do not menstruate). When people specified, they most commonly told us they receive only six tampons--which many people use in a single day—and 24 (elsewhere 12) pads per month with no assurance they can get more when needed. Reflecting the sentiment of multiple people, one person told us, "*Honestly, 6 of the regular tampons aren't enough especially if your flow is heavy*." Another person confirmed the 24 pads were not enough for her to make it through the month. Yet we heard from some that "*[o]fficers will search and take tissue and menstrual products[.]*"

[13] 37 Tex. Admin. Code Sec. 277.11.





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When we asked about how people access menstrual products, we learned that "*It's a big problem trying to get them[.]*" The picket often "*will not have any or guards are in bad moods and certain guards will flat out not*" provide them. One person reported that she must "*trade commissary for pads, beg officers for pads, [or] buy from commissary.*" We heard that people "*can ask staff but it['s] an issue if you run through supplies too fast.*" Another person added that they must "get [them] from our friends or neighbor." Similarly, we heard that some people "depend on the older ladies who do not use them" and will "sell" or "give" theirs away. Another person reported that there are signs saying pads and tampons are available on request, but in reality "there are never any available." We heard repeatedly that people "have to beg the officers for them" or "rely on the kindness of other inmates." Indeed, ten different people told us they had to "beg" to receive sufficient menstrual supplies.

We heard reports of insufficient menstrual supplies across many facilities. For example, one person told us: "[*W]e are often denied pads, tampons toilet paper because there are none. Even the main command center is often out at Crain and Sycamore.*" Another person agreed that "*Sycamore Unit is horrible [about] distributing those items and to get paper,*" while at Halbert it depends on the officer. Others reported that they rarely receive the supplies they are supposed to be given at Skyview, and may or may not get them when they ask staff. We were also told that O'Daniel Unit, formerly Mountain View, did not distribute enough products and that "*at Hobby you're lucky to get 5 tampons a month.*" We heard from multiple people about the added difficulties of getting tampons and pads in solitary confinement. One person explained that women in solitary confinement are the last to get menstrual supplies, and "*[t]heir rationale is—we remain in our cells 24/7 and can drip over [the] toilet.*" Further, some people in solitary confinement start birth control "*to stop their period so they don't have to deal with monthly begging for menstrual products.*"

Limited Options for Birth Control

Thirty-five people told us they took some kind of medication related to reproductive healthcare. Most commonly, this was birth control. Some people continued on birth control that they began in the "free world" or county jail; most received new prescriptions in TDCJ. Twenty-seven mentioned taking birth control at some point during their incarceration. Many women sought or were provided birth control medication for purposes other than contraception—often to control symptoms including heavy bleeding during menstruation. Others did seek contraception, but felt compelled to emphasize certain unrelated symptoms to ensure TDCJ would allow them to access these medications.

"You have to go through extreme measures to prove you are having . . . menstrual issues[.]"

–Carole Young Unit Resident

Thirteen people had received Depo-Provera shots ("Depo"), a progesterone-based medication administered every three months, during their incarceration. One person was prescribed Depo for PCOS, to shrink cysts that caused pelvic pain. Six people told us they received Depo for heavy bleeding, cramping, or to otherwise regulate their periods. Another person was put on Depo after being hospitalized for a hemorrhage. We also heard that some people wanted a different form of birth control device, but were only offered Depo, despite one woman's concern that it "*has side effects of bleeding still on it[,] hair [loss,] etc.*"

Of those who received Depo, some described difficulties initially obtaining their shots. One person noted, "*I had to prove that I indeed had an issue with period irregularity and I needed medication[.]*" Another person received pushback because of difficulties accessing her medical records. One person, who received Depo in county jail, had challenges getting her medication in TDCJ, despite that the medication's efficacy decreases with irregular usage. She had to fill out several request forms and have her family call to get the medication, which she needed for her fibroids. Eventually a doctor reviewed her medical records from county jail, which showed her history of excessive bleeding, and restarted her shots. Another person consulted with a provider for a year before determining that Depo shots could control her heavy bleeding.

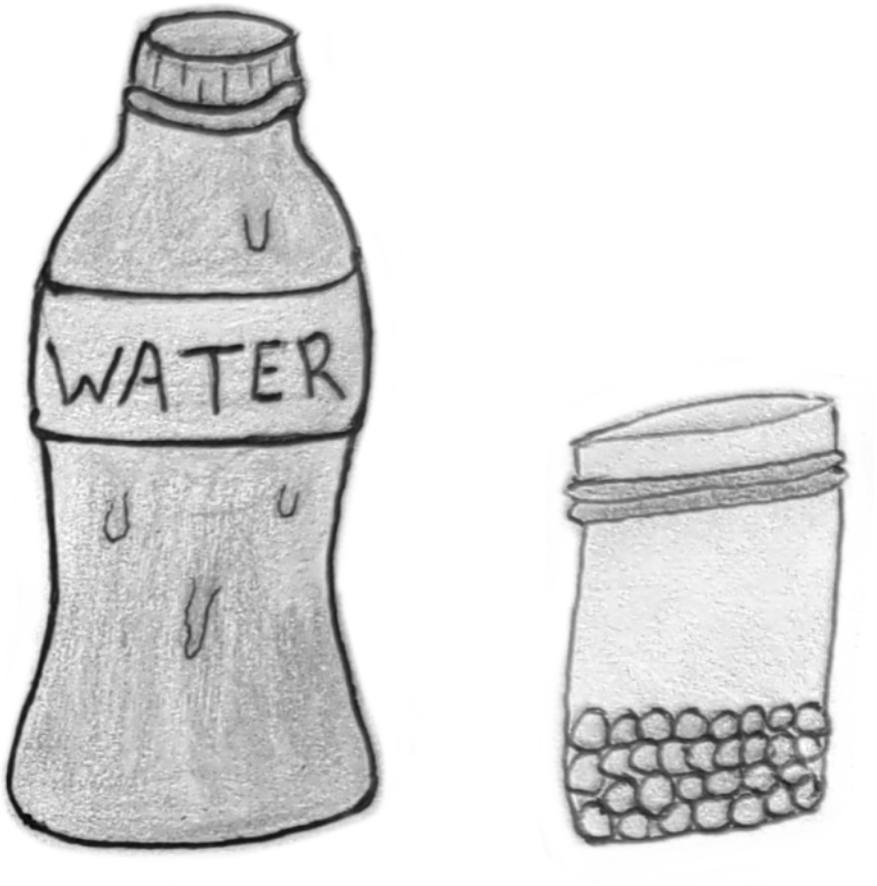
We also heard from many people prescribed birth control aside from Depo, which they received regularly in the pill call line or in an envelope at their cell door. Nine people told us they received birth control to control their periods; one was referred to a gynecologist after the birth control failed to alleviate her bleeding. One person was put on three different types of birth control, none of which resolved the blood clots related to her PCOS. Another person had been on birth control for fifteen years for spotting between periods. One person told us she was prescribed birth control for menopause symptoms, even though it was ineffective for this purpose and "*did not have the same relief for menopause signs/symptoms*" as the Premarin she had previously taken. She told staff, "*but they don't care. They just say—don't take it.*" She explained that she had "*requested something for hot flashes for several months every summer*" and the "*[b]irth control pill was to shut me up.*"

We heard that some people initially had trouble accessing the medication they needed, but were able to receive it after self-advocacy over time. For example, one person told us she received birth control to treat low iron levels. She initially sought birth control to treat irregular periods and was denied. Still, she found that she was always tired, and requested another appointment with labs. Based on the results of the labs, she was prescribed birth control. One person told us she tried to get birth control but was not able to.

A small number of people described positive experiences. One person told us, "*I've been having irregular cycles for years, Mrs. Humpreys is the first doctor to listen . . . When I went to [the gynecologist at C]rain unit she recommended it[.]*"

Several people told us about their experiences with intrauterine devices ("IUDs") in TDCJ. One person requested to have her IUD removed in February 2021. The medical provider at the unit was unable to find the IUD, and so referred her to a gynecologist. Her IUD was finally removed in July 2021. She then requested to start birth control to control her severe cramps and long periods, and was able to start medication.

Only 3 people received information about abortion while incarcerated, whether from staff, volunteers, or otherwise. One person told us this occurred a decade ago; another told us she had heard this information only two times over more than twenty years in TDCJ. Another person told us the information she received was inaccurate and intended to discourage termination of pregnancy.



Compounding Traumas of Pregnancy and Childbirth

Pregnancy in prison is always a fraught situation. Some people enter prison pregnant, and others become pregnant while incarcerated, carrying a host of traumas and complications. On top of the physical, psychological, and emotional challenges that accompany any pregnancy, incarcerated women must cope with the stresses of prison, and the uncertainty of a legal landscape that leaves them with few options and little control over their bodies, their birth plan, or their babies. One woman we heard from expressed concern for "[t]he few women who came [into prison in the] midst of a miscarriage and tubal pregnancy. Because of the anti-abortion laws—they experienced both physical pain and emotional duress[.]"

"[It was o]ne of the most traumatic experiences in my life."

–O'Daniel Unit Resident

I. Pregnancy

Forty people told us they received a pregnancy test at some point in their time in TDCJ. Twenty-five people received pregnancy tests as part of the intake and diagnostics process, whether upon initially entering TDCJ or transferring to a new unit. Six people had pregnancy tests as part of routine treatment or procedures, and five had tests as require before surgery. Three people were given tests to confirm known pregnancies—including one person who was eight-and-a-half months pregnant when she entered TDCJ. Sixteen people told us they received some information about pregnancy while incarcerated. Six people reported receiving peer education and two people received information during a session about PREA. One person noted only that she was told not to do drugs while pregnant. Three people mentioned a program called the "Best for Babies" class. One person taught the class as a peer educator, while another person only watched the class on video.

"Girls were pregnant and being sent to TDCJ. . . . No special medical care."

–Murray Unit Resident

9 people were pregnant in TDCJ, and 7 gave birth in TDCJ; seven gave birth while in TDCJ custody. Two of these women had their children since 2010, while the others gave birth earlier. Five women told us they were told about options for their pregnancies. Staff worked with two of them to arrange for family members to take their infants home; two were told they could put their infants up for adoption or that the state would take custody

Six of the nine women told us they received some prenatal medical care in TDCJ. The level of care varied: three had monthly checkups, one had checkups weekly, and another received a checkup two weeks before her due date and was then transferred to Hospital Galveston. One woman told us she received no prenatal treatment at all. One person told us she wished she had been given more information, as she was young and alone in TDCJ. Five people told us they received enough food while pregnant. Four people told us they received an extra snack.

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[14] In 2023, TDCJ acknowledged 22 incidents of staff sexual assault in women's and co-gender facilities, as well as eight incidents of "staff-on-inmate improper sexual activity with a person in custody" at these facilities. Texas Department of Criminal Justice, *Safe Prisons/Prison Rape Elimination Act (PREA) Program Annual Report, Calendar Year 2023* (37–41), https://www.tdcj.texas.gov/documents/PREA_SPP_Report_2023.pdf . It is likely that the actual numbers of sexual assault in women's and co-gender facilities are far higher than what is reported.

(two specified this was a single peanut butter and jelly sandwich). Three people told us they did not receive enough food. One person even reported that her daughter has an immune disorder linked to her poor nutrition during pregnancy. All but two people reported that they were allowed to sleep on a bottom bunk while pregnant. None told us about any other accommodations they received while pregnant.

While some women reported no difference in their treatment by staff while pregnant, we also heard that treatment could be "rough" and some officers were "not so nice." Some people told us their care by medical providers at the hospital was good, but another told us that an intern's mistake meant the hospital had to immediately induce labor.

II. Labor, Delivery, and Post-Partum Care

"Something needs to be done about separating a mother and baby so abruptly irregardless [sic] of how much time the mother has to serve."

–Murray Unit Resident

All of the women we heard from gave birth in a TDCJ hospital. Five women had vaginal deliveries and two delivered by C-section—both because of complications during delivery. They all reported being shackled or handcuffed to the bed during labor and/or delivery. The person we heard from who had given birth most recently, in 2010, had her shackles removed during labor, but was shackled both before going into labor and during postpartum recovery. Notably, in 2009 Texas[15] passed a law prohibiting shackling of people in prison and jail during labor and delivery. In 2019, the law was amended to extend the prohibition on shackling to any time during pregnancy.[16]

The women we heard from stayed in the hospital one to two days following delivery before being sent back to their units. One person left the hospital with staples two days after her C-section and was forced to climb in and out of a van. The staples were left in for more than a week and her incision became infected—a dangerous and potentially fatal complication. Only three people told us they received any postpartum care, each receiving only one checkup regardless of any post-birth complications. Two women reported experiencing pain from lactation, which TDCJ did nothing to address. One case culminated in infected mammary glands. Another woman told us she was unable to get breast pads or other supplies when lactating.

Every person who we heard from was able to spend some amount of time with their child after delivery. These visits were brief for some—one woman told us she got to spend "*barely one hour*" with her baby every 12 hours; one could feed her child every three hours; a third got to see her son twice. Another woman told us that even though she was supposed to have 20 minutes with her daughter every shift, the hospital was short-staffed so she was not able to. Because of the stress from this separation from her newborn baby, she "*went ballistic and had a crying breakdown screaming[.]*" An older woman calmed her down and took her to see her daughter, the one and only time she was allowed to see her before leaving the hospital. Another person told us that her experience of childbirth "*was a blur and a very bad experience having to give birth here*", and "*you only got to hold you baby a few minutes [and] they take them to a nursery. That's it.*" [17]

Although TDCJ has a program to support incarcerated mothers with newborn infants, called the Baby and Mother Bonding Initiative ("BAMBI"), only one person we spoke with had been approached about participating in the program. She was never screened, and as a result could not participate. Another person had been denied because of her lengthy sentence.

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[15] HB 3653, 81(R) (2009).

[16] HB 650, 86(R) (2019).

[17] Extensive research has shown the importance of bonding, and specifically skin-to-skin contact, between a mother and infant for the child's long-term development. *See, e.g., Crenshaw, Jeannette T., Healthy Birth Practice #6: Keep Mother and Baby Together—It's Best for Mother, Baby, and Breastfeeding,* 23 J. Perinatal Ed. 4 (Jan. 2014), https://connect.springerpub.com/content/sgrjpe/23/4/211.

III. Perceptions of Pregnancy

More than half of the people we heard from, 109, knew of someone else who had been pregnant while in prison. Many told us that people were sent to the Carole Young Unit partway through their pregnancies, and later to Hospital Galveston. Three people told us about women who were handcuffed or shackled during labor. Five people told us they knew people who had been placed in solitary confinement after they became pregnant—and two of these people miscarried. We heard about several additional women who had miscarriages in TDCJ. One person told us about a woman who gave birth on the floor in the medical strip room in front of multiple officers because medical staff did not believe she was in labor. We heard repeated concerns that pregnant women did not receive enough food, and that the food they did receive did not provide adequate nutrition during pregnancy. Three people told us about women who became pregnant by members of TDCJ staff. We also heard about a suspicious number of pregnancies on several G4 security level units, and one person who told us, "*I came out pregnant after being in TDCJ 8 [years].*" Multiple women told us that pregnant people were treated poorly, including by medical staff, that staff were mean to them, and that their requests for care went ignored.

"These women got NO special medical care. I saw [a] pregnant girl laying on [a] hard . . . bench at [a] holding tank for 3 days due to NO transportation. No proper food—she was hungry [and] lack[ed] sleep."

–Murray Unit Resident

IV. Pregnancy and Birth in Jail

28 people were pregnant in jail, and **13** gave birth in jail

Twenty-eight people told us they were pregnant in a county jail, and thirteen gave birth in a county jail. Nine people reported pregnancies since 2010, and five since 2019 (all of whom also gave birth in jail). Three people who were pregnant had miscarriages, three reported early births due to the stress from incarceration, and one told us of health problems her child still has today related to her pregnancy in jail. Only four people were given information about options for their pregnancies by jail staff.

Nineteen of the twenty-eight people told us they had appointments with medical providers while pregnant in jail. The frequency of appointments varied, from monthly to weekly to only once or twice. Five people told us they received prenatal vitamins, and one told us the nurses at the jail helped her get enough food. One person saw a methadone counselor while pregnant. Sixteen people told us they received extra food in some form—whether an extra meal tray, a snack, a peanut butter and jelly sandwich, fruit, or milk. Several women told us they relied on other incarcerated people to get enough food. One person told us that poor nutrition caused her baby to be born with very low birth weight and jaundice. All but five people were allowed to sleep on a bottom bunk. One person was only given a sleeping mat. Of those not given a bottom bunk accommodation, one told us, "*If nobody wanted to give up a bottom bunk I was forced to climb.*"

"I was fearful of something happening and not being able to [do anything] because of being pregnant . . . ."

–Halbert Unit Resident

Another person told us that she got no housing accommodations. When she protested, she said, "*the officers (males) did a use of force on me. They tackled me at 7 months pregnant to the ground.*" She was hospitalized after being tackled, and her treatment improved after she returned to the jail. One person was put in indefinite solitary confinement, purportedly for her protection.

We heard about vaginal births and C-sections in approximately equal numbers. Eight people told us they were shackled, handcuffed, or otherwise restrained during labor and/or delivery. All but two of these cases occurred more than ten years ago. However, one person told us she was handcuffed to the hospital bed during a C-section in 2019, while incarcerated in Comal County. Another person reported the same experience in Bell County in 2020. One person told us she received "*bare minimum care from county security and officers period.*"

Five people told us about experiencing complications in delivery. Two people had excessive bleeding, and one person was left alone, bleeding in her cell. All reported having little time with their baby after delivery—ranging from a few hours to three days. One person, whose son was sick and needed care, had no time at all with her baby. [18]

Two police officers were with me at all times and [an] officer was the first [person] to hold my child against my choice[.]"

–O'Daniel Unit Resident

We heard about several issues with recovery after delivery, including pains and other difficulties with lactation, a uterine infection, and improper healing after a tubal ligation. One person told us she was not allowed to pump in jail, and another told us she was threatened when she tried to breastfeed. Only one person told us they received post-partum care after leaving the hospital—one appointment with a provider. Another person told us she only got pads. One person received "sitz baths" in the medical department. People had mixed feelings on the care they received and their treatment by staff while pregnant in jail. One person told us the care was horrible, and she depended on commissary funds from her family to be able to eat enough. Two people complained of insufficient postpartum care.

Half of the people we heard from knew of other people who had been pregnant in a county jail. One woman in Kendall County in 2020 had to catch her friend's baby over the toilet because staff would not assist, and another told us of a woman who gave birth in a sallyport in Bell County around 2002. One person witnessed a woman's C-section scar reopen. Other people recounted miscarriages related to lack of care. Generally, people saw little pregnancy-specific care aside from extra food and prenatal vitamins.

[18] The long-term health effects of separating infants from their mothers after birth are well-documented. *See, e.g., Li, Honghua, et al., Association of early parent–child separation with depression, social and academic performance in adolescence and early adulthood: a prospective cohort study*, 18 Child and Adolescent Psychiatry and Mental Health 78 (Jun. 26, 2024), https://doi.org/10.1186/s13034-024-00769-1.

On the morning of August 29, 2022, Amy Ortiz woke up in the Harris County Jail with contraction pains. She was 34 weeks pregnant, and remembered from her first pregnancy that this was too early for contractions. Amy knew she was pregnant when she arrived at the jail, and had even told the judge in court. Still, after arriving at the jail, she sat in booking for two-and-a-half days before she was given a pregnancy test. She was then left alone in a dirty quarantine cell with unsanitary toilet facilities for two or three days. During that time, she was only able to use the shower outside her cell only once. Amy was not given any extra pillows or blankets to help her sleep. She received vitamins, but did not get enough food. She told jail staff that she was hungry, but they refused to give her anything beyond the standard meal servings.

On August 25, Amy went to medical complaining of labor pains. They took blood work, but she never learned the results. The jail told her they could not get her medical records, and missed that she had high blood sugar. The next day, she started feeling the familiar pain of contractions. She waited a few minutes to confirm what she was feeling. Then, once she was sure she was experiencing contractions, she used the intercom in her cell to tell a guard she needed to go to medical. She was sent back to her dorm with nothing but Pedialyte.

A few days later, Amy knew with certainty that she was in labor. She waited fifteen minutes before a guard to came to get her. She could barely walk because of the contractions, but eventually, another incarcerated woman helped carry her down to medical. The woman asked to stay with Amy so she wouldn't have to go through childbirth alone, but guards would not let the woman stay. Amy told staff that she needed to go to the hospital. They brushed her off, telling her she needed to give a urine sample first. As she did, her water broke, which she told staff as she returned to a bed in medical. When the guards came in, they asked her, "Why did you pee on yourself?" She told them she needed to go to the hospital, but they dismissed her again.

Amy remained in medical almost entirely alone. She told the one staff member there, who was working on a computer, that she needed to go to the hospital, again to no avail. At one point, a male detainee pulled back her curtain and looked at her. A female nurse pushed him away, throwing up her hands and exclaiming that she didn't know what to do. In all, at least seven different staff members heard Amy's pleas and refused to respond or get her the medical care she clearly needed. Although she screamed, she was given nothing for the pain—not even ice chips.

After three hours, someone finally called the fire department. While guards watched, medical providers arrived and painfully pushed on Amy's stomach, as she begged them to stop. Even then, despite her screams, they claimed she was faking her contractions. But Amy wasn't faking it, and because her repeated requests for medical care were ignored, her son was born in the Harris County Jail. The medical staff did not even have the proper equipment to clean him.

After her son was born, Amy and her newborn baby were finally transported to the hospital in an ambulance. Her son was hypothermic when they arrived, and was immediately taken to the NICU for treatment. She was not allowed to have any family or friends with her there—or even to call her family to tell them she had a son.

Amy stayed in the hospital for two days while her son received treatment. She was not allowed to breastfeed, and was provided only a manual breast pump that did not work. She had no opportunity to develop a connection with her son while he was in the NICU, other than touching him occasionally. The entire time she was there, she had a male guard with her.

Amy was sent back to the county jail at 3:00 a.m., two days after her son was born. Three hours later she was sent to court and released to a rehabilitation program for women and children. After five more days in the NICU, her son was discharged with her. It is nearly impossible to imagine any justification for forcing her to endure the trauma of labor and birth in jail, only to turn around and release her mere days later.

Today, Amy and her son are both healthy. Before she went to jail, she had no contractions or signs of early labor. She blames the stress of her time in jail away from her daughter and other family and friends, unable to access medical care, and without enough food, for her early labor. She gave birth by herself while medical staff purposefully ignored her repeated cries for help, as if the fact of her being in the jail rendered her undeserving of medical care or attention. She felt alone and afraid—for both herself and her son. Now, Amy gets choked up even talking about what happened to her, but she tries to block out the entire experience. She focuses on her son who, despite the trauma of his birth, is thriving, thanks to her resilience and care for him.

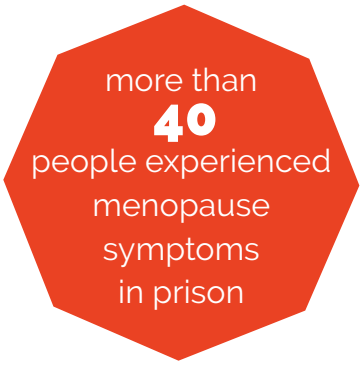
Amy's story is horrific but not unique—there are many more like hers, and many without a happy ending.

Dismissive and Deficient Menopause Care

Women's healthcare needs are not static—they change over the years. TDCJ's population is aging: in the decade from 2013 to 2023, the number of women in TDCJ who were fifty or older increased by almost 14%, from 1,592 to 1,812.[19] That increase was even faster than the 12% increase in the overall TDCJ population 50 or older. Indeed, 44% of the people we heard from were fifty or older. As people incarcerated for long, excessive sentences grow older, an increasing number of women are forced to face new healthcare needs, and the reality of aging in prison. Based on the reports we received, TDCJ is clearly unprepared to support incarcerated women through menopause and other age-related medical needs.

"As we get older our bodies change, I feel like our care should too[.]"

–O'Daniel Unit Resident



We heard from more than forty people who reported experiencing symptoms of menopause or pre-menopause while in TDCJ, including hot flashes, yeast infections, inflammation, and weakening bones. One person reported vaginal bleeding years after beginning menopause. Most of these people had trouble getting adequate care for their menopause-related needs. Multiple people reported that TDCJ staff simply told them to "deal with" the symptoms they were experiencing. One person told us, "*I have terrible hot flashes, headaches and they say deal with it.*" Another agreed, "*I'm now in menopause and really struggling with the physical and mental symptoms. I was told there's really nothing they can do[.]*" We heard from someone else who was waiting to be approved for care that "*[m]edical refuses to treat menopause except with depression medications.*" One person even noted that when she requested help with menopause symptoms, a staff member told her he would not help because his wife was still having symptoms at age seventy, as if that negated the need for care. We also heard broad concerns about the lack of information about menopause for those who sought it.

While some people were able to obtain hormone replacement therapy for menopause, most of the people who mentioned the treatment experienced difficulties accessing it. One person reported it took her "several tries" before she was able to get the medication she needed. Another person told us she "asked for hormone treatment" and was "*[t]old it was not needed.*" A third reported, "*I was told hormone therapy was not available to general population[.]*" One person who did get hormone therapy reported difficulties getting the proper dose. She told us, "*They did a pap smear and determined I was taking too much estrogen, so it was cut in half. It's been 7 years since then, and I have terrible menopause symptoms.*" We also heard from people unable to get answers to their questions about hormone therapy. One told us, "*I wanted to know about hormone treatment after my total hysterectomy and no[w] I believe I am entering menopause. I honestly don't know.*"

One woman recounted the serious complications she was forced to endure to get even a minimal level of care. She told us, "*I requested HRT hormone replacement therapy[.] They refused. I requested [a] hormonal panel blood test to determine [my] baseline of Estrogen levels. They refused.*" Finally, after fainting in a cell without air conditioning,

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[19] H TDCJ, FY 2013 Statistical Report, at 8, (2013), https://www.tdcj.texas.gov/documents/Statistical_Report_FY2013.pdf; TDCJ, FY 2023 Statistical Report, at 8, (2023), https://www.tdcj.texas.gov/documents/Statistical_Report_FY2023.pdf.

she "*received Premarin Pill* (estrogen)" for three months. However, even then, "*[t]hey refused to extend*" her care. The PA told her, "*Women [have] been going through menopause forever. Deal with it.*"

We heard repeatedly that no care was available for people experiencing pre-menopause symptoms. One person remarked, "*I was told TDC[J] does not help with premenopause issues[.]*" Another told us, "*There is nothing the doctors can give me for pre-menopause[.]*" A third person told us, "*In 2024 I requested medicine for premenopause[,] hair falling out, insomnia. The only medicine offered was psych meds[.]*"

We also heard from people who reported inadequate treatment for osteoporosis, a common condition among postmenopausal individuals. One person told us TDCJ neither screens for nor treats the condition well. Another person told us, "*I have to fight for estrogen because I was diagnosed with osteoporosis in 1993, yet I can't get a bone density scan and I need one [because] I keep breaking bones[.]*" Indeed, her attorney had to send the prison her bone density scans demonstrating osteoporosis, and she had to have her mom call over and over again before TDCJ would provide even the necessary medication that she had been receiving in the "free world." Although she had gotten the medication while in county jail, she "*had to beg and plead to get this in TDCJ.*" Even then, TDCJ refused to provide the injections she had been receiving, and instead would only provide estradiol tablets.

The unrelenting waves of hot flashes hit differently behind bars, there's no escape from the stifling summer heat or relief from the bone chilling winter air. In prison, menopause becomes another form of isolation—your body changing while medical staff dismiss your symptoms as "just aging," and commissary offers no alternatives to the cheap menstrual pads that don't address the heavy bleeding or irregular periods. The other women, especially younger ones, don't understand what's happening to you, and the prison library's medical section is heavily censored, leaving you to navigate these changes alone, without even basic information about what's normal and what isn't.

The system's failure to address women's health doesn't end at release. You're finally free but trapped in a different way—your parole restricts you to in-state travel while the nearest women's health clinic that accepts patients without insurance is hundreds of miles away in a neighboring state. The years in prison have left you with no medical records, no understanding of your family history of reproductive cancers, and no knowledge of hormone therapy options. The parole officer doesn't consider women's healthcare appointments "essential travel," so you're forced to choose between violating parole conditions or neglecting your health, all while trying to rebuild a life with a body you barely recognize anymore.

–Kwaneta Harris, Lane Murray Unit

The Pain of Major Medical Experiences

"The staff both medical and security are so desensitized that they have forgotten each situation is a first and unique to us because it's our first experience[.]"

–Carole Young Unit Resident

In addition to their basic, routine healthcare needs, women encounter medical crises in prison just as they do in the "free world." Many people we heard from had major medical experiences that forced them to undergo significant treatment, all while behind bars. Fifty people told us they had had a surgical procedure while in TDCJ. Seven people told us they received cancer treatment while incarcerated. Generally, the most common issue people cited with their care was getting staff to recognize their condition and take it seriously—many people told us they were satisfied with the care they received for cancer and other serious conditions one they were actually able to receive it.

I. Cancer

"People who get cancer and other serious health problems are simply ignored until they have to be all off the unit."

–Murray Unit Resident

Multiple people told us about having cancer while in TDCJ. The experiences were mixed—some people were pleased with their treatment; some were worried about inadequate follow-up care; several were dealing with the consequences of extended delays in diagnosis. One person was diagnosed with breast cancer in 2020, had a double mastectomy and breast reconstruction, and underwent chemotherapy and radiation. Another person was diagnosed with breast cancer in 2022 and told us she "*wanted to learn all I could[.]*" One person told us, "*When I felt a pricking in my breast I was expedited for a mammogram which turned out to be invasive ductal carcinoma[.] CT scans also showed renal carcinoma—kidney cancer[.]*" Another person developed thyroid cancer after being given the wrong thyroid medication, requiring thyroid removal surgery while in a county jail on a bench warrant.

We heard from other women concerned about their own treatment. One person with cervical cancer told us, "*I was supposed to see them at least every 3 months but I don't. I see them once a year, if I [drop a sick call request] to be seen[.]*" She explained, "They were pretty quick on checking it out [and] testing it, but since my first surgery in [September 2023] I haven't seen my cancer doctor since [October 2023.]"

Others were satisfied with their oncology care. One person had a telemedicine appointment every three to six months; another had an appointment the previous year; a third had appointments "*[a]t least once a month[b]ut only because I have so much cancer so they monitor me closely.*"

One person recounted her varied experience with her care in TDCJ, from high quality cancer treatment to lapses in follow-up care:

In my early 20's [to] 30's I had issues with my menstruation and [a] cyst in my breast. In 2016[] I was diagnosed with [t]riple negative invasive carcinoma with a lymph node positive for [m]etastatic [c]arcinoma; in August 2016[] I received a simple right mastectomy, underwent chemo, radiation. Due to severe allergic reactions to two of the chemo regimes[,] I was unable to proceed with treatments. . . . I did choose[] to proceed with prophylactic measures to prevent the spread of cancer to my left breast and ovaries. A few years ago I had those procedures done. . . . [W]hile I went through treatments and reconstruction[,] the quality of care had been phenomenal. My only complaint is with the aftercare following the lymph [node] biopsy. They . . . refuse to allow me access to the lymphedema clinic for therapy of [my] right arm. [Their] only solution is a compression sleeve that minimally works[.]

Frances Rosales Ford was in her early 40s in May 2021 when, after nine years without a period, she suddenly began bleeding heavily. The bleeding never stopped. Every two hours, she soaked through two pads, and the cramping was so intense that at times, she couldn't even walk.

For nine months, Frances begged for help. In February 2022, she pleaded for a biopsy, only to be dismissed with a diagnosis of endometriosis and told to take over-the-counter pain medication. It wasn't until June 2023, more than two years after she first started bleeding, that TDCJ finally relented, and Frances got a biopsy.

Frances was diagnosed with uterine cancer, which had progressed to Stage 4 during TDCJ's delay in her care. She had to have a complete hysterectomy. Half her bladder and her appendix were removed, and part of her colon had to be resected.

Frances shared her story with us in January 2024. She spoke about the endless struggles she faced trying to get care, how nurses wrongly diagnosed her, and how security staff weighed in on her medical needs while her own voice was ignored. She reported that the opinions of security staff mattered to TDCJ more than her own opinions about her body and medical needs.

On July 29, 2024, Frances Rosales Ford died from metastatic uterine cancer at the age of fifty. Her story is a tragedy, but it is not unique. Women in the carceral system are routinely dismissed, their pain ignored, and their bodies treated only as objects to control and punish— not as human bodies that need care. Frances knew something was wrong. She fought to be heard. But the system failed her, just as it fails so many others.

II. Other Conditions and Procedures

At least ten people specifically mentioned having hysterectomies in TDCJ, making it one of the most common procedures we heard about. Multiple people had to endure years of symptoms before TDCJ would consider the procedure. One person received a hysterectomy after birth control failed to treat her irregular periods. Another person recounted her experience with ovarian cysts. She requested pap smears, but never received any follow-up care, so she stopped going to appointments because "nothing was being done." Then in January 2024, after being told all she had was gas, she was rushed to the emergency room. Her ovarian cysts had ruptured and caused abscesses, leading to sepsis, and nearly to death. She had an emergency hysterectomy. Following the procedure, she was assigned to a specialist.

"I had bleeding for over 2 years and they finally gave me a hysterectomy and a bladder lift at the same time[.]"

–Carole Young Unit Resident

10
people had hysterectomies in TDCJ

Another person similarly struggled to get care, with delays culminating in a hysterectomy in 2009: "*In 2008 I was bleeding every[ ]day and passing blood clots. Medical had me 'chart' my days of bleeding before I could see the unit provider. Once I saw the unit provider I had to request a medical pass for more pads and a referral to OB/Gyn.*"

We heard from women who experienced a number of other medical conditions while in TDCJ, including people diagnosed with HPV, stomach and esophageal ulcers, and abdominal pain requiring surgery. One woman had had three total organ prolapses (bladder, vaginal, and rectal), and was waiting on her third corrective surgery.

Many people described difficulties obtaining the care they needed. For example, one person recounted how, in 2022, "*my old C-section . . . opened and ripped from the [b]ikini area to my left side abdomen, yet I was denied hospital care[.]*" Another person told us about her struggles to get proper care and work accommodations for her relapsing-remitting multiple sclerosis—or even to get TDCJ to recognize her diagnosis. Despite providing staff with her free-world medical records, a prison doctor had to diagnose her. She was repeatedly denied the proper occupational therapy and necessary medical devices, including a cushion and long-handle toothbrush.

Dehumanizing and Dangerous Medical Transport

"I avoid these trips at all costs esp[ecially] now that I have back problems. The pain I feel personally cannot be described. In my honest personal opinion this is cruel treatment. I believe that is the reason also that many do not seek the medical care they need."

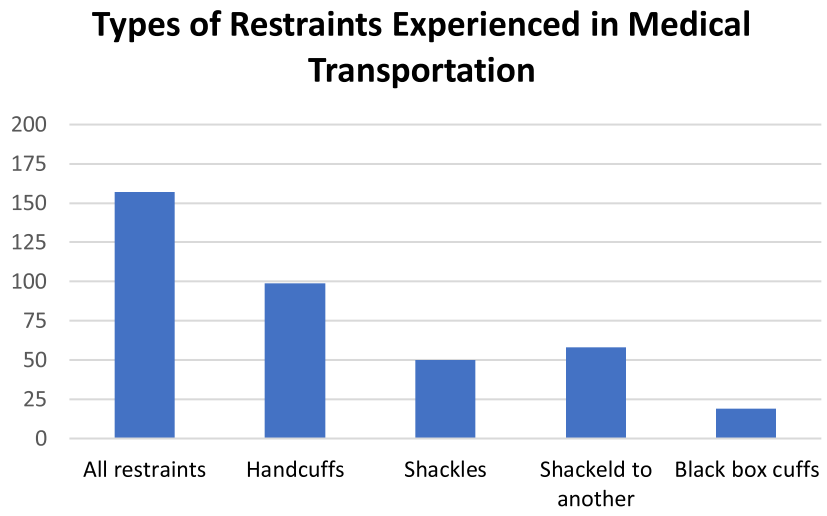
–Hobby Unit Resident

When women need medical care beyond routine services that can be provided at their unit of assignment, they are frequently transported to a hospital or medical facility, often Hospital Galveston. The transport process can be traumatizing in and of itself. In many instances, security staff wake people early in the morning to strip search them before an hours-long journey in conditions sometimes even worse than a prison cell. Women are almost always put in restraints during transit, in vans or buses that have no temperature control or restroom facilities. The ordeal is made all the worse by the medical conditions necessitating the transport in the first place—many women are injured, elderly, pregnant, or have other conditions that exacerbate the pain associated with the ride. In the transit process, people often have to spend days in a new unit (usually Plane State Jail) or units, without their property and often isolated. We heard many complaints about overnights at Plane State, with one person going so far as to say it "is a nightmare and is hell." Another person described harassment there, and told us they "refuse all medical trips to the hospital because I would have to go back through [Plane] State Jail." On top of the other indignities, an overnight trip for a medical appointment can mean permanently giving up a long-time roommate with whom someone feels safe, as there is no guarantee of returning to the same room, or even facility, after a medical trip.

More 80% of people were handcuffed, shackled, or otherwise restrained while in transit for medical care

Almost all—close to ninety percent—of the people we heard from had experienced a medical transport while incarcerated. Just ten of those people had a medical transport only from a county jail. All others had transports from TDCJ or both TDCJ and a jail. People reported spending anywhere from ten minutes to many hours in buses and vans for medical appointments. Nearly a quarter of people had spent six hours or more on a single medical transit trip—some twice that long.

More than four out of five people told us they were handcuffed, shackled, and/or otherwise restrained during transport. Half of people mentioned being handcuffed, onequarter had been shackled, and almost a third had been handcuffed or shackled to another person for transport. Nineteen people had been transported in "black box" handcuffs—an extremely restrictive form of restraint in which a plastic box is placed over the attachment of the handcuffs securing it to a waste chain, severely limiting a person's range of movement. Nine people specifically mentioned the bruises their handcuffs left after medical transport.



One person told us about her 2010 experience with a medical transport two days after gallbladder surgery, when she had 16 staples in her stomach, and was handcuffed and shackled for the duration of the ride. She was not given anything to sit on and told us it "*felt like my stomach was ripping apart*." She described the experience as painful, uncomfortable, and "so degrading as a woman." Another person told us that her cancer treatment was satisfactory, but what stuck out to her was the medical transport: "*The serious issue is the handcuffs with the black box between them. The pain was so bad. I had a meltdown in the . . . sallyport. Climbing up into the van is hard[.]*"

47 people had difficulties accessing the restroom during medical transports

Twenty-four people reported experiencing transport while pregnant or postpartum; all but four were handcuffed or shackled. People described a variety of experiences, including "painful" transport days after a C-section, being "forced to climb up into the back of a van"; "uncomfortable" transport when "*they were speeding it was bumpy and I was in labor*"; and a "horrible" ride "hitting every bump". One person voiced the concerns of many with this arrangement: "*I feel pregnant women should not be made to ride in a van with no [air conditioning] working in the inmate section. Van drivers should take precautions in not swerving or hitting the brakes, [and] the cuffs [with the] black box should be outlawed.*"

Forty-seven people described difficulties with the restroom during medical transport—either not being allowed to use the restroom, or being forced to use a dirty toilet, sometimes in view of others, including male officers, or while cuffed to another incarcerated person, and often without toilet paper.

"The toilet is open no privacy and a CO seat at front of the bus sits facing the toilet with male or female CO looking straight at the toilet, many times no toilet paper[. O]ne CO said "nowhere in policy does it say we have to provide toilet paper" . . . . If you are handcuffed to another person they too have to go to the toilet with you if you're handcuffed by yourself it's extremely hard to pull your pants up or down."

–O'Daniel Unit Resident

We heard time and again these same details regarding the unsanitary and humiliating details of restroom use on medical transport. One person described, "*[I]t is beyond miserable. Cannot use [the] bathroom as [the] 'toilet' is . . . out in open, very high up, and being cuffed to someone else, it[']s humiliating. There is no way to wash hands. It is always freezing cold or too hot because the heaters/A/C never work right.*" Another person told us similarly, "*We're cuffed to a person [and] have to use a non-flushable bus toilet. If we're on our cycle, we have to change our pads, tampons while someone else[']s] hand is right there by your vagina cuffed to you.*" Yet another person told us, "*[T]he toilet was boarded up on one bus so there was no restroom, on another the toilet is in the view of male officers, there's no water, no AC, and the windows barely come down[.]*"

We heard about multiple people missing medical appointments because of issues with medical transport. Likewise, some people declined medical care just to avoid the dehumanizing ordeal of medical transit.

In 2023, a new law placed limits on medical transport, requiring that:

1. any pre-trip searches happen in public,

2. vehicles have functioning restrooms with toilet paper and menstrual supplies,

3. staff provide adequate food and nutrition during the journey, and

4. providers increase the use of virtual appointments whenever possible.[20]

It is too early to tell whether there will be lasting changes in practice as a result of this law, but we heard from more than ten women who were transported for medical appointments since the law took effect in September 2023 who experienced the same inhumane conditions that women have long endured. We heard from at least one woman who told us that in 2024, it took six days in transit to get a colonoscopy, and her tablet—the only way she can receive mail—was taken from her and not returned for months. Without an effective enforcement mechanism for the new law, there is little hope for lasting change.

[20] SB 1146 88(R), 2023.

Pregnancy Criminalization and Fetal Personhood

In the years since the overturning of *Roe v. Wade*, there has been increased concern over criminalization of actions associated with pregnancy. Pregnancy criminalization is an umbrella term for "acts and omissions that would not otherwise have been treated as criminal but for" a person's pregnancy—largely involving substance use and allegations of child neglect, abuse, or endangerment. According to research by the organization Pregnancy Justice, there were 23 cases in Texas related to criminalizing pregnancy in the years 2006 to 2022, or an average of fewer than 1.5 per year. But following *Dobbs v. Jackson Women's Health Organization*, which overturned *Roe v. Wade*, that number has already begun to rise: in 2023 alone, there were six such cases in Texas.

The threat of pregnancy criminalization depends in part on reorienting the law's focus away from the rights of women, and towards an improbable understanding of fetal personhood. In December 2024, a police department in Irving, Texas, filed a report in the state's system for recording deaths in law enforcement custody. The deceased was identified as "Unborn Child." According to the report, a woman was two months pregnant when she miscarried in custody. Yet the police department felt compelled to consider her miscarriage a death in custody. In 2022, a different jurisdiction reported another death of an "Unborn Child," this time for a miscarriage at five or six weeks. This was mere months before the Supreme Court released its opinion in Dobbs. Before then, there had not been a reported death of an "Unborn Child" in custody for more than a decade. These reports could represent the beginnings of a dangerous trend of viewing pregnancy with complete focus on the fetus, and abandoning the pregnant person, and their health needs, to the whims of law enforcement.

At this point, information about the reach of pregnancy criminalization in Texas is limited. It remains to be seen how and to what extent the state will continue pursuing its anti-choice agenda through pregnancy criminalization and expanding ideas of fetal personhood as Texas and other jurisdictions continue to test the limits of the law in a post-Dobbs world.

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[21] 410 U.S. 113 (1973).

[22] Pregnancy Justice, The Rise of Pregnancy Criminalization: A Pregnancy Justice Report, at 18 (Sept. 2023), https://www.pregnancyjusticeus.org/wp-content/uploads/2023/09/9-2023-Criminalization-report.pdf.

[23] *Id.* at 20.

[24] 597 U.S. 215 (2022).

[25] Pregnancy Justice, *Pregnancy as a Crime: A Preliminary Report on the First Year After Dobbs*, at 9 (Sept. 2024), https://www.pregnancyjusticeus.org/wp-content/uploads/2024/09/Pregnancy-as-a-Crime.pdf .

[26] Office of the Attorney General, *Custodial Death Report*, https://oag.my.site.com/cdr/cdrreportdeaths.

[27] Office of the Attorney General, *Custodial Death Report, Unborn Child* (Dec. 11, 2024), https://oag.my.site.com/cdr/VIPForm__VIP_FormWizardPDF?id=a2Ccs00000D9nNEEAZ&templateId=a2x5A000001M2UWQA0.

[28] *Id.* at 7.

[29] Office of the Attorney General, *Custodial Death Report*, Unborn Child (Aug. 16, 2022), https://oag.my.site.com/cdr/VIPForm__VIP_FormWizardPDF?id=a2C8z0000002906EAA&templateId=a2x5A000001M2UWQA0 .

Conclusion & Recommendations

Women's healthcare needs are varied and wide-ranging. As the accounts included here make clear, TDCJ routinely ignores and discounts these needs. TDCJ has an obligation to ensure that those in its custody receive the services they need to remain healthy, regardless of their gender. Yet from intake on, those incarcerated in women's prisons and jails in Texas experience a lack of care, sometimes a lack of even basic understanding, with respect to their medical needs. Many of these issues can be traced to deeper problems in TDCJ as a whole. For example, the crisis of understaffing across TDCJ facilities means fewer officers are available to facilitate appointments, and the lack of air conditioning and other climate control measures can make summer heat deadly, even without other healthcare failures.[30] But regardless of the causes, TDCJ has a responsibility to rectify the vast failings in the medical care it provides. It is long past time that TDCJ recognizes the unique medical needs of women, and dispenses with a one-size-fits-all approach that serves no one.

This report represents a first step in understanding the most pressing healthcare needs of incarcerated women. The problem is vast, and this report does not purport to have all the solutions, but as a first step, we offer the below recommendations, drawn from the reflections of individuals who shared their experiences with us.

[30] *See* Pooja Salhotra, *Texas' prison guard shortfall makes it harder for inmates to get reprieve from extreme indoor heat, critics say, Texas Trib.* (Sept. 11, 2024), https://www.texastribune.org/2024/09/11/texas-prisons-staffing-shortages-heat/ .

For Legislators:

Initiate and publish a rigorous study of reproductive and women's healthcare needs across TDCJ;

- Create systems to improve coordination of medical care between county jails and TDCJ, including transfers of medical records and medication continuity;
- Institute regular audits of TDCJ facilities to evaluate women's healthcare, including compliance with Texas Government Code Section 501.0675(b) regarding provision of menstrual products;
- Develop alternatives to incarceration for pregnant individuals and people who have recently given birth that prioritize keeping mothers and their babies together for at least twelve months post-partum;
- Require consideration of pregnancy as a factor weighing against pretrial detention in bail determinations, and require prosecutors to submit a medical care plan to the court before seeking pretrial detention of a pregnant person;
- Expand eligibility criteria for Medically Recommended Intensive Supervision for those with cancer and other serious conditions, including pregnancy, as well as on the basis of age;
- Initiate and publish a study of medical transport to ensure proper implementation of SB 1146 88(R), 2023.

For TDCJ:

Revise intake procedures and materials to include clear instructions on what reproductive healthcare is available and how to request it;

- Extend existing procedures and limitations on cross-gender searches to include limitations on cross-gender supervision of medical appointments and care;
- Train staff on protecting private medical information, and institute disciplinary measures for those who share protected information;
- Expand telemedicine and mobile care capacity to increase appointment availability;
- Expand peer education opportunities to assist in informing individuals about preventative and other care;
- Increase the availability of tampons, pads, and toilet paper in every housing unit without restrictions;
- Revise eligibility criteria for the BAMBI program to expand participation;
- Expand options for birth control medications and devices available across TDCJ;
- Develop protocols for treatment of menopause-related symptoms and train providers in these services;
- Increase availability and frequency of diagnostic testing for cancer and other serious medical conditions.

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