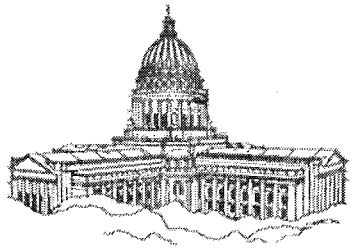

LENA C. TAYLOR

Wisconsin State Senator • 4th District

HERE TO SERVE YOU!

Senate Committee on Judiciary and Public Safety
Senate Bill 316 – The Anti-Shackling Bill
August 14, 2019

Good morning Chairman Wanggaard, Vice Chairman Jacque and members of the Committee Judiciary and Public Safety. Thank you for granting me the opportunity to submit written testimony regarding Senate Bill 316, which aims to acknowledge the barbaric practices happening to incarcerated women in our very state.

Currently, there is no statutory guidance on how correctional facilities restrain pregnant women. This is out of step with correctional policies nationwide. Shackling is widely regarded by government agencies, human rights advocacy groups, and nursing organizations as both an assault on human dignity and an unsafe medical practice. While Wisconsin lags behind, the U.S. Marshal Service, Federal Bureau of Prisons, and Immigration and Customs Enforcement, and 22 states have all passed policies that restrict shackling pregnant women.

A recent lawsuit alleges that, since 2011, at least 40 women from a single Wisconsin correctional facility were shackled while giving birth, preventing the necessary medical care from being provided. In one case, a women was shackled and handcuffed during 21 hours of labor. This practice not only threatens the safety of the mother, but it also poses a risk of serious harm to the fetus, including the potential for miscarriage. The existence of such a dangerous practice in our correctional facilities represents a gross indifference to the medical needs of prisoners, and a violation of long-established Supreme Court precedent protecting prisoners' 8th Amendment right to be free from cruel and unusual punishment.

In addition to placing restrictions on the use of physical restraints, the bill provides incarcerated individuals who are pregnant or have recently given birth access to proper medical care. This includes as STI testing, proper nutrition, breastfeeding support, mental health treatment, and doula services. These essential medical services help not only the mother, but the baby as well, and ensure that a jail sentence does not cruelly punish both pregnant mothers and their children.

It's time for Wisconsin to follow the motion of numerous governmental agencies, 22 states, and the guidance of the broader medical community to take a stand. I urge my fellow lawmakers to continue to support these important efforts.

Thank you.

Senator Lena C. Taylor
4th Senate District

Lisa Subeck

STATE REPRESENTATIVE

To: Senate Committee on Judiciary and Public Safety
From: Representative Lisa Subeck
Date: Wednesday, August 14, 2019
Subject: Testimony in support of Senate Bill 316, relating to the treatment of a pregnant or postpartum person in prison and county jail.

Chairman Wanggaard and members of the Senate Committee on Judiciary and Public Safety:

Thank you for the opportunity to testify on Senate Bill 316, which would restrict shackling of pregnant women and provide needed resources for new moms who are incarcerated.

In Wisconsin, there is currently no statutory guidance on how prisons and jails can restrain pregnant women, however, federal facilities and 18 states have policies that prohibit or restrict shackling pregnant women. This undefined area in our state law has led to some outrageous instances of pregnant women being shackled during childbirth.

Recently, there was a lawsuit in Wisconsin regarding 40 women that were allegedly shackled while giving birth. One woman claimed she was shackled and handcuffed during labor that lasted 21 hours. Another woman was giving birth while her wrists were handcuffed to her waist and connected to her legs. When medical staff asked the handcuffs and shackles be removed, the correctional officers present declined to do so, and the woman had to receive an epidural and give birth to her child all while completely handcuffed and shackled.

While these instances have been well documented and reported on due to the lawsuit, there are certainly many more instances not so well documented. Therefore, we do not know the full extent of imprisoned women being shackled while giving birth. Whatever the number of imprisoned women shackled during labor, we must put an end to this inhumane practice. No woman should be unnecessarily restrained during labor and childbirth, and no baby should be born to a mother in shackles.

SB 316 would create the much needed statutory guidance on when corrections officers may shackle pregnant women and limit the practice to only when absolutely necessary to preserve safety. The bill would also give incarcerated women access to much needed maternal support services including the ability to pump breast milk for their babies and helping get their children off to a healthy start. Additionally, the bill would expand voluntary STI testing in correctional facilities, which will increase early detection and decrease the risk of transmission to a pregnant woman's child.

Thank you again for your time and your consideration of Senate Bill 316. I would be happy to answer any questions.

78TH ASSEMBLY DISTRICT

STATE CAPITOL P.O. Box 8953, Madison, WI 53708 PHONE (608) 266-7521 TOLL-FREE (888) 534-0078
EMAIL Rep.Subeck@legis.wisconsin.gov WEB http://legis.wisconsin.gov/assembly/78/subeck

Testimony in Support of Senate Bill 316
Public Hearing – Senate Committee on Judiciary and Public Safety
Provided by Dr. Kathy Hartke, MD
August 14, 2019

Thank you Chairman Wanggaard and members of the committee for holding a public hearing on Senate Bill 316. I am here today to testify in support of Senate Bill 316, and I want to thank Senator Lena Taylor for her continued work on this very important issue.

My name is Dr. Kathy Hartke and I live in Brookfield, Wisconsin. I am the Immediate Past Chair of the WI Section of The American College of Obstetricians and Gynecologists (ACOG). I serve as the Co-Chair of the Wisconsin Maternal Mortality Review Team. I am a Clinical Assistant Professor of Obstetrics and Gynecology at the Medical College of Wisconsin. For 27 years I was in private practice in Waukesha County and subsequently was employed at Froedtert and the Medical College of WI and then the University of Wisconsin. I served in the United States Air Force and I am a Vietnam Era Veteran.

ACOG supports legislation to restrict shackling of and to ensure appropriate, comprehensive medical care is available to incarcerated women and adolescents during pregnancy and the postpartum period. In my 34 years of practice I have cared for a number of nonviolent pregnant women, brought to my office, a courtroom, or the hospital in shackles. Some have not been allowed prenatal care for long periods while in jail.

A pregnant woman and her fetus should have access to regular prenatal care. Medication Assisted Treatment (MAT) and behavioral therapy is the standard of care and must be offered if she suffers from the chronic medical disease of Substance Use Disorder (SUD). In addition to the above, the standard of care also includes screening and treatment for sexually transmitted infections (STIs) including HIV. She and her fetus need appropriate maternal nutrition and treatment for medical complications of pregnancy to achieve the best outcome for both.

Many mothers suffer from postpartum depression. Women who are incarcerated have a much higher rate of substance use disorder, mental health problems,

trauma and postpartum depression. Screening must be allowed and treatment covered for best outcomes for the maternal-infant dyad.

Shackling is demeaning, rarely necessary and should not be routine in pregnancy, labor assessment, delivery, or postpartum for 12 weeks [1] Pregnant women are more likely to experience balance problems and are at greater risk of falls. Shackling of pregnant women should not be the norm, rather only used in exceptional circumstances after the provider has considered the health effects of restraints.

Shackling in labor is dangerous to the mother and fetus. It prevents position changes and delays emergency cesarean delivery in cases of maternal hemorrhage, fetal bradycardia, umbilical cord prolapse and numerous other emergent situations.

To my knowledge, there have been no reported escape attempts among pregnant incarcerated women who were not shackled while in labor.

Any time restraints are used, written documentation by corrections personnel should be required and there MUST be provisions to allow medical personnel to have restraints removed immediately.[1] Corrections personnel should be required to remain outside delivery and exam rooms for the privacy of the mother.

Senate Bill 316 also allows for "Doula" services, which ACOG supports for many reasons including childbirth education, emotional support, potential to reduce cesarean delivery and postpartum support. Doula services help to promote immediate maternal-infant bonding which has often been denied in the past. Rather than taking an infant away from a mother immediately after delivery which is often the case with incarcerated persons, the "Golden Hour" for bonding improves breastfeeding success and has long term benefits for the mother infant dyad. And all mothers should be encouraged to breastfeed unless medically contraindicated. Infants with Neonatal Opioid Withdrawal Syndrome (NOWS) do much better when the mother provides human breast milk. These supports are not only healthy for mother and baby, but can also help to reduce costs in the long term.

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1 "First Step Act of 2018" Title III- Restraints on Pregnant Prisoners Prohibited

In addition to supplies for breast feeding, storage of milk should be made available.

A pregnancy-related death is defined as the death of a woman while pregnant or within 1 year of the end of a pregnancy. About 1/3 of deaths occur 1 week to 1 year after delivery. In Wisconsin as well as the US, we are seeing an increase in maternal deaths from 7-12 months postpartum including suicide and drug overdose. Most maternal deaths are preventable, no matter when they occur. Medications for OUD improve treatment outcomes, reduce relapse and overdose deaths and reduce health care and criminal justice costs. Every pregnant person and every person who has given birth in the past 12 months should have assessment and treatment for mental illness including postpartum depression. All pregnancy approved medication-assisted treatment (MAT) for opioid use disorder (OUD) should be accessible during pregnancy and for 12 months postpartum.[2]

Currently, if pregnant persons are started on buprenorphine treatment in county jails, the treatment is being discontinued upon return to jail after delivery. This is not the case for other chronic diseases and discontinuation increases risk of relapse and overdose death. MAT should be continued postpartum.

As I wrap up, I would like to share a story about one of my patients to emphasize why changes to current practices in county jails are necessary.

My patient first learned of her pregnancy at 9 weeks gestation when she was arrested. She was brought to each obstetrical visit in shackles. Despite my calls to the Waukesha County Jail nurse and written medical orders for treatment of her heroin addiction, she was forced to endure acute and chronic withdrawal. Phone consults from two addictionologists recommended medication assisted treatment, which was denied by the jail.

My patient had a very high-risk pregnancy with twins, severe anemia, hypothyroidism, psychiatric illness and cervical insufficiency requiring a procedure to suture and support the cervix due to her history of two neonatal losses at 22 and 23 weeks.

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2 Making the Case for Medication Medication-assisted Treatment Fact Sheet #3. Great Lakes (HHS Region 5) Addiction Technology Transfer Center Network January 2018

She was denied medications for her psychiatric illness and iron for her anemia. She was forced to stay in the medical cell with 24-hour lights preventing her from sleeping and was given inadequate nutrition.

At 23 weeks I ordered admission to the hospital at which time she was finally started on methadone treatment. She was able to achieve 26 weeks gestation before going into premature labor and delivered healthy live twins via cesarean section.

Five days after discharge she went to the Huber facility and with no available services, had to walk several miles a day to go to the methadone clinic, then to the hospital to spend the day with her babies and pump breast milk before walking back to the facility.

There are other examples. No pregnant woman should be placed in solitary confinement as occurred in Taylor County in 2014. No woman should be denied transport to a hospital and be abandoned to labor alone, deliver with no birth attendant and watch her baby die which occurred in Milwaukee County Jail in 2016. I was contacted by DHS nutritionists in November of 2017 about a mother in Rusk County jail who on return to jail after delivery was expressing milk for her newborn. The jail social worker was providing refrigeration for the foster family to retrieve the milk during weekdays but was told she would need to discard her milk on weekends. With a call to Senator Petrowski's staff, the problem was resolved and the infant had food.

As of this year, 28 states have passed laws restricting restraints on incarcerated pregnant women. Senate Bill 316 is a step in the right direction and I respectfully urge you to consider the above recommendations and pass this long overdue legislation.

Thank you for your time today and I'm happy to take any questions.

Thank you for holding a public hearing on Senate Bill 316. I am here to speak in strong support of the bill.

My name is Dr. Emily Buttigieg. I am a resident in obstetrics and gynecology in Wisconsin and the American College of Obstetrics and Gynecology Wisconsin Section Junior Fellow Chair.

I am compelled to take time away from both my training and my time caring from patients today because I am appalled and disheartened by our treatment of incarcerated, pregnant women. Shackling of women, especially when the majority of them are incarcerated for nonviolent crimes is both rarely necessary and demeaning to women. It adds a level of mistrust between patients and their physicians, makes it extraordinarily difficulty to perform certain basic physical exam maneuvers thereby hindering the delivery of medical care, and places a significant barrier between mothers and their newborn babies.

In my recent work, I encountered significant challenges to providing care I deemed appropriate and thoughtful. My patient was an adolescent woman 8 weeks pregnant and incarcerated for a non-violent crime. She was brought to the emergency room for bleeding and pain. Unfortunately, her ultrasound showed a baby with no heartbeat, or a miscarriage. When I went to see her to deliver the devastating news, I found a young girl alone in jail attire with her dominant hand cuffed to a tight band around her waist. She was nervous as I entered the room but hopeful that her pregnancy was still healthy.

I took a seat next to her and delivered the devastating news. As the shock hit her, she quickly went from nervous to disbelieving to complete devastation. As she moved to hold her heavy head in her hands she found the cold, hard metal cuff cutting into her hand, stopping her from reaching her face. As tears streamed down her face, she was unable to perform the basic human reaction of wiping her own tears. I grabbed a tissue and helped wipe her face as she let out the unmatched pain of a mother losing her baby. As a physician and as a woman, I was incredibly uncomfortable and disgusted that in this devastating moment this patient, young and alone herself, did not even have the right to wipe tears from her face.

After composing herself, we discussed options for management. Given her incarceration, she opted for a surgical approach for removal of the pregnancy tissue as this would provide the quickest treatment of her miscarriage. She remained restrained until her bed was at the doors to the operating room at which time they were taken off for the procedure. In the recovery room, while still awakening from anesthesia, she was quickly met by the jail guard and was placed back in the metal cuffs. After a 3 hour recovery period, she was taken back to prison to both process and grieve the loss of her first child and recover from the surgery.

Throughout my time caring for this patient, I never felt threatened or unsafe. Instead I felt powerless to provide her comfort and human dignity at the worst moment of her life. No woman and especially no mother, deserves this unjust treatment. Therefore, I strongly stand with the American College of Obstetrics and Gynecology in support of Senate Bill 316, limiting the use of physical restraints on pregnant and postpartum people who are in custody of a correctional facility. Thank you very much for your attention and time.

Zachary Dunton

The Treatment of a Pregnant or Postpartum Person in Prison and County Jail

Good morning, members of the Committee on Judiciary and Public Safety. I am Zachary Dunton, a second year medical student at the University of Wisconsin School of Medicine and Public Health. Thank you for granting me the opportunity to present to you all. Today, I am speaking in favor of Senate Bill 316, the treatment of a pregnant or postpartum person in prison and county jail.

Since the 1980s, the incarceration rate of women in Wisconsin's prisons has increased nine-fold, outpacing male sentencing. Incarcerated women face unique barriers to health care. It is estimated that 6-10% of incarcerated women are pregnant at the time of admission to prison. There has been an increase in the number of children born during imprisonment, and those who are pregnant or postpartum are at increased risk of negative health outcomes. The use of restraints, commonly known as shackling, as well as solitary confinement are among the leading determents to an incarcerated women's health while pregnant, in labor, or postpartum. While federal prisons have limited the use of restraints on pregnant and postpartum incarcerated women since 2008, the Wisconsin Department of Corrections remains permissive to this dehumanizing practice.

The American College of Obstetricians and Gynecologists, the American Public Health Association, Amnesty International, the Wisconsin Medical Society and the American Medical Association have all condemned the practice of shackling and solitary confinement, recognizing that it compromises physical and mental health, causing severe pain and trauma. The Center for Reproductive Rights states that unrestrained movement is critical during labor, delivery, and the post-delivery recovery period. Shackles hamper a woman's ability to move to alleviate the pain of contractions, increase risk of physical trauma due to falls, increase pain from muscle tears and bone separation, block blood flow to both the mother and the baby, and increase the risk of miscarriage. Further, shackling hinders a physician's ability to treat a pregnant woman. Twenty eight states, in addition to the Federal Bureau of Prisons, U.S. Immigration and Customs Enforcement, the U.S. Marshals Services, and the American Correctional Association have all adopted policies which restrict restraints and solitary confinement for pregnant and postpartum women.

This bill must not be misconstrued as a lack of justice, but rather a protection for a vulnerable group. It is not special treatment, but an emphasis on the least restrictive measures. While some county prisons do implement this policy, most do not. These protections should not be optional, but mandatory. No mother deserves chains over her belly while giving birth to her child.

I implore the Committee on Judiciary and Public Safety to support Senate Bill 316.

Thank you for your consideration.

References:

1. https://www.nccdglobal.org/sites/default/files/publication_pdf/shackling.pdf
2. https://www.acog.org/-/media/Departments/State-Legislative-Activities/2018ShacklingTally.pdf?dmc=1&ts=20190406T1832134312
3. http://jaapl.org/content/43/3/359

To:	Members, Senate Committee on Judiciary and Public Safety
From:	Badger State Sheriffs' Association (BSSA)
	Wisconsin Sheriffs and Deputy Sheriffs Association (WS&DSA)
Date:	August 14, 2019
RE:	**Statement on Senate Bill 316– For Information Only**

Badger State Sheriffs' Association and Wisconsin Sheriffs and Deputy Sheriffs Association want to make the committee aware that most Wisconsin Sheriffs' departments already have a restraint policy on pregnant and in-labor inmates in place.

Badger State Sheriffs' Association (BSSA) is a statewide organization representing all of Wisconsin's 72 Sheriffs and (WS&DSA) is a statewide organization representing over 1,000 members, including Sheriffs, Deputies, and jail officers. BSSA and WS&DSA have a joint legislative committee and work closely on public safety issues of concern to our members.

Currently, Sheriff departments issue and implement jurisdictional-level policies, such as Use of Restraints policies. In fact, in 2015, the National Sheriffs' Association requested that all law enforcement agencies establish policies to ensure that pregnant inmates will not be inappropriately shacked.[1]

Most departments require policies for pregnant, in-labor and postpartum inmates based on nationally used best practices similar to the provisions in this bill. These best practices include provisions that restraints not be used on pregnant inmates unless the department makes an individualized determination that they are necessary for the safety of the inmate, unborn child, staff, or public. If restraints are used, they must be the least restrictive possible. Inmates in labor may only be restrained if there is a substantial flight risk and there is no objection from the medical care provider.

In addition, last session, the authors offered Amendment 2 to 2015 Senate Bill 393. This amendment removed the provisions in the bill that applied to pregnant inmates, however left the provisions pertaining to a person in labor and postpartum person. Amendment 2 also clarified the discretion a representative of a correctional facility has to use restraints on a person in labor or postpartum person, including the consideration of the safety and security of the person, the staff of the correctional or medical facility, other inmates, or the public. We respectfully request this amendment be introduced and adopted again this session.

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[1] https://www.sheriffs.org/sites/default/files/uploads/documents/GovAffairs/Resolution%202015%20-%204.pdf

We appreciate the intent of this legislation, but lawmakers should be aware that these policies already exist and are being enforced across the state. Our organizations are available to provide more information about the current policies and look forward to further discussions on this legislation.

Thank you for the opportunity to submit these comments.

August 13, 2019

To Whom It May Concern:

My name is MaryAnne Scherer and I am currently serving as the president of the Wisconsin Affiliate of the American College of Nurse Midwives. I am also a certified nurse midwife practicing in Milwaukee, Wisconsin. I am writing on behalf of the Wisconsin Affiliate of ACNM to support Senate Bill 316 relating to the treatment of a pregnant or postpartum person in prison and county jail.

Many of our certified nurse midwives in the state have cared for incarcerated pregnant patients in the antepartum, intrapartum, and postpartum period. Attending to a patient in labor who is in restraints is unsafe for the patient and the baby as labor is an active process requiring multiple position changes that frequently must happen very quickly.

The American College of Nurse Midwives (ACNM) affirms the following:

- Restraint or shackling of pregnant inmates carries significant health risks and negative consequences for the pregnant inmate and her fetus or newborn.
- The use of restraints should occur only as an exception and not by default during the prenatal, intrapartum, and postpartum periods and only as needed to prevent harm to the mother, her infant, or medical providers. Risk of escape should be realistically appraised when this is a consideration.
- Women should not be restrained during labor. Labor itself is a restraining condition. Impairment of movement should be avoided to prevent injury and to aid the medical staff in providing care and facilitating position changes necessary for labor and birth.
- Consistent with our philosophy of care and our position on promotion of safe, healthy,normal, physiological birth, incarcerated women should have access to evidence-based care to promote optimal maternal and newborn outcomes unless medical, high risk conditions prevent a high touch, low risk approach.
- In the postpartum period, restriction of mobility places a woman at substantial risk of thromboembolic disease and postpartum hemorrhage.
- Promoting, rather than restricting, the mother's contact with the newborn is critical in establishing attachment in what is often a limited period of hospitalization. This is a vitally important stage in maternal-infant bonding, which sets the stage for optimal newborn development.

ACNM is in agreement with organizations who oppose the practice of shackling incarcerated women, including American College of Obstetricians and Gynecologists (ACOG), Association of Women's Health, Obstetric, and Neonatal Nurses, The Rebecca Project for Human Rights, Amnesty International, American Civil Liberties Union, and National Organization for Women.
http://www.midwife.org/ACNM/files/ACNMLibraryData/UPLOADFILENAME/000000000276/Anti-Shackling%20Position%20Statement%20June%202012.pdf
As you may also know, the National Commission on Correctional Healthcare also has a position statement against shackling in labor. https://www.ncchc.org/restraint-of-pregnant-inmates

The Wisconsin Affiliate strongly urges adoption of this bill to improve care and access to safe and just maternal healthcare for all of our residents. Please contact me with any additional questions you may have.

Respectfully yours,

MaryAnne Scherer, MSN, CNM, APNP
President, WI Affiliate of ACNM
3767 N 77th Street
Milwaukee, Wisconsin 53222
414-331-5609 midwifescherer@gmail.com

Zachary Dunton

The Treatment of a Pregnant or Postpartum Person in Prison and County Jail

Good morning, members of the Committee on Judiciary and Public Safety. I am Zachary Dunton, a second year medical student at the University of Wisconsin School of Medicine and Public Health. Thank you for granting me the opportunity to present to you all. Today, I am speaking in favor of Senate Bill 316, the treatment of a pregnant or postpartum person in prison and county jail.

Since the 1980s, the incarceration rate of women in Wisconsin's prisons has increased nine-fold, outpacing male sentencing. Incarcerated women face unique barriers to health care. It is estimated that 6-10% of incarcerated women are pregnant at the time of admission to prison. There has been an increase in the number of children born during imprisonment, and those who are pregnant or postpartum are at increased risk of negative health outcomes. The use of restraints, commonly known as shackling, as well as solitary confinement are among the leading determents to an incarcerated women's health while pregnant, in labor, or postpartum. While federal prisons have limited the use of restraints on pregnant and postpartum incarcerated women since 2008, the Wisconsin Department of Corrections remains permissive to this dehumanizing practice.

The American College of Obstetricians and Gynecologists, the American Public Health Association, Amnesty International, the Wisconsin Medical Society and the American Medical Association have all condemned the practice of shackling and solitary confinement, recognizing that it compromises physical and mental health, causing severe pain and trauma. The Center for Reproductive Rights states that unrestrained movement is critical during labor, delivery, and the post-delivery recovery period. Shackles hamper a woman's ability to move to alleviate the pain of contractions, increase risk of physical trauma due to falls, increase pain from muscle tears and bone separation, block blood flow to both the mother and the baby, and increase the risk of miscarriage. Further, shackling hinders a physician's ability to treat a pregnant woman. Twenty eight states, in addition to the Federal Bureau of Prisons, U.S. Immigration and Customs Enforcement, the U.S. Marshals Services, and the American Correctional Association have all adopted policies which restrict restraints and solitary confinement for pregnant and postpartum women.

This bill must not be misconstrued as a lack of justice, but rather a protection for a vulnerable group. It is not special treatment, but an emphasis on the least restrictive measures. While some county prisons do implement this policy, most do not. These protections should not be optional, but mandatory. No mother deserves chains over her belly while giving birth to her child.

I implore the Committee on Judiciary and Public Safety to support Senate Bill 316.

Thank you for your consideration.

References:

1. https://www.nccdglobal.org/sites/default/files/publication_pdf/shackling.pdf
2. https://www.acog.org/-/media/Departments/State-Legislative-Activities/2018ShacklingTally.pdf?dmc=1&ts=20190406T1832134312
3. http://jaapl.org/content/43/3/359

Wisconsin Alliance for Women's Health
www.supportwomenshealth.org

TO: Senate Committee on Judiciary and Public Safety
FROM: Sara Finger, Executive Director, Wisconsin Alliance for Women's Health
RE: Testimony in Support of SB 316 – Relating to the treatment of a pregnant or postpartum person in prison and county jail

Date: August 14, 2019

Chairman Wanggaard and members of the Senate Committee on Judiciary and Public Safety, thank you for the opportunity to share written testimony in support of SB 316. We support these steps forward to reduce the inhumane and dangerous practice of shackling pregnant women incarcerated in Wisconsin and to incorporate provisions to improve the wellbeing of incarcerated women and their babies. The Wisconsin Alliance for Women's Health (WAWH) thanks Senator Taylor and Representative Subeck for continuing to champion this often-overlooked issue.

While the WAWH is largely supportive of the substantive provisions contained in SB 316, as they pertain to the shackling of pregnant women who are incarcerated, we do want this committee to consider making some changes that would make this bill even stronger and safer. One concern we have is the discretionary nature of this legislation. Under SB316, it is left to a representative of a correctional facility to decide whether the shackling of a pregnant woman is necessary. The WAWH believes this bill would be greatly improved if we took a more specific, direct approach and include more detailed criteria. For example, Illinois[1] took a more direct approach to restricting the use of specific types of shackling that could be harmful to maternal or fetal health by prohibiting the use of any restraints that do not promote a medically therapeutic purpose as directed by medically trained staff while a woman is in labor. Replacing the discretionary language with a clear and more detailed approach is worth exploring to ensure a more consistent application by correctional staff, regarding whether shackling is warranted.

SB 316 prohibits the placement of pregnant women in solitary confinement when used as a punitive measure, which WAWH strongly supports. Solitary confinement is dangerous for pregnant women because it restricts access to necessary obstetrical care and limits access to exercise and movement necessary to support a healthy pregnancy. Solitary confinement can also exacerbate mental health stressors, such as anxiety and depression. In addition to being inhumane, isolating pregnant women in a small prison cell for 23 hours a day increases the risk of preterm labor, miscarriage, and low birth weight babies[2]. Simply put, the imposition of solitary confinement on pregnant women as a form of punishment should be prohibited as a dangerous and inhumane practice. We applaud the bill authors for addressing this critical issue.

[1]See here: http://www.ilga.gov/legislation/ilcs/documents/005500050K3-15003.6.htm
[2]See here: http://solitarywatch.com/2015/02/16/women-in-new-york-state-prisons-face-solitary-confinement-and-shackling-while-pregnant-or-sick/

P.O. Box 1726, Madison, WI 53701-1726 608-251-0139 toll free: 866-399-9294 fax: 608-256-3004 info@wiawh.org

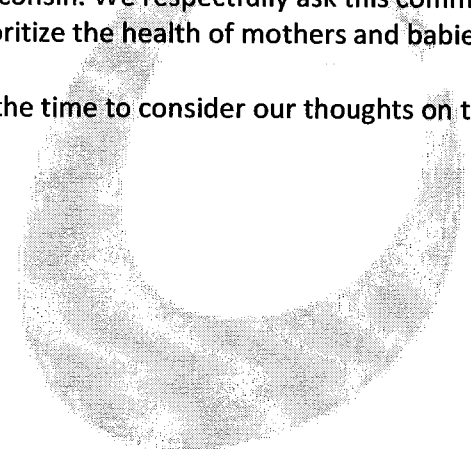
Wisconsin Alliance for Women's Health
www.supportwomenshealth.org

WAWH also supports SB 316's inclusion of language that address maternal health issues of particular importance to incarcerated women and adolescent girls, including access to mental health treatment, pregnancy and STI testing, continuity of care for opioid addiction treatment, access to doula services, and the ability of postpartum women to maintain an active supply of breast milk. These are laudable policies that, if enacted, go a long way towards improving the health and promoting the dignity of women and adolescent girls who are incarcerated.

One technical change that the authors and committee should consider making to the bill relates to the provision that mandates continuity of care for opioid addiction treatment on page 3, lines 23-24. WAWH supports the overall intent of this section of the bill but believes that the legislation should not limit the section's applicability to only methadone treatment regimes, as there is a wider category of opioid addiction tapering medications that can be prescribed beyond just methadone. This is particularly true for pregnant women. WAWH suggests that the bill be amended to use a medically appropriate term that refers to the general category of opioid tapering medications that would encompass all of the medications that medical best practices would suggest being used for pregnant women who are receiving opioid addiction treatment.

WAWH respectfully asks this committee to consider making these suggested changes to SB316. We support SB316 as an important first step toward eliminating dangerous and inhumane treatment of incarcerated women in Wisconsin. We respectfully ask this committee to support the strongest legislation possible and prioritize the health of mothers and babies.

Thank you again for taking the time to consider our thoughts on this important legislation.



P.O. Box 1726, Madison, WI 53701-1726 608-251-0139 toll free: 866-399-9294 fax: 608-256-3004 info@wiawh.org

LUTHERAN OFFICE FOR PUBLIC POLICY *in Wisconsin*

Evangelical Lutheran Church in America
God's work. Our hands.

August 14, 2019

To: The Honorable Van Wanggaard and Members of the Committee on Judiciary and Public Safety
Regarding: SB 49

Dear Chairman Wanggard and Committee Members,

I am representing the Lutheran Office for Public Policy in Wisconsin, a statewide advocacy ministry of the Evangelical Lutheran Church in America. We advocate for just policies, especially related to hunger and poverty and care for God's creation.

SB 104 & SB 316: We support SB 104 because making sexual contact between a law enforcement officer and person in their custody a criminal act could provide another barrier to victimizing anyone safeguard for potential victims. SB 316 protects the health of pregnant women and their children.

During the last five and one half years, I have

- learned that this state law will put us in alignment with federal law.
- heard from direct service providers that the system of holding sex trafficked youth in jail is not working. We need to focus on getting them to human services, and continuing to support state budgets that provide that funding.
- witnessed a former attorney general, Brad Schimel, move from being against this bill to being in support of it to the extent of testifying that he had a change of heart at a hearing.
- heard Judge Ramona Gonzalez who drove from La Crosse to testify that sex trafficking of youth is a serious problem in our state and that even though there is good will between judges, who don't want to charge youth for prostitution, that they still charge youth with "lewd and lascivious behavior," that can go on a youth's record in place of prostitution.
- observed my colleagues in other states watch this same type of bill pass. Those states include Pennsylvania and Georgia. We are behind Georgia.

We ask that you support this bill, but not only that. We respectfully ask that you support bringing this bill to the floor and encourage the assembly to not let this bill disappear again, the way we sometimes let young people disappear.

Thank you for your consideration.

Rev. Cindy Crane

Reverend Cindy Crane, Director

But Jesus called the children to him and said, "Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these." **Luke 18:16**