

INCARCERATION AND HEALTHCARE IN THE SANTA CRUZ COUNTY

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**Abstract**

This project will study the ways in which care and punishment interface therapeutically at the three Santa Cruz County jails. This comparative study will chart the circulation of incarcerated individuals between the Water Street Main Jail and the Blaine Street Women's Medium Facility, and Rountree Men's Medium Facility respectively. Using qualitative methods, we will analyze the unique healthcare needs presented in each facility, the specific treatment methodologies characteristic of each, and the therapeutic outcomes for incarcerated individuals. This project contrasts both the scope of practice and standard of care among the incarcerated by for-profit companies. By identifying the services of practice and care in the three Santa Cruz County Jails, this research seeks to better understand what constitutes the right to good health among the incarcerated. This project aims to contribute to scholarship in sociology, criminal justice, and healthcare research about the intersectional factors affecting the delivery of medical care in the criminal justice system.

*Keywords: Medical care, incarceration, criminal justice system, privatization*

## Introduction

In 2015, Krista DeLuca age 23 died in the Santa Cruz County Main Jail from “aspiration pneumonia and dehydration from opiate withdrawal.” DeLuca was under care from the California Forensic Medical Group (CFMG).<sup>1</sup> The CFMG is a for-profit corporation that manages medical care in county jails across 64 California counties.<sup>2</sup> While under their care, DeLuca was going through opiate withdrawal. The Grand Jury investigated DeLuca’s death and the CFMG did not meet Title 15 requirements in medical care for local detention facilities. The CFMG staff met the requirements in “pre-detention medical evaluation/Intake Screening and chronic care.” According to the Grand Jury Report, the CFMG did not meet the standard for the Chemically Dependent Inmate Policy. The protocol says that if a patient is experiencing severe detox symptoms then they must be transferred to a hospital. However, medical staff did not transfer DeLuca over to an offsite hospital or facility for further treatment. As a result, DeLuca was vomiting for four days and developed pneumonia from inhaling her own vomit and was dehydrated from regurgitating essential nutrients and minerals, leading to her death.<sup>3</sup> Prior to DeLuca’s death, five other individuals had died in the Santa Cruz Main Jail since 2012. All of these patients were supposed to be transferred to the Dominican Hospital, the offsite medical provider for Santa Cruz County Jails. The CFMG must pay \$15,000 per medical visit at the Dominican Hospital per individual.<sup>4</sup> With these protocols and profit incentives in place, I will examine how medical treatment is administered to the incarcerated in the county.

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<sup>1</sup> Santa Cruz County Grand Jury. (2016). *Another Death in our Jail*. Retrieved on October 14, 2019.

<sup>2</sup> Branam, Brad. (2015). California for profit company faces allegations of inadequate inmate care. *The Sacramento Bee*. Retrieved on December 07, 2019.  
<https://www.sacbee.com/news/investigations/the-public-eye/article7249637.html>.

<sup>3</sup> *Ibid*, 1

<sup>4</sup> *Ibid*, 1

Moreover, punishment and treatment interface paradoxically within the correctional setting. Therefore, I will examine how punishment affects the health of the incarcerated through the medical resources available and the treatment they receive from medical staff and correctional officers. Profit, process, and personnel are all factors in implementing correctional healthcare. By evaluating the experiences of the formerly incarcerated and reviewing relevant literature, I will identify the various challenges in correctional healthcare. Through closely looking at the deaths in the Santa Cruz Main Jail, I will evaluate the outcomes of privatized health. I will evaluate the impact of separating the incarcerated from public health discussions and how that often attributes the standard treatment within the Santa Cruz jails. Through the experiences of the formerly incarcerated, I will identify the challenges they have faced in the process of receiving healthcare, their experiences with how a profit driven company establishes their ability to achieve good health, interactions with health personnel, and the process to receive care. I hope to give voice to the individuals that underwent correctional healthcare in Santa Cruz. In addition, I will apply specific attention to women healthcare needs and how reproductive healthcare is affected through process, personnel, and profit.

### **Literature Review**

This literature review will bring into conversation scholarship and grand jury investigations in correctional healthcare and how private correctional healthcare establishes right to good health for the incarcerated. I will begin with Grand Jury reports that outline the outcomes of for profit care within the Santa Cruz Jails and then explore how the criminal justice system and prison system generate the standard of care through scholarship and literature. I will look closely at the deaths that occurred in the Main Jail in the last six years. I will then transition to

growth and establishment of private correctional healthcare within the criminal justice system, following with correctional healthcare as a public health issue. Lastly, I will address women specific outcomes and needs as a result of the healthcare policies and procedures in place.

#### Deaths in the Santa Cruz County Main Jail

In the Santa Cruz County Main Jail, between August 2012 and September 2013 five in-custody deaths occurred. Four of the deaths occurred after the California Forensic Medical Group (CFMG) became the primary healthcare provider in the Santa Cruz Jails. The individuals died during booking and less than a week within their booking. The causes of death include lung collapse, heart attack, narcotic overdose, and asphyxiation by hanging. The Grand Jury of Santa Cruz investigated the holes in treatment by medical and jail staff that could have prevented these deaths. The Grand Jury sought to determine how to create a safer environment for the people in the Main Jail. Of the five deaths, some individuals were not properly diagnosed to be consistently monitored for emergency physical symptoms, such as shortness and difficulty breathing, sweating, and collapse. The Grand Jury also found that some were insufficiently treated through a lack of communication between medical staff and proper adherence to policies and protocols. For some, their medical history was not processed between medical staff and correctional officers. Some medical nurses did not note down nor notify other nurses of specific health complaints their patients reported.<sup>5</sup>

From closely examining the process in treatment that led to each individual death within the Main Jail, the Grand Jury identified major flaws and concerns in the healthcare policies and procedures implemented by the staff. They reported that there is a lack of communication

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<sup>5</sup> Santa Cruz County Grand Jury. (2014). *Five Deaths in Santa Cruz: An Investigation of In-Custody Deaths*. Retrieved on October 14, 2019.

between the CFMG medical staff and the Dominican Hospital, where more severe cases often get transported to. Also, Corrections Bureau staff, also known as the Sheriff-Coroner's office and CFMG staff follow different policies and procedures in identifying and treating patients.

Corrections Bureau staff are allowed to make judgments about intoxicated individuals during intake and as to whether or not they should receive treatment however, correctional officers lack medical training and credentials to make medical decisions and observations about people. There is a greater need for structural organization between the correctional officers, the CFMG medical staff, and their contact with the Dominican Hospital. The Grand Jury provided suggestions in amending these concurring issues by having a 24-hour Crisis Intervention Team (CIT) available for suicide intervention and emergency mental health treatment. Also, proper regulations and screenings during intake should be done by medical professionals rather than the judgment of the Corrections Bureau, and the Sheriff should increase medical staff within the Main Jail, so there is more attention to all individual's health across the facility rather than creating risk for some. The transition to CFMG also cut mental health service funding, since CFMG does not provide mental health service. County Health currently provides mental health services, with limited counselors and resources available across all three facilities.<sup>6</sup>

The Sheriff-Coroner loosely addressed the major issue of inadequate healthcare and fatalities that exists within the Santa Cruz County Jail. Rather, the Sheriff-Coroner's office focused on how to control overcrowding in the jail and the number of drug offenses that occur with the county. In 2015, the Sheriff-Coroner added a program that provides more medical

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<sup>6</sup> *Ibid*, 5

services for inmates ages 65+. The jail staff will accommodate the seniors based on their dietary restrictions and other medical needs.<sup>7</sup>

Also in 2015, the Board of State and Community Corrections offered a \$2.1 million grant that created a sobering center. Many of those arrested in Santa Cruz are for public intoxication, overpopulating the jails. Officers can now place individuals arrested for public intoxication at the sobering center. The sobering center is managed by Janus of Santa Cruz, which has a 24/7 staff, which includes medical staff. As a result of implementing a sobering center, the Sheriff found that time, money, and the number of emergency calls reduced significantly.<sup>8</sup>

In their annual report, the Sheriff-Coroner did not discuss major changes in policies and procedures to enhance medical services with CFMG. There is an unequal opportunity to receive healthcare since most medical services are concentrated to those ages 65 and over, this suggests that the incarcerated are not constituted to the right to quality of care unless they are in a place that qualifies them for direct supervision. Jail staff will have more knowledge about the health status of seniors in the jails rather than the entire jail population. The 2014 Sheriff-Coroner Annual Report did not address medical decisions or services in the jails. In expanding care for seniors incarcerated and implementing a sobering center to address overcrowding, the issue of being at risk for death in the Main Jail was not sufficiently acknowledged.<sup>9</sup>

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<sup>7</sup> Santa Cruz County Sheriff-Coroner. (2015). *Annual Report: Corrections Bureau, 7.1, 7.2 (29-31)*. Retrieved December 01, 2019.

[http://scsheriff.com/Portals/1/County/sheriff/SCSD\\_Report\\_2015.pdf](http://scsheriff.com/Portals/1/County/sheriff/SCSD_Report_2015.pdf).

<sup>8</sup> *Ibid*, 7

<sup>9</sup> Santa Cruz County Sheriff-Coroner. (2015). *Annual Report: Corrections Bureau, 7.1, 7.2 (29-31)*. Retrieved December 01, 2019.

[http://scsheriff.com/Portals/1/County/sheriff/SCSD\\_Report\\_2015.pdf](http://scsheriff.com/Portals/1/County/sheriff/SCSD_Report_2015.pdf).

Due to CFMG's private company standing, the Grand Jury was unable to investigate why the CFMG did not transfer their patients to outside hospitals. However, they listed suggestions for improving the response and quality of care for emergency medical situations. The Grand Jury states that the Board of Supervisors and the Sheriff-Coroner should review and edit the current medical services contract and assess how medical service providers have executed treatment between 2012-2016. The Grand Jury has found that, at times, the Sheriff's Office, utilizes and refers to the Observation unit as an infirmary, since those in need of medical care are placed in this unit. However, the O-unit is not properly equipped to be referred to as an infirmary and has led to dangerous circumstances for those housed there. Overall, the Main Jail medical services should review and abide by the medical services protocols and have more consistent communication between staff to avoid fatal emergencies.<sup>10</sup>

Through the Grand Jury investigations, there is an understanding of the process and policies that jail and medical staff follow that often is unclear between the two groups and often has severe to fatal outcomes for the incarcerated. By looking further into private correctional health, we can see how profit-motives drive the level of care given to the incarcerated.

### Private Correctional Health

In 2011, Jerry Brown attempted to alleviate prison overcrowding and long term sentencing in California through the Public Safety Realignment Act of 2011 (AB 109).

Inmates in state prison for non-violent, non-serious, non-high risk sex offenses will be released to local supervision, not state parole. This population is referred to in AB 109 as "Post Release Community Supervision" (PRCS). Defendants newly convicted of non-violent, non-serious, non sex offenses (who also do not have any prior serious,

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<sup>10</sup> Santa Cruz County Grand Jury. (2016). *Medical Services at the Jail: How Does the Sheriff-Coroner Manage Oversight?* Retrieved October 14, 2019.

[http://www.co.santa-cruz.ca.us/Portals/0/County/GrandJury/GJ2015\\_final/MedicalServicesattheJails.pdf](http://www.co.santa-cruz.ca.us/Portals/0/County/GrandJury/GJ2015_final/MedicalServicesattheJails.pdf).

violent, or sex offenses) will serve their terms of imprisonment in county jail rather than state prison (Community Corrections Partnership 2011:1).

As a result of the AB 109, the Santa Cruz jails began to experience more overcrowding than before and people were sentenced for longer periods of time. To accommodate the changes in the California Prison System, the Sheriff-Coroner contracted with a new company to run medical services within the jails instead of County Health. In 2013, the California Forensic Medical Group (CFMG) became the leading provider for correctional healthcare in 64 counties and their local jails across the state, including Santa Cruz County.

Prior to CFMG, medical care was provided by the Santa Cruz County Health Services Agency (HSA), a county government health service that offers services to the community. The Grand Jury found that the Sheriff-Coroner's Office decided to make this transition, due to understaffing and insufficiently trained staff from HSA. Also, the Public Safety Realignment Action (AB 109) meant that more individuals would have longer sentences in the county jails, so the Sheriff-Coroner's office wanted more expertise in healthcare delivery. CFMG is known to provide services for 64 other correctional facilities. Benefits in contracting with CFMG include more estimated and predictable medical costs and refraining from increased expenses for employee benefits and pensions. Santa Cruz entered this contract with CFMG to ensure that the jails comply with Title 15 provisions for medical and dental care and the California Medical Association-Institute of Medical Quality (CMA-IMQ) provisions, which states that inmate medical care should be provided based on the individual's needs. By contracting with CFMG, the Sheriff-Coroner believed the jails would be accredited for Title 15 and CMA-IMQ. In order to be CMA-IMQ accredited, a representative from the CMA-IMQ must survey the facility and grant accreditation. The Santa Cruz County Jail has no said plans to proceed with the

certification. However, in future investigations, the Grand Jury found that the jail has not complied with some Title 15 standards based on the four preventable deaths in 2012 and 2013.<sup>11</sup>

Due to the high incarceration rates, the healthcare offered in jails and prisons was through private vendors. Across the United States, many jails and prisons used nationwide private correctional healthcare companies, Corizon Healthcare or Wellpath. Both of these private companies have several allegations and lawsuits against them for often neglecting to treat their patients. Corizon and Wellpath's insufficient medical services has led to several deaths and worsening health conditions for those requesting medical attention. Corizon and Wellpath have both been accused of offering minimal medical and mental health services that take into account the large scope of medical conditions and health emergencies that may be encountered in a prison setting, such as opiate withdrawal symptoms, requiring supplemental medication such as buprenorphine.<sup>12</sup> Just as Corizon and Wellpath have been accused of maltreatment, the California Forensic Medical Group also has allegations for insufficient practices.

Several county Grand Juries have reported poor mental health and detoxification services by the CFMG when these two services are a major necessity within correctional facilities. Ninety-two people have died of suicide under CFMG between 2004 and 2014. Within that decade, 21 people died from substance withdrawal. Jails under CFMG face 50% more deaths in their facilities compared to other counties providing their own medical services. CFMG contracts mainly with local county jails, while larger counties have their own healthcare services. Michael Bien, a Bay Area attorney, found while suing CFMG in Monterey County, that the private company utilizes a profit motive in their care, which affects the amount of staffing each facility

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<sup>11</sup> *Ibid*, 10

<sup>12</sup> Coll Steve. (2015). The Jail Health Care Crisis. *The New Yorker*. Retrieved on July 20, 2019.  
<https://www.newyorker.com/magazine/2019/03/04/the-jail-health-care-crisis?verso=true>.

has. The less medical and mental products the CFMG provides, the more profit they obtain. In the counties CFMG provides services, there are about two to three staff members for every 100 inmates. If a jail exceeds \$16,500 in medical expenses, then the jail must reimburse CFMG. The CFMG has been repeatedly been accused of utilizing cost-saving medical services rather than focusing attention on suicide reduction and detoxification.<sup>13</sup>

As of 2018, 90% of county jails use private healthcare providers, since private companies can provide combined services of medical, mental, and dental health services, which are proven to be more cost effective. Medical staffing is the largest cost of correctional health and understaffing can critically affect an individual's ability to receive care in the time that they need treatment. Screening during booking is the most important step of the process, since many that are in-custody do not have health insurance and screening might be the first time they are receiving medical attention from a clinician. Failure to be properly screened, leaves untreated and undiagnosed diseases, mental health issues, and other medical problems to worsen while in jail and once released.<sup>14</sup>

From these historical and institutional elements in establishing correctional healthcare, we see that the criminal justice system lacks in understanding that the incarcerated have the right to good health. The system appears heavily profit driven rather than needs based directly impacting the quality of treatment the incarcerated receive. In looking at correctional healthcare in a private lens, we often fail to include them in public health conversations.

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<sup>13</sup> Branan, Brad. (2015). California for profit company faces allegations of inadequate inmate care. *The Sacramento Bee*. Retrieved on December 07, 2019.  
<https://www.sacbee.com/news/investigations/the-public-eye/article7249637.html>.

<sup>14</sup> The Pew Charitable Trusts. (2018). *Jail: Inadvertent Health Care Providers: How county correctional facilities are playing a role in the safety net*. Retrieved December 09, 2019.  
[https://www.pewtrusts.org/-/media/assets/2018/01/sfh\\_jails\\_inadvertent\\_health\\_care\\_providers.pdf](https://www.pewtrusts.org/-/media/assets/2018/01/sfh_jails_inadvertent_health_care_providers.pdf).

## Correctional Health as a Public Health Issue

The incarcerated is not considered part of the public and therefore healthcare does not extend extensively to jails and prisons. In the general population, there are government funded healthcare options for individuals. Currently, there are a variety of campaigns that are promoting Medicare-for-all that guarantees universal, cost-free healthcare for U.S. residents. This campaign however, leaves out the 2.2 million people that are incarcerated in the United States. The Social Security Act of 1935 states that federal dollars cannot be used for healthcare or other services for people that are in local jails and state prisons. Once an individual is in-custody, 19 states terminate their health insurance with Medicare, while 31 states suspend their health insurance, requiring incarcerated people to reapply for Medicare. Many individuals do not qualify for health insurance due to their criminal record. Prescriptions given to individuals while in jail are discontinued after release from custody and the interruption in treatment often exacerbates chronic conditions, mental health issues, and relapses in addictions.<sup>15</sup>

The inmate exclusion policy often leaves medical and mental health issues untreated and also diminishes the quality of care, since correctional health is not required to meet the standards of the Centers for Medicare and Medicaid Services. 20% of corrections funding goes into healthcare services. If Medicare-for-all were to expand to jails and prisons, there could be more funding for preventative care, higher quality care, and there would not be any copayment in the facilities, since the federal government can reimburse local and state jails for healthcare costs, as

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<sup>15</sup> Vasan, Ashwin. (2019). Medicare-for-All Is Missing a Vital Group: The Incarcerated. *The Marshall Project*. Retrieved December 09, 2019.  
<https://www.themarshallproject.org/2019/03/21/medicare-for-all-is-missing-a-vital-group-the-incarcerated>.

they do for Medicare and Medicaid. The H.R. 4005 Medicaid Reentry Act passed in the House in 2018, allowing Medicaid to reactivate 30 days before an individual is released from jail.<sup>16</sup>

Due to the number of opiate and drug offenses, many staff in the Santa Cruz County jails, as well as some in the community, believe that the county jail can be a place for addiction treatment. However, correctional facilities are not supportive or healthy settings to treat a variety of health conditions, such as drug and alcohol addiction, HIV, Hepatitis, and physical injuries and infections. Correctional facilities are not built as hospitals. The lack of knowledge about correctional facilities and the criminal justice system, leads people to believe that jails and prisons are appropriate places for people to rehabilitate and heal from injuries in mental and physical health.<sup>17</sup>

Many states have laws that allow family members, healthcare providers, or police officers to ask courts to send someone who has not been convicted of any crime to be detained for addiction treatment in either jails or prisons. Judges can nullify clinician recommendations for treatment and send people to jails and prisons to detox. There are medicines that are proven to be effective in treating opiate addiction however, many prisons and jails do not carry naloxone, causing severe and often fatal opiate withdrawal. Coerced treatment does not help individuals with long-term substance abuse and has led to more overdoses post-release from jail. In order for effective substance abuse rehabilitation, individuals must be placed in appropriate environments

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<sup>16</sup> *Ibid*, 15

<sup>17</sup> Betelsky, Leo and Tomasini-Joshi, Denise. (2019). "Treatment Facilities Aren't What You Think They Are." *The New York Times*. Retrieved November 12, 2019. (<https://www.nytimes.com/2019/09/03/opinion/opioid-jails-treatment-facilities.html?smid=nytcore-ios-share>).

where their mental health is not aggravated through correctional officers tormenting them or solitary confinement.<sup>18</sup>

The World Health Organization suggests that voluntary treatment is more effective. Policymakers and the World Health Organization suggest more safe injection facilities, where individuals can safely have access to medicines like buprenorphine and methadone, under medical supervision and without threat for arrest. Betelsky and Tomasini-Joshi suggest that there needs to be a shift in cultural dynamics around addiction treatment. Encouraging people to be more proactive in their own care produces more impactful treatment in supporting individuals to take control over their lives. Harm-reduction programs are successful in treatment and reduce stigma towards addiction. Involuntary treatment negatively impacts the efforts to reduce overdose in the United States and violates an individual's civil rights. Renaming jails “treatment facilities” still makes them carceral institutions, since they often do not provide adequate services for treating addiction.<sup>19</sup>

This scholarship demonstrates how the incarcerated are often not included in public health and social rights conversations. Often the incarcerated do not have a say in their own treatment or are denied access to medical resources due to the stigmatization of mental health, addiction, and incarceration itself. This literature brings attention to a vulnerable population the importance of implementing public health practices for the incarcerated to have the opportunity to achieve good health.

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<sup>18</sup> *Ibid*, 17

<sup>19</sup> *Ibid*, 17

## Gender and Health in Correctional Settings

Incarcerated women comprise of a vulnerable population directly impacted through their experiences within jails and prisons. These institutions cycle the incarcerated throughout the criminal justice system and the prison system. Many that are incarcerated are targeted by law enforcement as a result of stereotypic thinking about people of color, low income individuals and communities, and mental health, specifically substance abuse and opiate addictions.<sup>20</sup> Within jails, females are a vulnerable population that receive a different level of treatment and care by correctional staff, in which female specific needs are not addressed.<sup>21</sup>

Between 2002 and 2003, a study was done to examine the reproductive health needs and the risk for STDs among 484 incarcerated women at the Rhode Island Adult Correctional Institute (ACI). Out of the women sampled, 54% of women do not have health insurance, 52% reported substance abuse, and 40% reported a history of childhood sexual abuse. 84% of women were sexually active three months before incarceration and 33% of women had a history of sex work. Of the sample, 83% of women had a history of pregnancy. Out of the pregnant women, about 80% of women had unplanned pregnancies and about 35% reported abortion in their past. About 70% of women were not using or were inconsistently using birth control.<sup>22</sup> Once released,

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<sup>20</sup> Alexander, Michelle (2010). "Mass Incarceration in the Age of Colorblindness." *New York: New Press*. Retrieved March 20, 2020.

<sup>21</sup> McCoy, Terrence. (2016). Life Lessons from a small town undertaker as white women die younger in America. *The Washington Post*. Retrieved on March 20, 2020. [https://www.washingtonpost.com/national/life-lessons-from-a-small-town-undertaker-as-white-women-die-younger-in-america/2016/08/20/a1e64d76-60b6-11e6-af8e-54aa2e849447\\_story.html](https://www.washingtonpost.com/national/life-lessons-from-a-small-town-undertaker-as-white-women-die-younger-in-america/2016/08/20/a1e64d76-60b6-11e6-af8e-54aa2e849447_story.html)

<sup>22</sup> Clarke, J. G., Hebert, M. R., Rosengard, C., Rose, J. S., & al, e. (2006). Reproductive health care and family planning needs among incarcerated women. *American Journal of Public Health*, 96(5), 834-9. Retrieved December 05, 2019. <https://search.proquest.com/docview/215085672?accountid=14523>

most women are looking for food, shelter, and employment, affecting their ability to focus on their reproductive health.<sup>23</sup>

Seven percent of women make up the national detained population and the number of women facing incarceration is rising by 50% since 1980. Incarcerated women experience STIs, alcohol and drug abuse, and mental illness at a higher rate than incarcerated men. Pregnant women should receive appropriate OB/GYN care that caters to all of their reproductive needs and upholds their reproductive rights. There are large disparities in treatment for women that are pregnant and have STIs, in which family planning services need to be implemented within correctional facilities. Jails should alter their healthcare services to preventative care during intake. Correctional healthcare should work with women's advocacy groups to attend to all aspects of women's health prior to entry, during jail time, and after release. If gynecological care in jails partners with public health and community agencies, women can be supported in and out of jail. Also, jail health care can act as a model to influence incarcerated women in practices to maintain their own health.<sup>24</sup>

Women's unique health issues are generally unaddressed within a correctional setting. Females have more health needs than men in pregnancy, STDs, emotional and sexual abuse, and overall gynecological health. Due to prevalent substance abuse, violence exposure, malnutrition, and lack of access to medical care outside of jail, almost all pregnancies in jail are high-risk pregnancies, needing constant medical attention to ensure the safety of the child and the mother. To address the specific needs of incarcerated women, jails and prisons should use booking and

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<sup>23</sup> *Ibid*, 19

<sup>24</sup> Ghidi, L., Ramos, S.Z., Brosseau, C., Clarke, J.G. (2018). Prison: Pipeline to Women's Preventative Health. *Rhode Island Medical Journal*. Retrieved on August 12, 2019.

intake to determine the healthcare needs of each woman. Correctional facilities should also have clinics and medical services that are gender specific, that follow appropriate clinical practices for pregnant women and reproductive health issues. Jails and prisons should also provide family planning counseling to provide education and resources for pregnancy, newborns, contraception, and overall healthcare.<sup>25</sup>

Most women incarcerated are of reproductive age, in which they have specific health needs for pregnancy, menstruation, and sexually transmitted infections. A majority of women incarcerated come from socially, economically, and environmentally inopportune places experiencing various health issues, such as substance abuse or untreated infections and illnesses. About 6-10% of women are pregnant in jails and prisons. Women have the right to abortion when incarcerated, however the ability to get an abortion while in jail is difficult based on the individual institution and their resources and policies. Jails and prison facilities do not require accreditation by any medical organization. Many correctional facilities have private companies running their health services, which provide some accreditation that is voluntary. Treatment for incarcerated females should be under the same standards as care for females in the general population. Jails and prisons should also provide more preventative care for STIs, providing immunization, contraception services, and screening and treatment for mental and physical health needs.<sup>26</sup>

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<sup>25</sup> Buell, Maureen. (2010). Jail Tip #6: Assess Women's Healthcare Needs. *National Resource Center on Justice Involved Women*. Retrieved on September 21, 2019.  
<https://cjinvolvedwomen.org/wp-content/uploads/2016/03/Jail-Tip-Sheet-6.pdf>.

<sup>26</sup> Women's Health Care Physicians: Committee Opinion on Health Care for Underserved Women. 2012. *Reproductive Health Care for Incarcerated Women and Adolescent Females*. Retrieved on December 01, 2019.  
<https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/c0535.pdf?dmc=1&ts=20191205T2330343668>

Women experience a different level of treatment in the Santa Cruz County Main Jail and Blaine Street Facility than men in the Main Jail and Rountree Facility. Men have a mental health unit in the Main Jail, observation “O” unit, for individuals with mental illness. There is no mental health unit for women in the Main Jail. Women with mental illnesses are pushed back and forth between the G and H unit. Women who appear to have mental illnesses and at times have issues with other women are put in a restricted cell (RTC). Many women reported being ignored for medical care and they are not given the medications they need. Pregnant women are not placed in separate housing, unless they are at “high-risk,” their pregnancy affects the safety of the mother and the child, then they are placed in the O-unit. Pregnant women in the O-unit have a medical staff check on them every 30 minutes, they are given extra milk, and an extra snack between lunch and dinner, only if a nurse remembers to bring them their snack.<sup>27</sup>

A large portion of women entering jail have endured trauma, and while in jail, they can experience more trauma or their past trauma can be triggered. During searching and restraint at booking and being in the confined quarters of the jail, with little to no privacy, often patrolled by male correctional officers, a female’s trauma can be triggered. Suicide rates in the jails are four times higher than the general population. When released from jail, many women are experiencing high amounts of distress from their experiences in jail, and the lack of resources after release and the interruptions of medication in jail, generate more mental health issues.<sup>28</sup>

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<sup>27</sup> Greene, Susan. (2017). *Gender Matters: A Profile of Women in Santa Cruz County Jail*. University of California, Santa Cruz Psychology Department. Retrieved December 06, 2019. [http://www.sccwc.org/Portals/17/Gender%20Matters\\_%20A%20Profile%20of%20Women%20in%20SCC%20Jail\\_March%202017.pdf](http://www.sccwc.org/Portals/17/Gender%20Matters_%20A%20Profile%20of%20Women%20in%20SCC%20Jail_March%202017.pdf).

<sup>28</sup> *Ibid*, 24

Another population, that is not discussed at all in the Santa Cruz County Jails or in correctional settings across the nation, but should be addressed and accommodated for, are transgender, transsexual, and non-binary individuals that are incarcerated. A quarter of transgender individuals are denied healthcare and medication during imprisonment. A 2018 study examined the gaps in transgender healthcare based on the experiences of transgender individuals of the Southern U.S jail system by interviewing ten individuals who identify as transgender women of color. An interview participant expressed the abuse in the jail, experiencing a lot of harassment from medical providers, and was denied hormone treatment. There is a lot of judgment, harassment, and isolation when asking for medication for hormone therapy. Disturbing hormone treatment can cause serious health side effects, such as hot flashes and psychological and physiological distress from changes in the body.<sup>29</sup>

Policy changes are required to recognize hormone treatment as a part of healthcare and that extends to correctional healthcare as well. Consistent hormone treatment is not only necessary for avoiding health issues as a result of withdrawal, but also important for transgender individuals to “connect between their self-identified gender and their external gender presentation.” Without this care, an individual can experience negative mental health outcomes. Training medical and health staff within jails and prisons should include care specifically for transgender individuals. Transgender women face a lot of challenges and barriers within the Southern U.S. jails and therefore policy and reform are needed to meet the needs that are currently unmet.<sup>30</sup>

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<sup>29</sup> McCauley, E., Eckstrand, K., Desta, B., Bouvier, B., Brockmann, B., & Brinkley-Rubinstein, L. (2018). Exploring healthcare experiences for incarcerated individuals who identify as transgender in a southern jail. *Transgender Health*, 3(1), 34-41. Retrieved July 20, 2019. doi:<http://dx.doi.org.oa.ucsc.edu/10.1089/trgh.2017.0046>

<sup>30</sup> *Ibid*, 27

As mentioned earlier, a paradoxical relationship exists between punishment and treatment in correctional facilities. Such a relationship I will argue, recreates and reproduces health disparities in society. I will discuss how the focus on profit directly impacts the process to get medical care and the interactions the incarcerated have with health personnel. I will focus on how healthcare services are impacting the health of the incarcerated and their right to achieve good health.

### **Methods**

To examine the experiences with healthcare in the Santa Cruz County Jails, Roxy Davis conducted 13 interviews with eight formerly incarcerated men and four formerly incarcerated women. One interview was done with a healthcare provider that offered health services to the incarcerated community. In the summer of 2018, Davis interviewed participants that have been incarcerated in 2010 and onward. Participants must have been incarcerated in one of the three Santa Cruz County correctional facilities. Interviewees were made aware that interviews will be recorded and transcribed. Participants were asked to refrain from saying any names, if they were said then they were erased from the transcription. Interviews were conducted to give voice to those that were incarcerated in Santa Cruz County and underwent the healthcare services and to understand the primary, firsthand encounters with healthcare.

Participants were asked a series of questions about their specific health needs. These responses were compared to responses of the Santa Cruz jail staff to the same questions. Participants answered survey questions about ongoing medical and mental health conditions, their ability to access medications, mental health services, and offsite doctors, how the healthcare services affected them overall, accessing hygiene and diet resources, and any observations they

have of others utilizing healthcare services. They were asked to share any other experiences.

Pseudonyms were used to describe participant experiences.

## **Data**

### Health Outcomes from the California Forensic Medical Group

As mentioned previously, the 2011 Public Safety Realignment Act (AB 109) transferred the burden of care from County medical services statewide to CFMG. This has since created new challenges, such as a larger incarcerated population and funding cuts for mental health services within correctional facilities. Since 2011, people convicted of low level crimes and drug offenses were remanded to the Main Jail instead of prison. Consequently, this resulted in the overcrowding of the Main Jail.<sup>31</sup> The Santa Cruz County Health Services Agency, provides mental health counseling and psychiatric services. CFMG limits the range of health services provided. Participants voiced that working through a for profit provider, “nurses and officers try to spend the least amount of money on each person.” The limited treatment options available to the incarcerated that do exist in hospitals make effective treatment difficult. People are only sent to an outside doctor if their life is in danger. Jack had a heart ablation procedure two weeks prior to his arrest.

While in the Main Jail, he had heart complications.

My heart would get, you know, and they barely pump enough oxygen in there for you to breathe. So I always felt like I was having, you know, uh, panic attacks, and so I pushed the button, and they, you know, they found out that I actually did have the ablation, they had to take me to, um, Dominican Hospital. It was three times. The doctor would go in there and treat you like a criminal. No pain medication or nothing, just oh he’s fine, just send him back to jail, and then I actually overheard the doctors saying that this was

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<sup>31</sup> Santa Cruz County Grand Jury. (2014). *Five Deaths in Santa Cruz: An Investigation of In-Custody Deaths*. Retrieved on October 14, 2019.

costing the city too much money, like every time I was gone, was costing them five thousand dollars.

With funding cuts to mental health services, people receive limited medication and inconsistent therapy. Participants said they had no say in their treatment plan. “They give you what they have.” The staff only gives out medications and allows patients to use inhalers for asthma during one of the three times a day. During the one to three times a day treatment rounds. The Sheriff-Coroner oversees the medical services and signs off on decisions for housing placement.

However, the Sheriff-Coroner does not have an appropriate medical understanding to confirm that CFMG is providing appropriate care that is good for the patient and that complies with Title 15 and CMA-IMQ. The way in which the Sheriff-Coroner prioritizes finances is seen in the way the jail treats dental health. Inside of the Main Jail and jails across the country, dentists only pull teeth out. Teeth removal costs less than \$200 when restorative dental work costs thousands of dollars. Those with methamphetamine addictions suffer from severe oral health issues. Many of them lose their teeth, need root canals and suffer from oral infections.<sup>32</sup> Several participants described the insufficient dental care they received that hurt their teeth rather than helped their oral health.

Greg experienced inadequate dental care from the Main Jail,

I put a slip in and talk to the nurse. The nurse put me on the dental, um, on the dental list, which is every Friday. I went down there and talked to the dentist. He looked in my mouth. He's all, yeah, I can't do anything. I could toy out the, I can pull out those teeth, but I can't do the root canal. I said, I'm thinking, I'm going to see my outside dentist, if

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<sup>32</sup> Eldridge, Elizabeth Taylor. (2018). Another Hurdle for Former Inmates: Their Teeth. *The Marshall Project*. Retrieved December 01, 2019.  
<https://www.themarshallproject.org/2018/06/28/another-hurdle-for-former-inmates-their-teeth>.

you can't treat me. He said, you do need medical attention that I can't provide for you. So I said, make me a referral to go to my outside dentist cause I have a dental plan with family dental in Watsonville. I gave him all the information and then he didn't do it. And so then I had to come back two weeks later and do it again. And then he still didn't do it and I had to come back again. Um, and I did it again and then he finally made it. Meanwhile, he was, he had to do a whole other exam cause he, they lost my x-rays that they took from the me and the first time.

In 2016, the Santa Cruz County Grand Jury found a lack of clear organization in the communication and delivery of health services between the Sheriff-Coroner and CFMG staff. The Grand Jury found inconsistencies in the sharing of reports by both nurses and officers concerning incarcerated health statuses.<sup>33</sup> The Sheriff stated that strained finances affected the effectiveness of healthcare delivery. In order to save money, the Sheriff's Office prioritized onsite services to offset the cost of transporting incarcerated individuals to off-site medical facilities.<sup>34</sup>

With these policies and procedures centered around finances, participants expressed that their health needs are “shrugged off” and that officers tend to get annoyed by people constantly requesting services. Officers, being the punisher and being part of the line in the process to get treatment, often do not send medical requests over to health personnel.

To this point Greg said,

And then they finally made the request for me to go to outside dentists. Then it had to go through a process of, I was talking to this to the, um, um, supervision side of, of it, and they were telling me that, um, they had to get this person to approve it. At one point they

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<sup>33</sup> Santa Cruz County Grand Jury. (2016). *Medical Services at the Jail: How Does the Sheriff-Coroner Manage Oversight?* Retrieved October 14, 2019.

[http://www.co.santa-cruz.ca.us/Portals/0/County/GrandJury/GJ2015\\_final/MedicalServicesattheJails.pdf](http://www.co.santa-cruz.ca.us/Portals/0/County/GrandJury/GJ2015_final/MedicalServicesattheJails.pdf).

<sup>34</sup> Santa Cruz County Sheriff-Coroner. (2013). *Annual Report: Corrections Bureau, Medical Services 7.5 (22)*. Retrieved December 01, 2019.

[http://scsheriff.com/Portals/1/County/sheriff/SCSD\\_Report\\_2013.pdf](http://scsheriff.com/Portals/1/County/sheriff/SCSD_Report_2013.pdf).

lost, they got, they requested my medical records from my dentist when they lost them and then they found them. Meanwhile, my medical turned off in March and then, um, my mom got me a discount dental thing and so then she ended up having to pay for it. Um, and then they took them until August 16th, August 15th [to see a dentist] and then, yeah. And then my teeth disintegrated. Now. They're no good now. The ones that I know that they could've saved, they're not even, they're just stubs in my mouth.

The Main Jail is reluctant to take individuals to outside doctors to save money, which cost more damage to Greg's teeth. With these policies and procedures centered around finances, participants expressed that their health needs are "shrugged off" and that officers tend to get annoyed by people constantly requesting services. Officers as enforcers and caregivers often do not send medical requests over to health personnel. Officers have a dual, if not contradictory role that may explain why medical requests often do not get sent to health personnel.

Sarah also experienced a bad toothache while in the Main Jail. After putting in a number of blue slips, she saw a dentist a month later. The dentist was going to pull out two teeth. Before the procedure, a numbing agent was applied to Sarah's teeth, but the gel did not numb her teeth. Sarah described the experience to be like,

They're digging and drilling, and I didn't think it was gonna be that big of an ordeal, and the officer is like, uh hold it together, now, you're really fucking, you know, not doing good. And I thought I was doing really good! [laughs]. 'Cause I wasn't crying, I wasn't wailing or anything, but what would happen is, every so often, when he's drilling so hard and everything and I just, the pain was too much, I'd be like, I'd make a s-, a sound. I'd be like, ooh. The dentist finally said to me, you know I need you to stop making that noise because it's really starting to annoy me

A couple weeks later, the stitches the dentist put in Sarah's mouth began to hurt. When she was able to see the dentist again two to three weeks after that, the dentist did nothing and just said that her gums are swollen and the pain will go away. Later, did Sarah find out that one instead of two teeth should have been pulled out and the swelling was an infection. The quality of treatment

was poor, she lost a good tooth, and her dental health was punished. Participants said they have witnessed others receive maltreatment and have their health worsened due to the limited health services available in the jail. People have described the health services to be the “bare minimum,” that the staff is looking to “punish your health.” The medical and mental health methods are to avoid crisis and death, by either placing individuals that are suicidal or have disciplinary issues in solitary confinement or only providing emergency services if an individual is nearly dying.

Greg and Sarah expressed how they had to advocate for themselves to see a therapist, to get medication, and to get a medical appointment. Patients are often not taken seriously by medical staff. Treatment is said to be quick. A lot of times, medical staff rejects their medical requests because the staff is unable to help their specific needs. According to participant observation, medical staff appears overworked and understaffed. A majority of staff must take on several patients at a time.

*Indeed*, a job listing site that allows for feedback on positions posted. Former nurses and licensed medical practitioners that worked for the CFMG in Santa Cruz County described working for this private company as having a “toxic environment and extremely understaffed.” Another former employee said, there is “low pay, managers offer little to no help, and they change your schedule with short notice and no say.” The reviews also mentioned that the “medical staff is terrible, and that [the CFMG] is a miserable company to work for.” In addition, one reviewer said that the CFMG also changes “new managers frequently.”<sup>35</sup> The Grand Jury had noted in their investigations, that there is constant disorganization between medical staff and

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<sup>35</sup> Indeed. 2018-2019. Correctional Medical Group Companies Employee Reviews in Santa Cruz, CA. Retrieved on March 17, 2020. <https://www.indeed.com/cmp/Correctional-Medical-Group-Companies/reviews>

the Sheriff-Coroner's office of correctional officers. The staff is inconsistent in communicating the health conditions of their patients and transferring proper reports and records, often leading to mistreatment and health emergencies.<sup>36</sup>

According to the Pew Charitable Trusts, medical staffing constitutes the largest cost in county jails that use private medical groups. Therefore, health personnel in jails are always understaffed with overworked employees. Sheriff-Coroners make executive healthcare decisions in 11% of county jails nationwide when they do not have the education or medical background to do so. The lack of staff and insufficient medical practices negatively impacts the health of their patients.<sup>37</sup>

#### Long Waits and Medication Withdrawal

Upon entering the Santa Cruz Main Jail, medical screening includes tuberculosis tests and blood pressure tests. During the booking process and once housed, there is no point in which a staff member describes how to get medical care in the jail. Nobody receives an orientation on the policies and procedures of the jail and how to access health and hygiene resources. Many jails and prisons across the nation do not do a full medical screening. Individuals arrested are able to opt-out of screening. Also, most correctional facilities in the US do not do a full panel for sicknesses, chronic conditions, and suicidal thoughts and mental health.<sup>38</sup> Within Santa Cruz,

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<sup>36</sup> *Ibid*, 10

<sup>37</sup> The Pew Charitable Trusts. (2018). *Jail: Inadvertent Health Care Providers: How county correctional facilities are playing a role in the safety net*. Retrieved December 09, 2019. [https://www.pewtrusts.org/-/media/assets/2018/01/sfh\\_jails\\_inadvertent\\_health\\_care\\_providers.pdf](https://www.pewtrusts.org/-/media/assets/2018/01/sfh_jails_inadvertent_health_care_providers.pdf).

<sup>38</sup> Dumont, Dora M,P.H.D., M.P.H., Gjelsvik, A., P.H.D., Redmond, Nicole, MD,P.H.D., M.P.H., & Rich, Josiah D,M.D., M.P.H. (2013). Jails as Public Health Partners Incarceration and Disparities among Medically Underserved Men. *International Journal of Men's Health*, 12(3), 213-227. doi:<http://dx.doi.org/oca.ucsc.edu/10.3149/jmh.1203.213>

individuals are housed either in the G unit for the general population or the O unit, the observation unit, for individuals that have a mental illness or are on suicide watch. Individuals do not have a say in which unit they are placed in. Interviewees described being unaware of the jail policies and procedures. Participants expressed that they had to ask other people housed in the jail as to how to get medications and see a doctor. John said, “You fill out this form and just hand it off and then, sometimes you hear nothing back, or not even a follow up, or not even a, oh you filled out the wrong form, or anything, it just goes into a black hole and a week later you’re like, well okay, I’ll try it again.”

To see a medical nurse there is a blue request slip and for mental health services, there is a green request slip. On the slip, it reads that the medical staff will respond to requests within 24 hours. However, individuals have to put in requests three to five times to get a response. Derek said, the slip goes to a correctional officer first, “who puts it on his desk, and then, you know, maybe he’s irritable with the fact that I put in too many, or maybe he’s just not very responsible with his paperwork, but somehow they weren’t finding their way to the medical office. So all my requests were not even getting seen.” The fact that medical requests are seen by correctional officers before nurses or medical staff, the punisher that incarcerates is prescribing the level of care and treatment an individual receives. This idea aligns with Shalev’s analysis of correctional healthcare, that the incarcerator is the caregiver, which creates a conflicting dynamic of security over treatment. The punisher, being the correctional officer, enables treatment to the incarcerated and in some cases, the punisher does not allow access to medical staff.<sup>39</sup>

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<sup>39</sup> Shalev, N., M.D. (2009). From public to private care: The historical trajectory of medical services in a new york city jail. *American Journal of Public Health*, 99(6), 988-95. Retrieved August 17, 2019.  
<https://search-proquest-com.oca.ucsc.edu/docview/215086333?accountid=14523>

John, who was on Klonopin and Xanax prior to arrest, went 10-12 days without his medication. In John's case and several other cases, he went through a medication withdrawal. The withdrawal symptoms from Klonopin and Xanax include seizures, suicidal thoughts, and anxiety and depression. He had difficulty participating in his defense as a result of his mental fog. The lack of his antidepressants put him in a "funk" in which he was in bed all day and he did not care about his court date that was coming up. No officer or nurse ever came to check up on him when he was sleeping all day. All except one participant received their medication after two to four weeks of being in jail. All participants except two said that they had to put in about two to four requests every week to finally be heard 10-12 days later. The one participant that got her medical request heard within two days indicated that it was very much a miracle.

#### Issues with Staff and Receiving Care

Correctional institutions hold individuals with the most complex health issues, such as drug dependency, Hepatitis, HIV, chronic conditions, and mental health issues, yet they are the least reliable places for achieving good health.<sup>40</sup> The medical staff and resources available in the Santa Cruz jails is very minimal. Participants described that when they finally receive care, the nurses try to figure out "what is wrong with [the individual] and how they can cover [the condition] up. Participants interviewed received services from the Santa Cruz Health Services Agency or from the California Forensic Medical Group and reported no differences between the two healthcare providers. They expressed that the jail staff runs on the policy of "just don't try to give [treatment] to [those requesting care]."

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<sup>40</sup> Macmadu, A., & Rich, J. D. (2015). Correctional health is community health. *Issues in Science and Technology*, 32(1), 26-36. Retrieved November 18, 2019.  
<https://search.proquest.com/docview/1774763701?accountid=14523>.

When John finally received attention from a medical nurse and acquired his prescribed medication, they did not have the brand of medication he was taking prior to arrest.

He noted that

They'd be different actual pills, and they would say, oh we're out of that so we're giving you 'blank'. There was no way to verify if what they were giving you was what they were saying they were giving you, I mean I just trusted that they were. But the thing that was disturbing to me is when they'd be different colored pills in my little thing, and they'd go okay, we're giving you 2.5 milligrams instead of a 10 milligrams, but they would look so different.

Similarly, Derek came into the Main Jail with severe burns along his arms. Prior to arrest, he had surgery and stitches. While Derek was in jail, he still dealt with inflamed, peeling, and itchy skin. He asked for basic painkillers for the pain and lidocaine gel for his burns. He went through "a battle getting his basic needs met," taking two weeks to get his requests forms seen. Once a request form is seen, participants expressed that their requests were not taken seriously. For Derek, the first and second interaction with the nurse was unhelpful, they "treated [his] graft surgery like poison oak." He fought for six months to get medical attention for his burns and get the lidocaine gel. Once he finally met with a nurse, the nurse told him to "just deal with it because he is going to be in pain for the rest of his life." When Derek finally got his request heard for lidocaine gel, the nurses gave him the gel diluted with lotion that had alcohol in it, which was not good for his skin. They also gave him a little dixie cup amount of the gel and he was expected to make that little amount last for two to three weeks.

To further illustrate the problem of staff incompetence, Samuel was housed in the O-unit for bipolar depression. While he was in the O-unit, he made a scarf for himself to keep him warm

and to block the light that is on for 24 hours a day. The correctional officers thought he was suicidal and was trying to kill himself.

Samuel said,

I even told them when they opened up the cell with many officers there that I'm not suicidal, I don't plan on hurting myself. They had refused to believe that and stripped me down naked and stuck me naked in a restraint chair. I was locked there for an hour, which is very short compared to a lot of people.

Once correctional officers believed that Samuel was not having suicidal thoughts, they released him from the restraint chair and put in back in the suicide watch safety cell within the O-unit, still in isolation.

A majority of participants who were not addicted to drugs did not receive appropriate attention unless they put themselves in an emergency situation. The staff assumes that incarcerated individuals are drug dependent and detoxing from opiates and are prone, therefore to lying in order to access medication. Drug treatment is a large portion of correctional healthcare. However, minimal drug treatment is offered due to the costs of Medication-Assisted Therapy (MAT), using methadone and buprenorphine for opiate withdrawal. MAT is proven to be the most effective treatment, in collaboration with different therapy services for opioid addictions. Medical education is absent within a correctional setting, since addiction and mental illness is criminalized.<sup>41</sup>

Several of the participants interviewed expressed that methadone is only given to those that were taking the medication prior to jail otherwise, detox medication is rare to impossible to obtain. Some participants said that detoxing in the Main Jail is done "cold turkey". When someone is detoxing or on suicide watch, they are placed in the Observation (O) unit. The Grand

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<sup>41</sup> *Ibid*, 3

Jury has found that, at times, the Sheriff's Office, utilizes and refers to the Observation unit as an infirmary, since those in need of medical care are placed in this unit. However, the O-unit is not properly equipped to be referred to as an infirmary and has led to dangerous circumstances for the incarcerated.<sup>42</sup>

### Detoxing in the Santa Cruz County Jails

Participants explained that medical staff and officers try to stop the problem rather than treat or prevent the issue. Many participants said that part of their punishment is having their health suffer. The long waits, the attitude from officers and medical staff, and the inadequate treatment and resources available, all make achieving good health extremely difficult. In addiction treatment in general, the Santa Cruz County Jails use the cold turkey method or as some participants have described, "you have to be dying to get [the officer and medical staff's] attention." Interviewees also discussed how they are not taken seriously and punished due to the assumption that everyone in jail only wants drugs, making overcoming the addiction feel impossible. There are medicines that are proven to be effective in treating opiate addiction however, many prisons and jails do not carry naloxone, causing severe and often fatal opiate withdrawal. Harm-reduction programs are successful in treatment and reduce stigma towards addiction.<sup>43</sup> Within the Santa Cruz County Jails, to get medication, even ibuprofen, participants had to go through several request forms and constantly ask the officers to see a medical nurse.

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<sup>42</sup> Santa Cruz County Grand Jury. (2016). *Another Death in our Jail*. Retrieved on October 14, 2019.

<sup>43</sup> Betelsky, Leo and Tomasini-Joshi, Denise. (2019). "Treatment Facilities Aren't What You Think They Are." *The New York Times*. Retrieved November 12, 2019. (<https://www.nytimes.com/2019/09/03/opinion/opioid-jails-treatment-facilities.html?smid=nytcore-ios-share>).

Many are also left with their health suffering, postponing immediate treatment needed causing worsening health conditions.

The ability to have good health and to obtain good health is punished. Participants talked about how they saw people detoxing in the corners of their cells, vomiting, sweating, and in pain and correctional officers would ignore them. One participant, in order to get attention from the medical staff and officers, she wrote on her blue slip that she would kill herself if she did not receive the medications she needed.

In 2016, the fifth and final death occurred in the Main Jail, as a result of poor detox treatment. The Main Jail did not meet the standards for the Chemically Dependent Inmate Policy in following detoxification policies and did not transfer individuals to hospitals for those in critical condition.<sup>44</sup> Participants said that after the deaths that occurred in the jail, officers started to give Gatorade every hour instead of one glass a day. Officers now also come in every hour during the night while everyone is sleeping and shine a flashlight on everyone to make sure everyone is still breathing. Nurses also check the vital signs of those that are severely detoxing every hour. These practices avoid death, but do not directly treat the addiction or physical and mental symptoms from withdrawal.

Sasha arrived in the O-unit in the Main Jail detoxing from heroin. Participants said detoxing from opiates and other drugs have several symptoms, such as dehydration, body pain, seizures, and depression. Sasha was given no support in detoxing. She was hunched over for two to three days with pain in the right side of her pelvis. She had requested medication and to see a doctor earlier, but that request was not granted, so she had given up. When she fell on the floor in

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<sup>44</sup> Santa Cruz County Grand Jury. (2016). *Another Death in our Jail*. Retrieved on October 14, 2019.

pain and dehydrated, another female in the jail had to press the emergency button for her. A nurse and an officer came in and they saw her lying on the floor in pain. The officer and nurse then brought in an attorney who questioned Sasha if she was on drugs, if she was going to overdose, and if she had inserted drugs up inside of her body. After a while of witnessing Sasha in pain, the officer and nurse decided to take Sasha to the Dominican Hospital. After several X-rays, they found she had a pelvic infection. She was given medication and stayed the night at the hospital and then was brought back to the O-unit immediately after. Sasha remained hunched over in pain for several days before receiving attention from an officer. Sasha had to be in a near to fatal health state to get attention from an officer or medical personnel. Care for detox in the Main Jail appears to emphasize itself during emergency situations. We can see in Sasha's case, officers and medical staff did not respond to her health needs until she was in need of emergency services, establishing the level of treatment the incarcerated receive.

### Level of Care

The level of treatment is also dependent on the facility one is in and the level of crime. Individuals are placed in either Main Jail or Rountree/Blaine depending on their crime level and if they have detoxed from substances. Participants who have been in both Main Jail and Rountree or Blaine Street, discussed a different level of treatment in the medium and minimum security facilities.

At the Main Jail, Jason broke his finger playing basketball. Jason pressed the emergency button and the nurse came within 20 minutes. However, the nurse pressed his finger really hard and Jason passed out. The nurse then just gave him aspirin for the pain and then taped popsicle sticks around his finger. When Jason got transferred to Rountree he broke his foot during

physical activity. The medical staff and officers took Jason to a hospital, where they took X-rays, put a cast on his foot. He was then given a follow up a week later at the same outside hospital.

He expressed this level of care was not given in the Main Jail.

Often people are not given the time and proper treatment they need due to the stigma that being incarcerated holds. Sarah was trying to get a therapist for herself while she was in the Main Jail. She put in a few green slips and a week later a nurse and a doctor came in to see her and interviewed her. They started her on Zoloft and a sleeping aid and she got both medications that same day.

Sarah then said she

Kept waiting, and the doctor said he was going to come back and he wanted to work with me and see how I'm doing with [the Zoloft]. He said, yeah, next week we'll probably increase it a little bit, and then we'll check and see how it's going, but [the Zoloft] never increased and he never came to talk to me again, but at least I was getting that little bit everyday. Very unheard of to see a doctor and get medication that same day.

Sarah was left with false hope about consistent treatment. The doctor never kept track of her mental health and medical records. Other participants felt that inadequate treatment from doctors was another form of punishment. They expressed how the doctors they would see would often say things such as, "I can't help you" and "I can't do anything" and turn them away.

Whenever participants followed up with the medical staff or officers as to when their medications were coming in or if an appointment was going to be set up, the staff would respond with "it's in the works" and the staff often talked about how they thought whenever someone was requesting medication it was because they just wanted drugs. The attitude of the staff towards the incarcerated is to punish and to deny as many resources as possible.

Many participants faced a dead end in receiving medical care, not being heard or seen by staff causing them to give up. They said that the only way to get immediate medical attention is if someone is nearly dying or if they pose discipline behaviors to get attention from officers. Jack was requesting Clonazepam for his anxiety and depression. The break in his medication gave him severe anxiety, which overwhelmed him to be around others in the jail population. He told the correctional officer that he was “freaking out” being housed around others and wanted a therapist and his medication. As a result, the officers put him in isolation, “the hole,” or solitary confinement. While in the isolation cell, the lights were on for 24 hours and he would bang his head against the wall in hopes of speeding up the process to get Clonazepam. Two weeks later, he was given three milligrams of Clonazepam, which was not his full dosage and then he was put back in with the general population. The lack of consistent care by correctional and medical staff pose challenges for obtaining basic health needs and maintaining good health.

#### Maintaining Hygiene and Health

Achieving proper personal hygiene poses challenges within the three jail facilities. Once arrested and housed, people receive a kit with a little shampoo bottle, little toothpaste, and a washcloth with the expectation of purchasing more products from the commissary if needed. However, some people without money on their books cannot buy the necessary personal care products. When they do they must make these products last for weeks. Clothing, shirts, pants, and underwear are often shared between the men and the women. Although cleaning is done by those housed in the jail, some participants mentioned that they have witnessed many not cleaning their area or practicing poor hygiene.

Participants in the Main Jail underwent drug detoxification together in one large room, with 30-40 people. The lights are always kept on. There, they described seeing vomit and feces all over the floor and toilets. Officers would use the participant's bed sheets to clean up these bodily fluids. On the other hand, the Main Jail is dirty, cramped, and overcrowded. As discussed earlier, participants in the Main Jail

In medium security Rountree and minimum security Blaine, participants described somewhat better hygienic conditions from less overcrowding, more resources for cleaning, and overall better treatment from the staff. At Blaine there is a "real bed with a mattress and a pillow, they give you a sweatshirt, and they have a basket of fruit you can eat from whenever you like." Therefore the conditions just described affected the participants ability to achieve good health while incarcerated.

Obtaining proper nutrition also posed a difficult challenge. Michael was 250 pounds when he was arrested, and then during his time in jail, his weight dropped to 160 pounds. In the Main Jail, they provide limited meals, usually lacking in nutrition, in which people expressed feeling constantly hungry. Mealtimes within the Main Jail and Blaine and Rountree are, 5:00 AM breakfast, 11AM lunch, and 4:00PM dinner. Getting nutritional supplements, such as Ensure, is also a challenging request in the medical office.

People can buy more food in commissary, but if someone does not have money on their books and there is no one on the outside to put money on the books, then they are "out of luck." Jack has Crohn's Disease, and while he was in jail, he could not eat most of the food. The food is soy based and would make his stomach swell up and he would be in excruciating pain. When he asked the doctors to get a specific diet, he said they "just brushed it" and said, "well this is all we

have to eat, so just kind of deal with it.” Jack lived off of Cheerios, honey buns, and potato chips. The medical staff and correctional staff, apparently do not consider the wide range of health conditions that can come up. As this section illustrates, jails often hold a diverse range of medical populations with a wide spectrum of chronic conditions and illnesses. We will next explore how profit incentives make basic needs difficult to obtain.

### Women Experiences in Santa Cruz Correctional Health

In the four interviews with women, the women participants reported that their reproductive needs were unmet. They discussed the lack of dignified access to feminine products such as pads and tampons. When women participants requested pads, “[the staff] would literally throw you three pads.” At Blaine, “we had the *privilege* of tampons.” However, the three pads had to last the women for a couple weeks and so they had to ask others to share pads. Also, women are able to request ibuprofen if they are on their period, however “you’re lucky if they get [the ibuprofen] to you while you’re still on your period.”

Women participants said they feel like their women health needs are not even considered in the health services, they are often mistreated.

Sasha’s experience was,

At Blaine Street, and, the officer comes running out because we were smoking, you can’t smoke there. So, um, she says she saw some smoke coming up, uh, and so immediately she put us, she just threw us in a classroom, and made all of us, like, strip down to nothing. In front of like, everybody there, and, again I remember I was, that was probably the worst, like being on my period, and like OK, what do I do with this, like, am I, should I wear this pa-, sh-, and I would say like, hey this isn’t OK, like, I don’t know, this isn’t OK, and I, she didn’t care, she just was like, I already told you, like, you know, spread your cheeks, and stuff like that, and you’re on your frickin’ period, you’re like, are you serious? Like, full on strip search, you know? Because they’re looking for the lighter or whatever. And I was like, I don’t have it, you know? And, it was just embarrassing, even

though the, you know, you become friends with, with the girls that are in there, but still, it was so humiliating, you know, for me. I wasn't happy already with what my body looked like, you know, and then for this girl to tell me to, officer, to strip down, I'm on my period, and she's telling me to like, bend over and like frickin' cough, it was just like, just, hum-, I dunno, embarrassed. Embarrassing.

From Sasha's experience, we can see that correctional staff and medical staff often do not concern themselves with boundaries and triggers for women. Due to past trauma, women often felt uncomfortable and do not have as many mental health services and programs available to them as do men. When released from jail, many women continue to experience high levels of distress after their retraumatization while incarcerated. Treatment interruptions while in jail and the subsequent lack of resources after release, exacerbate longer standing mental health issues.<sup>45</sup> Within the Main Jail, there are male officers that circulate through the G and H unit where women are housed.

One healthcare provider, that is a reentry case manager that offers services to individuals with substance abuse that have been in the county jails, said "For instance, like they described to me, you know, getting strip searched randomly. Um, that to me sounds like the most retraumatizing event that someone could go through, especially since a lot of my clients have been victims of sexual assault. Um, so just details like that are traumatizing." Women in the Main Jail are often stripped and searched by male correctional officers, which can trigger past trauma. Mary at the time of her arrest was experiencing domestic violence trauma and confusion of her abdominal problems in which the care from healthcare providers were lacking in providing her with a diagnosis and treatment. Mary believed she was having an undiagnosed

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<sup>45</sup> *Ibid*, 14

“pseudopregnancy” since she appeared eight months pregnant. She had a complete hysterectomy prior to her arrest.

Mary wanted help figuring out why she looked pregnant,

They just kept telling me well you're not pregnant, well then what's going on, somebody explain it to me. And then I asked for a grievance form, and [the officer] said not, get back in your cell. She grabbed me by the arm, took me outside, I had my paperwork in my hand, and she threw me into this plate, this wall, window wall, three times, and uh, the next thing I know, three other guards are coming down, they took me to cell four and kept me there. I had to pop my wrist back into, by itself you? Um, but, all I wanted was a form you know? That kinda having domestic violence in my past, that just brought all that back to me. You know, so um, and who do you talk to, you know? So it's kinda hard to overcome that when you have, you know, that inside jail. I know I have no reproductive organs, I know this, you know, so um, but it would have been nice if while I was in there somebody would have taken the time to h-, at least have me see a doctor, or the, even the psychiatrist, if he saw all of that, I was unable to have children and I looked pregnant, that could be a psychological, you know.

Mary requested to see an OB/GYN and the nurse denied her request. The nurse said that “she was too old for a pregnancy test.” Access to an OB/GYN is important for women at any reproductive age whether or not they are pregnant. Incarcerated women in particular, have higher rates of sexually transmitted diseases and sexually transmitted infections that are untreated and not noticed, causing more health conditions.<sup>46</sup> Blaine Street was created to increase programming to reduce recidivism. Programming includes classes like Alcoholics Anonymous and Narcotics Anonymous in a group setting.<sup>47</sup> Cynthia Chase, the former programs coordinator of the Santa Cruz County Jail, said to the Santa Cruz Sentinel that, “Most of the women who end

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<sup>46</sup> Women's Health Care Physicians: Committee Opinion on Health Care for Underserved Women. 2012. *Reproductive Health Care for Incarcerated Women and Adolescent Females*. Retrieved on December 01, 2019. <https://www.acog.org/-/media/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/c0535.pdf?dmc=1&ts=20191205T2330343668>

<sup>47</sup> Todd, Michael. 2018. Upgraded Blaine Street Women's Facility to address needs of female inmates. *The Santa Cruz Sentinel*. Retrieved on March 15, 2020.

up in jail are mothers, but that does not mean most of them have custody of their children.”<sup>48</sup>

According to the Santa Cruz County Corrections Policy Manual, women can receive family care planning. Pregnant women in particular, have the right to counseling, substance abuse therapy, the right to an abortion, postpartum care, appropriate birthing locations, and nutrition modification.<sup>49</sup>

As a general policy, pregnant women are not placed in separate housing. If the patient has a “high-risk pregnancy”, their pregnancy affects the safety of the mother and the child, then they are placed in the O-unit. Pregnant women in the O-unit have a medical staff check on them every 30 minutes, they are given extra milk, and an extra snack between lunch and dinner, only if a nurse remembers to bring them their snack.<sup>50</sup>

Within the policy manual, there are several resources women are entitled to. However, from the four interviews with females, they did not express convenient access to counseling, feminine products, and reproductive resources. The jail staff does not state what resources are available and how to obtain them.

### The Incarcerated Right to Privatized Health?

Participants expressed feeling constantly challenged in trying to achieve good health. The right to good health is taken away and many are undergoing medical care that is minimal and

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<sup>48</sup> *Ibid*, 16

<sup>49</sup> Santa Cruz County Sheriff's Office. 2018. Santa Cruz County Sheriff's Office Corrections Policy Manual, Chapter

7: Medical-Mental Health. *Lexipol, LLC*. Retrieved on March 17, 2020.

<http://www.scsheriff.com/Portals/1/County/sheriff/CorrectionsPolicyManual.pdf>

<sup>50</sup> Greene, Susan. (2017). Gender Matters: A Profile of Women in Santa Cruz County Jail. *University of California, Santa Cruz Psychology Department*. Retrieved December 06, 2019.

[http://www.sccwc.org/Portals/17/Gender%20Matters\\_%20A%20Profile%20of%20Women%20in%20SCC%20Jail\\_March%202017.pdf](http://www.sccwc.org/Portals/17/Gender%20Matters_%20A%20Profile%20of%20Women%20in%20SCC%20Jail_March%202017.pdf).

offers little to no help or they have no say in their treatment plan. Ninety percent of people are released back into the community after arrest and still carry their health conditions with them and have no health insurance or have lost their health insurance. If an individual received medication while in jail, once released that medication is discontinued and individuals face interruptions in medications leading to more chronic conditions, severe mental health issues, and relapse in drug addictions.<sup>51</sup> Participants feel that healthcare in Santa Cruz jails needs to be reformed. Few have said that if an individual is high-functioning then they are at least able to advocate for themselves and attempt to get what services and medications they need.

John said that

[The jail staff] should at least be able to, um, you know, see, see a doctor and or a psychiatrist, you know, relatively easily, and, when they're there expect that the psychiatrist, that, that whoever is gonna notice if they're, if they're in mental health crisis or if they're in physical crisis, and if they have stitches in their face, they should, they should be able to notice these basic things that, that anyone who looks at you would know. Um, and, and take a, take a slight, a more proactive view in, in, in health care and not just that, if they notice you limping but you're not complaining about it, then, they should ask, they should at least ask these basic questions.

Many conditions go unnoticed within the jails. When someone is suffering or in pain, officers often ignore them. Participants discussed that the staff needs to pay more attention when someone is coming into the jail and properly screen individuals, since many mental illnesses or chronic conditions are hidden.

A majority of those arrested reenter society and have little to no resources to aid them in treating their health conditions or new ones that have risen due to interruptions in medications or

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<sup>51</sup> Vasan, Ashwin. (2019). Medicare-for-All Is Missing a Vital Group: The Incarcerated. *The Marshall Project*. Retrieved December 09, 2019. <https://www.themarshallproject.org/2019/03/21/medicare-for-all-is-missing-a-vital-group-the-incarcerated>.

ignored care. Jack said that the poor healthcare services in the jail is “...hurting society. That’s hurting everybody. That’s what people don’t understand, you’re not, you’re just, you’re not hurting me, you’re hurting society, because you’re not able to allow me to become a functional adult in society by denying me things that I need when I do mess up and go to jail.” After leaving jail, the incarcerated are released with little to no resources. Their health insurance is suspended, making finding affordable treatment a challenge. This can lead to worsening health issues, likely relapses into opiate and drug addictions, often leading to rearrest. Only two weeks after release, incarcerated people are at a twelve times higher risk for death and at four times the risk of death, a year after release due to the inconsistent treatment.<sup>52</sup> With these healthcare practices, treatment is ineffective and does not rehabilitate or better the health of individuals. The paradoxical prioritization of punishment over health often results in reduced healthcare services that effectively disregard the health of the incarcerated.

### **Limitations**

This study posed several challenges. First, getting Institutional Review Board approval for more than 13 interviews was difficult. I was prepared for more interviews however, institutional barriers limited the qualitative data collection process. I wanted to focus specifically on female healthcare for a major portion of this work however, the research about female healthcare in the Main Jail and Blaine Street was very limited and required more qualitative data from formerly incarcerated females and healthcare providers that have provided services to females incarcerated. The lack of research on female correctional healthcare in Santa Cruz shows that there needs to be more attention to female specific needs in the Main Jail and Blaine Street.

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<sup>52</sup> *Ibid*, 20

From the Santa Cruz Corrections Policy Manual, pregnant females are offered several resources. However, from women participants, we see that their needs and rights are not addressed by medical staff and corrections staff. Dr. Greene's research is the only research available on the female's incarcerated in Santa Cruz. From reviewing Dr. Greene's work and through female participant experiences, we can see that the Sheriff-Coroner's office does not abide by many of these policies and many females are unaware of their rights while incarcerated.

These limitations serve as a necessity for more research on the female correctional healthcare and women's experiences and needs. Women are a vulnerable population. A majority of women incarcerated in the Santa Cruz jails, have had early childhood trauma, sexual and physical abuse, and neglect and substance abuse among family members, and have come from low income families. Reproductive health services are vital for women that do not have access to medical insurance.<sup>53</sup> Therefore, more research must be done to acknowledge female health needs.

## **Discussion**

Three main themes emerged from the eleven interviews: long waits for medical and mental health services and medications, the quality of care is directly correlated to punishment with lack of staff and medical resources available for individuals to maintain good health. Lastly, the overall jail environment was negatively impacting their health. Long waits for medical and mental health services are due to a lack of response from officers and nurses when individuals put in their request forms several times. Many of those interviewed expressed that the punishment imposed by the jail environment and correctional and medical staff negatively impacted their health and the ability to achieve good health. The jail environment being

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<sup>53</sup> *Ibid*, 15

overcrowded, the mistreatment from staff and the social and physical conditions of the jail has made it impossible for participants to maintain good mental health and proper hygiene and diet.

Most individuals coming to jail are in need of drug addiction treatment, chronic conditions, infections, and mental health treatment and counseling. All of these services are offered in minimum. From the interviews and literature, we can see that there are apparent shortcomings in correctional healthcare that harm individuals rather than treat individuals. Most arrested, reenter society and are left with little to no resources from medications, to health insurance, to consistent therapy services. The Santa Cruz County Correctional Facilities lack in offering proper detox practices and mental health services. The county also does not provide effective dental health services that better the oral health of individuals. The dynamic of the punisher being part of the treatment plan for the incarcerated creates barriers and challenges that individuals face in trying to better their health and overcome addiction. We can see that profit underlies the motives for treatment, in which healthcare personnel are creating long processes for receiving medication and appointments or not treating their patients at all.

For females specifically, the major concerns were for accessing feminine products and how they are treated during pregnancy or reproductive issues, and the jail environment and staff triggering past trauma or creating new trauma. Correctional healthcare should work with women's advocacy groups to attend to all aspects of women's health prior to entry, during jail time, and after release. If gynecological care in jails partners with public health and community agencies, women can be supported in and out of jail. Also, jail health care can act as a model to influence incarcerated women in practices to maintain their own health.<sup>54</sup>

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<sup>54</sup> Ghidi, L., Ramos, S.Z., Brosseau, C., Clarke, J.G. (2018). Prison: Pipeline to Women's Preventative Health. *Rhode Island Medical Journal*. Retrieved on August 12, 2019.

## **Conclusion**

This thesis addressed urgent issues concerning healthcare in the three Santa Cruz jails: Main Jail, Rountree, Blaine. Hospitals should be formally linked to the jails to deliver a wider range of medical services readily available for the incarcerated. This must include allowing outside physician visits to the jail. Policies should reflect this important recommendation and develop responsive protocols for and methods of obtaining referrals to outside doctors. The policing of mental illness should not constitute the first line of professional attention. Correctional health is community health, keeping in mind that a majority of incarcerated individuals will reenter society as community members with full legal rights. The incarcerated need resources for addiction treatment and associated medical conditions. Such an approach would reduce the overall likelihood of relapse, would ameliorate care for chronic conditions, and properly treat mental illness. Every human being including the incarcerated, experiences health issues that must be addressed and as citizens, they deserve access to the quality medical care essential to creating a healthy community. Therefore as an interconnected community, we all must share the resources to achieve a robust social life. Towards this goal, in the Santa Cruz jails and elsewhere, access to and the delivery of proper medical treatment must first resolve to prioritize care over punishment.

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