

May 14th, 2025

Testimony of Serena Martin, executive director, New Hour for Women and Children, LI, Inc.

Dear Members of the Senate Committee on Crime Victims, Crime and Correction and the Assembly Committee on Corrections:

Thank you for calling today's hearing addressing the safety of persons in custody, transparency, and accountability within New York State correctional facilities.

My name is Serena Martin, I am the founder and executive director of New Hour for Women and Children LI, a non-profit organization based on Long Island dedicated to empowering justice-impacted women, children and families throughout New York State. Since 2015, New Hour has provided fifteen weekly programs to women in Long Island's three jails, including a jail-based nursery program for women who give birth in the Suffolk County jails. With only eight staff members, many of whom have also been directly impacted by incarceration, we have met the needs of over 15,000 incarcerated and formerly incarcerated women and families. This outreach includes women who are housed at Rose M. Singer on Rikers Island and women in all New York State prisons who consistently reach out to us for support. Just this past year, we raised funds and facilitated the donation of over 300 small indoor fans to address the heat wave impacting women behind bars, as well facilitating the donation of over 20,000 feminine products to both Bedford and Taconic facilities with the support of the Thurman Perry Foundation. We recognize the growing concern for conditions and the safety of incarcerated people and extend our deep outrage and unwavering support for the family of Robert Brooks who was killed in custody by correctional officers. May we never forget his name.

At our core mission, we are consistently seeking ways to stem the trauma that is intrinsic to women and mothers and all people that have experienced incarceration. In local jails across New York State, 79% of women are mothers to minor children¹; 62% of women in state prisons² are mothers; and 56% of federally incarcerated women are mothers³. As current data shows, the system that incarcerates women continues to drastically balloon. Since the 1980s, the number of incarcerated women has increased

¹ McCampbell, S.W. (2005). *The Gender-Responsive Strategies Project: Jail Applications*. Washington, DC: U.S. Department of Justice, National Institute of Corrections.

² Glaze, L.E. & Maruschak, L.M. (2010). *Parents in Prison and Their Minor Children*. Washington, D.C.: Bureau of Justice Statistics. Retrieved from: <http://www.bjs.gov/content/pub/pdf/pptmc.pdf>

³ Glaze, L.E. & Maruschak, L.M. (2010). *Parents in Prison and Their Minor Children*. Washington, D.C.: Bureau of Justice Statistics. Retrieved from: <http://www.bjs.gov/content/pub/pdf/pptmc.pdf>

by a staggering 585%, making women the fastest-growing segment of the prison and jail population (Prison Policy Initiative, 2023). The silent population at risk among this group are pregnant women and infants born to those incarcerated. Pregnancy carries inherent risks, but incarcerated individuals face compounded health challenges, including higher rates of chronic illness, substance use disorders, mental health conditions, and histories of limited healthcare access (Prison Policy Initiative, 2023).

As a step to reduce the harm that the carceral system has on mothers and infants, New Hour coalesces the statewide CARE Coalition, a coalition of over 150 health care providers, attorneys, advocates, students and directly impacted women who have given birth while incarcerated. The CARE Coalition aims to address the failures of our current laws and the needs of those pregnant and giving birth behind bars. Over the past year, the CARE Coalition has been advocating for legislative change as it relates to incarcerated pregnant and birthing people and demanding that humanity and dignity be restored for women and mothers and their infants while incarcerated and in reentry. The CARE Act (S4583/A4879), along with a slate of other bills reintroduced this session, including the Protect In-Person Visiting (S.5037/A.4603), the Anti-Shackling (S.2667/A.1670) and the Breast-Pump Access (S.2666A/A.1207) bills, are aimed at protecting the dignity and rights of pregnant people and protecting and nurturing family bonds.

The United States has one of the highest maternal mortality and morbidity rates among developed countries, with disproportionate impacts on low-income women and women of color (CDC, 2022). In prison, these disparities are magnified. Six state prison systems—Alaska, Hawaii, Iowa, Maine, Nevada, and Washington—reported providing no staff training on the care of pregnant individuals. Yet these states accounted for 5% of nearly 50,000 women admitted to prison in 2021 (Bureau of Justice Statistics, 2023). According to John Hopkins University, 4% of women entering US state prisons from 2016-2017 were pregnant, a total of 1496, with 800 women giving birth while incarcerated, according to the Advocacy and Research on Reproductive Wellness of Incarcerated People, Pregnancy in Prison Statistics - Project (PIPS). As a result of our FOIL request in collaboration with Cornell Law School, we found a sizable drop in the number of women who were pregnant from 2021 through 2023 in DOCCS custody. We have requested and are awaiting data for 2024.

In 2021, there were a total of 20 women pregnant, 14 who delivered while in custody and 6 who were paroled before delivery. In 2022, we found that 15 were pregnant, 14 delivered while in custody and 1 was discharged before delivery. In 2023, 15 were found to be pregnant, 11 delivered while in custody and 4 were released/discharged before delivery.

As a formerly incarcerated Latinx, I have dedicated my life to the cause of women behind bars and advocated, along with many other advocates, to pass legislation that has a significant impact on the lives of women behind bars. In the past decades, I joined statewide efforts to pass the Domestic Violence Survivors Justice Act and the Anti-Shackling Law which prohibits the shackling of women during childbirth. The challenges incarcerated women face are nuanced and uniquely set apart from incarcerated men. According to the Bureau of Justice Statistics, over 1,900 pregnant individuals were admitted to state prisons in 2023. In jails, the number was even higher, with over 55,000 pregnant admissions in one year (Bureau of Justice Statistics, 2023). In 2023, according to the Bureau of Justice Statistics, more than 700 pregnancies concluded in custody: 91.5% resulted in live births, 6.5% ended in miscarriage, and 2.1% ended in abortion. Additional outcomes included four stillbirths and ectopic pregnancies.

As an organization, we often drive upstate and pick women and their infants up from prison when released; and we pick up babies sent away while their mothers remain behind bars. We spend our days providing resources, support and compassion to mothers like the one who recently called us from prison to beg that we advocate on her behalf. While she and her baby are in the state prison, she will be able to keep her infant until her baby is 18-month old as mandated under New York State law. After that, her infant will be taken away from her and sent to family until she completes her prison sentence.

Incarcerated mothers are five times more likely than fathers to have their children placed in foster care and face a higher likelihood of having their parental rights terminated (Urban Institute, 2017). Despite this, many pregnant individuals in custody are denied basic pregnancy-related care, including regular prenatal visits, adequate nutrition, and basic hygiene products. Some are still subjected to shackling during labor, a practice condemned by medical experts and human rights advocates (ACOG, 2011; Amnesty International, 2017).

Of the three state prisons which solely hold women, Albion Correctional Facility, Bedford Hills Correctional Facility, and Taconic Correctional Facility, only one has a prison nursery, Bedford Hills. Nationally, only 11 states in the federal system currently operate prison nursery programs, where an infant can reside with their parent after birth (Bureau of Justice Statistics, 2023). Simple accommodations remain unavailable in many prison systems in the United States. The Prison Policy Initiative reports that postpartum diets were provided in only 60% of systems, doula support in 35%, extra pillows during pregnancy in 69%, and breast pumps in 78%. Prenatal vitamins, known to prevent 50–70% of neural tube defects and improve other outcomes, are also not guaranteed (CDC, 2020).

While there are sixty-two counties in New York State, we know of only four county facilities that have nurseries and programming for mothers and infants: Rose M. Singer on Rikers Island, Bedford Hills, and the Suffolk County Riverhead and Yaphank jails under Suffolk County Sheriff Errol Toulon. While Sheriff Toulon has worked with New Hour to create the nursery setting where we provide programming, supplies and support to women when they give birth in Suffolk County, this collaboration is an anomaly and may or may not be replicated without law dictating this. In Nassau County, some 50 miles west, there is no such nursery and women arrested and incarcerated in Nassau County will have their infants removed from them at birth. The timeframe for an infant to remain with their birthing parent is also not consistent across all prisons and jails, it is up to the Sheriff overseeing that facility to determine whether or not their facility will prioritize the health and safety of pregnant women and infants by creating a jail nursery and the timeframe an infant is allowed to stay with their mother.

Under current law, localities are not required to have a nursery for mothers and infants and as a result, infants are often removed from their mothers' care the day they are born. The Compassion and Reproductive Equity Act (CARE Act) (S.4583/A.4879)) would change this. It would also expand the definition of "special populations" to include pregnant individuals for a period of three months, rather than eight weeks, to ensure that birthing people receive proper accommodations and care. Additionally, the bill mandates the establishment of a system that provides prenatal screenings, treatment for pre-existing conditions, proper nutrition, humane birthing practices, postnatal care, and adequate time and space for bonding between parents and their children. This legislation is critical to ensuring that incarcerated pregnant individuals and birthing parents receive proper healthcare, support, and the opportunity to bond with their children. By improving access to necessary medical care and supporting the parent-child relationship, it will help promote healthier futures for both the parent and child.

The research and science are clear: reduced maternal bonding is associated with poorer infant outcomes, including less secure attachment, difficult temperament, higher colic ratings, and less positive infant mood (Le Bas et al., 2020). Without intervention, poor bonding is likely to persist beyond the first year postpartum (de Cock et al., 2016). Correspondingly, perinatal depression and anxiety are associated with poorer offspring outcomes spanning from infancy through adolescence, across mental health (Srinivasan et al., 2020), cognitive, language, motor, and adaptive behaviour domains (Rogers et al., 2020). Why would we want this to be the outcome and result for infants, just because they were born to jailed mothers?

While incarcerated over 25 years ago myself, I still recall watching pregnant women struggling on the program movement line to get to programs in the allotted amount of

time, trudging up and down the big hill inside Bedford Hills Correctional Facility. Nothing about their experiences has changed in 25 years based on my many conversations with women who returned home after having been pregnant and incarcerated. They still endure multiple outside hospital trips, are put in waiting rooms in basements of hospitals with incarcerated men and they are often the only pregnant women in those holding areas. According to the findings of the State Policy Advocacy Clinic at Cornell University, through an analysis of the 2023 FOIL request from DOCCS it was found that the following was true: *“Pregnant incarcerated women in prison often face delays in receiving timely OB-GYN consultations and necessary treatments due to bureaucratic processes and resource limitations, which may jeopardize their health and the health of their unborn child. They are offered limited options for contraception and they lack access to contraceptive services and infertility treatments that restrict reproductive autonomy for women, leaving them without adequate support in family planning or managing reproductive health concerns. There was inconsistent prenatal care, and while OB-GYN specialists are available, continuity and consistency of prenatal care is often inadequate, increasing the risk of complications during pregnancy for both the mother and child.”*

It is the memory of those women that weighs on my conscience, the women who are still suffering behind bars and who fuel my commitment to this cause. Among the many experiences shared with me and my staff at New Hour, as recently as this year, are the overwhelming, egregious human rights violations of women behind bars. One pregnant woman was told she was just fat by correctional staff and they would not readily provide her with a trip to the nurses office to take a pregnancy test. Another lost over 35 pounds while 5 months pregnant due to lack of food and water. Another was forced to drink dirty brown water from the sink in her cell and yet another 6 month pregnant woman was put in solitary without additional food for 13 days. While these are anecdotal experiences, the health outcomes for innocent infants and fetuses are astoundingly apparent to even the most hard-hearted.

It is my hope that the crisis in prison staffing and the increased knowledge and awareness of the plight of parents and birthing people behind bars will urge this legislative body to move rapidly this session to enact amendments to Section 611 law to create humanity and compassion, but most importantly, dignity and hope, for infants and birthing people behind bars. If we have evolved as much as we claim in this past century, we must prioritize women who are incarcerated; just as we prioritize the rights of infants and mothers in our hospitals. Never would someone imagine that an onlooker would be in a birthing room other than who the parent chooses and yet in exam rooms and during birth, incarcerated pregnant women have to endure the humiliation of strangers, correctional staff viewing the most intimate experience of giving birth.

New Hour deeply believes that women behind bars who are pregnant and parenting should be the very first population to be considered for early release, and if not released, that they be treated with dignity and humanely, while caring for themselves and their infants inside correctional settings.

We will continue to fight for the passage of the CARE Act (S.4583/A4879) to ensure that pregnant and postpartum individuals in correctional facilities have access to adequate medical services, a safe environment, and the resources they need to support both their own health and the well-being of their children.

On behalf of all pregnant mothers, women and infants, we ask that, as we just celebrated Mother's Day this past Sunday, priority be given to the CARE Act and the aforementioned slate of bills that will amend Section 611 of CPL law and significantly improve the lives of infants and mothers in New York State's prisons and jails. Thank you for your time and attention to this important and lifesaving issue.