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Pregnant Behind Bars: Chapter 608 and California's Reformation of the Medical Care and Treatment of Pregnant Inmates

Heather L. McCray

Code Sections Affected

Penal Code §§ 3424, 5007.7 (new), §§ 3419, 3423, 6030 (amended);
Welfare and Institutions Code §§ 222, 1774 (amended).
AB 478 (Lieber); 2005 STAT. CH. 608.

"In many ways, women inmates are the forgotten minority within the corrections system."

—Sen. Richard Polanco, D-Los Angeles¹

I. INTRODUCTION

For most women, giving birth to a new baby is an exciting and joyous occasion. If the mother-to-be is also an inmate of a California prison or county jail, however, the experience can be humiliating² or even dangerous for both mother and fetus.³ After conducting a study on women's prisons in the United States, Amnesty International found that pregnant women in detention often receive inadequate health care.⁴ Additionally, it discovered that pregnant inmates are generally shackled—in the same manner as non-pregnant inmates—during transport to the hospital, through much of labor, and often immediately after delivery.⁵

In 2005, the California Department of Corrections and Rehabilitation (CDCR) spent sixty percent more on healthcare for female inmates than it did for male inmates.⁶ Nonetheless, "[t]he inadequacy of medical care [in the United

1. Robert Jablon, *Female Inmates Suffer From Poor Medical Care, Panel Told*, SFGATE.COM, Oct. 11, 2000, <http://www.sfgate.com/cgi-bin/article.cgi?file=/news/archive/2000/10/11/state2312EDT0274.DTL> (on file with the *McGeorge Law Review*).

2. See AMNESTY INT'L, "NOT PART OF MY SENTENCE": VIOLATIONS OF THE HUMAN RIGHTS OF WOMEN IN CUSTODY (2002), available at http://www.truedemocracy.net/td2_3/11_rfa.html (on file with the *McGeorge Law Review*) (quoting New York City Department of Corrections Directive 4202 (June 19, 1989), in which an inmate states she "felt so ashamed . . . [and] was traumatized and humiliated by the shackles").

3. See AMNESTY INT'L, UNITED STATES OF AMERICA: AMNESTY INTERNATIONAL'S FINDINGS AND RECOMMENDATIONS RELATING TO VALLEY STATE PRISON (CALIFORNIA), available at <http://web.amnesty.org/library/print/ENGAMR510531999> (last visited June 3, 2005) [hereinafter AMNESTY FINDINGS] (on file with the *McGeorge Law Review*) ("[T]he shackling of a heavily pregnant woman during movement or transportation also carried a risk of injury to the woman or her [fetus] . . .").

4. See AMNESTY INT'L, *supra* note 2, § VII, available at http://www.truedemocracy.net/td2_3/11Id_rfa.html ("Reports received by Amnesty International indicate that many incarcerated women in the USA do not have access to the physical and mental health care to which they are entitled under international standards.").

5. *Id.* (explaining the use of restraints on pregnant and sick inmates).

6. See Jenifer Warren, *Rethinking Treatment of Female Prisoners*, L.A. TIMES, June 19, 2005, at A1 (explaining that this is "measured on a per-inmate basis").

States] has had severe repercussions for women prisoners leading in many cases to late-term miscarriages, . . . and, in some instances, death [of the mother or fetus].”⁷ For example, one pregnant inmate started bleeding at night, but was told by a guard that medical staff was not available and that the guard could not help her.⁸ Although the bleeding worsened and her stomach cramps became unbearable, the inmate was not taken to the hospital until she collapsed the following afternoon.⁹ She was scheduled for immediate surgery upon her arrival, but her baby did not survive.¹⁰

Amnesty International also expressed concern with the shackling of pregnant inmates.¹¹ The *Los Angeles Times* reported that one inmate was shackled to her bed by her wrists during labor and was “unable to roll on her side or even sit straight up.”¹² Another inmate reportedly delivered her baby alone in a hospital room while she was still handcuffed to her bed and yelling for the hospital staff to help her.¹³ In California, prior department regulations required guards to restrain inmates during labor, even though inmates typically give birth in locked community hospital wards that are guarded by several correctional officers.¹⁴

Chapter 608 seeks to address these issues by providing minimum state standards for the medical care of pregnant inmates and wards¹⁵ and placing strict limitations on the shackling of pregnant inmates.¹⁶

II. LEGAL BACKGROUND

In 1955, the First Congress of the United Nations adopted the Standard Minimum Rules for the Treatment of Prisoners (“U.N. Rules”), which provide “generally accepted principles and practice(s) in the treatment of prisoners and

7. See AMNESTY INT’L, *supra* note 2, § VII(3), available at http://www.truedemocracy.net/td2_3/11d_rfa.html (“Medical conditions for women in United States prisons and jails are appallingly bad.”) (citing ELLEN BARRY, *Women Prisoners and Healthcare*, in *MAN-MADE MEDICINE* 250-51 (K. Moss, ed., 1996)).

8. *Id.* (citing Letter from Annette Romo, Arizona Inmate, to Amnesty International (Feb. 22, 1998)).

9. *Id.*

10. *Id.*

11. See *id.* § VI(1) (discussing the use of restraints on pregnant inmates). “[T]he use of restraints on women who are about to give birth endangers the woman and her child, as described by physician Dr. Patricia Garcia.” *Id.*

12. See Warren, *supra* note 6 (“[A]s she writhed in pain . . . laboring to push her baby into the world . . . [h]er wrists were shackled to the bed.”).

13. AMNESTY INT’L, *supra* note 2, § VI(1), available at http://www.truedemocracy.net/td2_3/11d_rfa.html.

14. See Warren, *supra* note 6 (“Despite such security, department regulations require the use of wrist or ankle restraints during labor.”).

15. A ward is defined as a “person, usu[ally] a minor, who is under a guardian’s charge or protection.” BLACK’S LAW DICTIONARY 758 (2d Pocket ed. 2001). In the context of this article, the term “ward” specifically refers to a minor under the guardianship of the state.

16. ASSEMBLY COMMITTEE ON PUBLIC SAFETY, COMMITTEE ANALYSIS OF AB 478, at 1 (Mar. 29, 2005).

the management of institutions.”¹⁷ The U.N. Rules mandate that women’s facilities make special accommodations for pregnant inmates to ensure that they receive any necessary care during and after pregnancy and prohibit the use of restraints, except to prevent escape or protect a prisoner from injuring herself or others.¹⁸ While the federal government never adopted the U.N. Rules,¹⁹ the Supreme Court has held that the government has an obligation to provide medical care for incarcerated persons.²⁰ Consequently, six states have implemented the U.N. Rules in some form within their own correctional facilities.²¹

A. Medical and Dental Care for Pregnant Inmates

The CDCR has not adopted or implemented the U.N. Rules; however, in response to the 1978 California Legislature’s concern about the children of incarcerated women, the CDCR established the Community Prisoner Mother Program (CPMP) and an alternative sentencing program called the Family Foundations Program (FFP).²² If inmates meet certain eligibility criteria they may apply for placement in the programs, which allow them to complete their sentences while living with their children in a residential setting.²³ These programs provide “parenting/child development education, substance abuse treatment, pre employment training, aftercare planning, and counseling.”²⁴ Applicants must also submit to a dental examination to prove that they have no cavities or other dental problems, prompting one California inmate to have fifteen of her teeth removed to meet eligibility requirements.²⁵ While these programs do provide education and a

17. Steven M. Karlson, *International Human Rights Law: United States’ Inmates And Domestic Prisons*, 22 NEW ENG. J. ON CRIM. & CIV. CONFINEMENT 439, 451-52 (1996).

18. United Nations Standard Minimum Rules for the Treatment of Prisoners, adopted E.S.C. Res. 663(c), 24 U.N. ESCOR, Supp. (No. 1) 11, U.N. Doc. E/3048, Rules 23, 33 (1957), http://www.unhchr.ch/html/menu3/b/h_comp34.htm [hereinafter U.N. Rules] (on file with the *McGeorge Law Review*).

19. See Karlson, *supra* note 17, at 451-52.

20. See *Estelle v. Gamble*, 429 U.S. 97 (1976) (“An inmate must rely on prison authorities to treat his medical needs . . . denial of medical care may result in pain and suffering which no one suggests would serve any penological purpose.”).

21. See RICHARD B. LILICH, *INTERNATIONAL HUMAN RIGHTS: PROBLEMS OF LAW, POLICY AND PRACTICE* 272-73 (2d ed. 1991) (explaining that Pennsylvania, South Carolina, Ohio, Minnesota, Connecticut, and Illinois have each adopted the U.N. Rules in some form). See generally *id.* at 278-80 (providing additional information regarding the adoption of the U.N. Rules by these states).

22. CAL. PENAL CODE §§ 3410-23 (West 2000 & Supp. 2005); see also Family & Corrections Network, Program Directory (April 2005), <http://www.fcnetwork.org/Dir2004/dir2004al-fl.html#California> [hereinafter Corrections Network] (on file with the *McGeorge Law Review*) (explaining briefly the two programs).

23. See CAL. PENAL CODE § 3417 (West Supp. 2005) (listing eligibility requirements).

24. U.S. GEN. ACCT. OFFICE, *WOMEN IN PRISON: ISSUES AND CHALLENGES CONFRONTING U.S. CORRECTIONAL SYSTEMS* 59 (1999), available at <http://www.gao.gov/archive/2000/gg00022.pdf> (December 1999) (on file with the *McGeorge Law Review*).

25. Ayelet Waldman, *Mothers in Chains: Why Keeping U.S. Women Prisoners in Shackles During Labor and Delivery is the Real Crime Against Society*, SALON.COM, May 23, 2005, <http://www.salon.com/mwt/col/waldman/2005/05/23/prison> (on file with the *McGeorge Law Review*) (adding that Karen Shain, Administrative Director of Legal Services for Prisoners with Children, believes this requirement functions as a

supportive environment for mothers and their children, only 140 beds are available between the two programs.²⁶ With over 10,000 women currently incarcerated in California facilities,²⁷ sixty-four percent of whom have minor children²⁸ and, with 300 new babies born to California inmates each year,²⁹ most women inmates will not have access to these programs.

For the many female inmates without access to the programs, existing California law permits the CDCR to provide medical services only when the attending physician determines the services “to be reasonable and necessary to protect life, prevent significant illness or disability, or alleviate severe pain, and supported by health outcome data as being effective medical care.”³⁰ Dental care is similarly limited to necessary dental services, including “treatment of injuries, acute infection, severe pain, or spontaneous bleeding, and repairs to dental prosthetic appliances.”³¹ Although the U.N. Rules mandate that prisons offer “all necessary pre-natal and post-natal care,”³² most pregnant inmates in California are simply housed in the general population of the prison and are not provided a special diet or assistance for their prenatal care.³³ In fact, prior to Chapter 608, the CDCR’s rules and regulations did not require any specific medical or dental services or food that would address the unique needs of pregnant inmates.³⁴

B. Shackling of Pregnant Inmates

California law prior to Chapter 608 allowed the CDCR to shackle inmates in three situations: (1) while transporting them between locations, (2) when the inmates’ behavior indicated a “reasonable likelihood that [they] may become violent or attempt to escape,” or (3) when medical staff deemed it necessary to prevent self-inflicted injury.³⁵ This broad policy applied equally to pregnant inmates who were generally shackled both during their transportation to the hospital and during most of their stay.³⁶ An inmate was only unshackled once a doctor determined her to be in labor, and she was immediately re-shackled after birth and during a brief recovery period.³⁷ As with the lack of medical care for

filtering mechanism, because “in a cruel paradox, dental care is not provided to applicants in the program”).

26. See Family & Corrections Network, *supra* note 22.

27. Warren, *supra* note 6.

28. *Id.*

29. *Id.*

30. CAL CODE OF REGS. tit. 15 § 3350(a), (b)(1) (West 1973).

31. *Id.* § 3355.1(a).

32. U.N. Rules, *supra* note 18, Rule 23 (“[I]n women’s institutions there shall be special accommodation for all necessary pre-natal and post-natal care and treatment.”).

33. SENATE COMMITTEE ON PUBLIC SAFETY, COMMITTEE ANALYSIS OF AB 478, at 6 (June 14, 2005).

34. *Id.* at 9.

35. CAL. CODE OF REGS. tit. 15, § 3268.2(a) (West. Supp. 2005).

36. AMNESTY FINDINGS, *supra* note 3.

37. *Id.*

pregnant inmates, the shackling of these inmates was not in accord with the U.N. Rules.³⁸

III. CHAPTER 608

Chapter 608 addresses these issues by creating higher minimum standards for the medical and dental care of pregnant inmates in California detention facilities. The new standards include stricter limits on the shackling of pregnant inmates and require the Board of Corrections (BOC) to establish similar standards for local detention facilities.³⁹

A. *Medical and Dental Care for Pregnant Inmates*

Chapter 608 amends Penal Code section 3419 and clarifies the specific medical benefits that must be made available to pregnant inmates who are eligible to participate in the community treatment programs.⁴⁰ The required benefits include pre-natal vitamins, common medical care, after birth infant care, and education about childbirth.⁴¹

Chapter 608 also adds Penal Code section 3424, which extends this care beyond the community programs by requiring the CDCR to establish comparable minimum medical standards for pregnant inmates who are not eligible for community treatment programs.⁴² The Legislature specifically mandated that these standards include a nutritious diet and prenatal vitamins approved by a doctor, dental cleaning, and access to pre-natal health care information on childbirth and infant care.⁴³ Amendments to Welfare and Institutions Code sections 222 and 1774 contain equivalent provisions for pregnant wards.⁴⁴

B. *Shackling of Pregnant Inmates*

In addition to the health provisions, Chapter 608 amends Penal Code section 3423 and adds Penal Code section 5007.7; these requirements specify standards for the transportation of pregnant inmates and greatly limit the CDCR's ability to shackle pregnant inmates.⁴⁵ Section 5007.7 requires detention facilities to transport pregnant inmates to the hospital in the "least restrictive manner"

38. See U.N. Rules, *supra* note 18, Rule 33 (prohibiting the use of restraints except as a precaution against escape, for preventing a prisoner from injuring himself or others, or for stopping a prisoner from damaging property).

39. SENATE COMMITTEE ON PUBLIC SAFETY, COMMITTEE ANALYSIS OF AB 478, at 4-5 (June 14, 2005).

40. CAL. PENAL CODE § 3419(c) (amended by Chapter 608).

41. *Id.* § 3419(c).

42. *Id.* § 3424 (enacted by Chapter 608).

43. *Id.*

44. CAL. WELF. & INST. CODE §§ 222, 1774 (amended by Chapter 608).

45. CAL. PENAL CODE § 3423 (amended by Chapter 608); *id.* § 5007.7 (enacted by Chapter 608).

necessary to ensure the safety and security of the inmates, the staff, and the public.⁴⁶ The amendment to section 3423 provides that an inmate cannot be shackled by her wrists or ankles at any time during transportation to the hospital, delivery, or recovery, unless necessary under section 5007.7.⁴⁷ Again, amendments to Welfare and Institutions Code sections 222 and 1774 contain similar provisions for pregnant wards.⁴⁸

IV. ANALYSIS

A. *Medical and Dental Care for Pregnant Inmates*

The Center for Disease Control and Prevention has cautioned that inadequate pre-natal care can lead to a failure to detect pregnancy complications and result in “potentially serious consequences for both the mother and [fetus].”⁴⁹ Moreover, according to the California Medical Association, prenatal care has consistently been shown to be a “cost-effective tool in preventing birth defects, and protecting the health of the infant and mother.”⁵⁰ By requiring the CDCR to provide pregnant inmates with access to prenatal care, vitamins, and education, Chapter 608 has taken a crucial first step toward preventing the myriad health risks that these women previously faced during their pregnancies.⁵¹

Maintaining healthy teeth and gums is also a critical component of a healthy pregnancy and expectant mothers should schedule regular examinations and cleanings throughout their pregnancies.⁵² During pregnancy, a woman’s hormone levels rise and may cause the gums to become unusually sensitive to plaque, creating gingivitis.⁵³ The American Dental Association (ADA) has even warned that “some maternal oral problems can potentially threaten the health of unborn children . . . [and] pregnant women with severe gum disease may be at increased risk for pre-term delivery.”⁵⁴ By mandating that pregnant inmates receive a dental

46. *Id.* § 5007.7 (enacted by Chapter 608).

47. *Id.* § 3423 (amended by Chapter 608). *See also id.* § 5007.7 (enacted by Chapter 608) (“[T]he inmate shall not be shackled by the wrists, ankles, or both, unless deemed necessary for the safety and security of the inmate, the staff, and the public.”).

48. CAL. WELF. & INST. CODE §§ 222, 1774 (amended by Chapter 608).

49. Nemours Foundation, KidsHealth, Medical Care During Pregnancy, http://kidshealth.org/parent/pregnancy_newborn/pregnancy/medical_care_pregnancy.html (last visited June 17, 2005) (on file with the *McGeorge Law Review*).

50. Letter from Lisa Folberg, Assoc. Dir. of the Cal. Med. Ass’n., to Assembly Member Mark Leno, Cal. State Assembly (Mar. 22, 2005) [hereinafter Folberg Letter] (on file with the *McGeorge Law Review*).

51. SENATE COMMITTEE ON PUBLIC SAFETY, COMMITTEE ANALYSIS OF AB 478, at 6 (June 14, 2005).

52. American Dental Association, Statement on ‘Ante Partum Dental Radiology and Infant Low Birth Weight,’ <http://www.ascribe.org/cgi-bin/spew4th.pl?ascribeid=20040427.131204&time> (last visited June 3, 2005) (on file with the *McGeorge Law Review*).

53. SENATE COMMITTEE ON PUBLIC SAFETY, COMMITTEE ANALYSIS OF AB 478, at 7 (June 14, 2005).

54. American Dental Association, *supra* note 52.

cleaning while at state facilities, Chapter 608 seeks to prevent some of the pregnancy complications associated with poor oral health.⁵⁵

One concern with implementing these requirements is the additional costs the required medical and dental care will create. It is estimated that the new requirements will increase annual costs for both the CDCR and BOC by \$25,000⁵⁶ and generate additional clerical costs for the BOC.⁵⁷ The Assembly Appropriations Committee noted that the annual cost of the dental cleanings had the highest potential for increased costs.⁵⁸

Another concern is the potential disparity in the treatment of male and female inmates, with some opponents arguing that additional accommodations for female inmates must also be supplied to male inmates.⁵⁹ Opponents have also broadly attacked the availability of free medical and dental treatments to convicted criminals, arguing that these women have been imprisoned as a consequence of their criminal behavior and thus do not deserve any special treatment.⁶⁰ However, supporters reply that, by incarcerating pregnant inmates, California has assumed responsibility for the welfare fetuses and is consequently obligated to ensure that the inmate and fetus receive minimal standards of medical care.⁶¹

B. Shackling of Pregnant Inmates

Though the U.N. Rules generally prohibit shackling of pregnant inmates,⁶² reports indicate that jails and prisons still use restraints on pregnant inmates.⁶³

55. See Waldman, *supra* note 25 (“[G]um disease [, which] can cause both premature birth and low birth weight, [is] preventable by a simple teeth cleaning during the second trimester.”).

56. ASSEMBLY COMMITTEE ON APPROPRIATIONS, COMMITTEE ANALYSIS OF AB 478, at 1-2 (Apr. 20, 2005).

57. *Id.* at 2.

58. See *id.* at 1-2 (estimating that with two additional dental cleanings for each pregnant inmate the annual cost would be less than \$10,000.00).

59. See Marc E. Angelucci, Letter to the Editor: *Fairness Behind Bars*, L.A. TIMES, June 25, 2005 at B21 (on file with the *McGeorge Law Review*) (“There is no excuse for sex discrimination against male prisoners. It is unconstitutional, bad public policy, and just plain wrong.”); Joseph Delvaux, Letter to the Editor: *Fairness Behind Bars*, L.A. TIMES, June 25, 2005 at B21 (on file with the *McGeorge Law Review*) (“Let’s look at male prisoners with the same compassion as female prisoners so that males can also have a chance to regain their dignity.”); Mark Muckenthaler, Letter to the Editor: *Fairness Behind Bars*, L.A. TIMES, June 25, 2005, at B21 (on file with the *McGeorge Law Review*) (“If it’s available to females it must also be made available to males.”).

60. Muckenthaler, *supra* note 59; see also Waldman, *supra* note 25 (stating that it is a common view that when “only 35.2 percent of Americans have dental insurance; why should a prisoner receive what someone who hasn’t committed a crime does not?”).

61. See Waldman, *supra* note 25 (“[B]y incarcerating these mothers, and making it impossible for them to seek medical care outside the prison system, we have assumed responsibility for their infants. We owe them this minimal standard of care.”).

62. U.N. Rules, *supra* note 18, Rule 33.

63. See AMNESTY INT’L, *supra* note 2, § VI(1), available at http://www.truedemocracy.net/td2_3/11d_rfa.html (“Around the USA, jails and prisons commonly use restraints on incarcerated women when the women are being transported to and kept in hospital.”).

These restraints have been used “regardless of whether a woman has a history of violence (which only a minority have); regardless of whether she has ever absconded or attempted to escape (which few women have); [and] regardless of her state of consciousness.”⁶⁴ Because women represent only a small minority of the nation’s prison population they were simply shackled in accordance with laws created to restrain violent men.⁶⁵

Chapter 608 completely prohibits the shackling of a pregnant woman during transport to the hospital, labor, delivery, or recovery, except when necessary for public safety.⁶⁶ Obstetricians and gynecologists have stated that physical restraints interfere with physicians’ abilities to provide proper medical care to the inmates and fetuses.⁶⁷ Additionally, during labor, women need the ability to shift positions or hold their legs in a position for delivery, and shackles greatly restrict such movement.⁶⁸ The use of restraints during transport further endangers both the mothers and fetuses by compromising the mothers’ ability to protect herself during a fall.⁶⁹

Opponents of Chapter 608 express concern that the limitations on shackling would create an increased risk of escape.⁷⁰ However, supporters of Chapter 608 argue that the shackles provided little additional public safety protection⁷¹ because armed, on-site guards are stationed to ensure staff safety and prevent escape.⁷²

64. *Id.*

65. See Waldman, *supra* note 25 (“California Department of Correction policies simply state that all inmates must be shackled when being transported to and from the hospital and while in their hospital beds. No exceptions have ever been made, not even for terminally ill or comatose prisoners, so none are made for pregnant and laboring prisoners.”).

66. CAL. PENAL CODE § 3423 (amended by Chapter 608); *id.* § 5007.7 (enacted by Chapter 608).

67. Letter from Shannon Smith-Crowley, Legis. Advoc. for the Am. C. of Obstetricians and Gynecologists, to Assembly Member Sally Lieber, Cal. State Assembly (Mar. 22, 2005) [hereinafter Smith-Crowley Letter] (on file with the *McGeorge Law Review*).

68. AMNESTY INT’L, *supra* note 2, § VI(1), available at http://www.truedemocracy.net/td2_3/11d_rfa.html (quoting a statement provided to Amnesty International from Dr. Patricia Garcia, obstetrician and gynecologist at Northwestern University’s Prentice Women’s Hospital).

69. AMNESTY FINDINGS, *supra* note 3.

70. Folberg Letter, *supra* note 50; Letter from Kristen Beard King, Leg. Advocate for Political Solutions LLC, on behalf of Cal. Ass’n for Nurse Practitioners, to Assembly Member Sally Lieber, Cal. State Assembly (Mar. 23, 2005) [hereinafter King Letter] (on file with the *McGeorge Law Review*).

71. See Smith-Crowley Letter, *supra* note 67 (“[T]hese inmates typically have armed guards on-site, which should be more than adequate to protect personnel helping a pregnant, laboring woman, or to prevent her from fleeing.”); see also Folberg Letter, *supra* note 50; King Letter, *supra* note 70 (expressing similar views).

72. King Letter, *supra* note 70; see also Smith-Crowley Letter, *supra* note 67.

Conversely, the CDCR maintains that much of what Chapter 608 requires was already in practice, and Chapter 608 is unnecessary.⁷³ Prior CDCR regulations, however, did not contain any limitations on restraining laboring pregnant inmates once they had been moved outside the prison walls.⁷⁴ With these women being shackled during transportation and through most of labor,⁷⁵ supporters argue that Chapter 608 was necessary to “protect the health and lives of incarcerated women.”⁷⁶

V. CONCLUSION

On June 30, 2005, the California prison health care system was placed in receivership after a federal District Court found the system to be “plagued by inadequate staffing, red tape and personnel procedures . . . [and] causing, on average, one death each week.”⁷⁷ The Vice President of the California Correctional Police Officers Association even criticized the current prison health care system as being a “black eye for corrections.”⁷⁸ In passing Chapter 608, California has now joined the minority of states whose Corrections Departments have adopted prison standards reflective of the U.N. Rules,⁷⁹ and California stands with Illinois as one of only two states that prohibit the shackling of pregnant inmates.⁸⁰ With Chapter 608, the California Legislature took the first of many steps in correcting critical problems pregnant inmates face and has shown the spark of a new commitment toward protecting the human rights of prisoners.

73. ASSEMBLY COMMITTEE ON APPROPRIATIONS, COMMITTEE ANALYSIS OF AB 478, at 1 (Apr. 20, 2005).

74. SENATE COMMITTEE ON PUBLIC SAFETY, COMMITTEE ANALYSIS OF AB 478, at 9 (June 14, 2006).

75. *Id.* at 6.

76. Letter from Elizabeth McGovern, Legis. Dir. of Cal. Nat'l Org. for Women, to Assembly Member Mark Leno, Cal. State Assembly (March 25, 2005) (on file with the *McGeorge Law Review*).

77. Claire Cooper, *Prison Health Care Seized: Citing Some 'Outright Depravity,' U.S. Judge Will Pick Overseer*, SACRAMENTO BEE, July 1, 2005, at A1 (on file with the *McGeorge Law Review*).

78. *Id.*

79. See Karlson, *supra* note 17, at 451-52, n. 107 (“Connecticut, South Carolina, Ohio, Pennsylvania, Illinois, and Minnesota have adopted the Rules.”).

80. Letter from Jim Lindburg, Legis. Advoc. for the Friends Comm. on Legis. of Cal., to Assembly Member Mark Leno, Cal. State Assembly (Mar. 24, 2005) (on file with the *McGeorge Law Review*).