## Gender, Health and (In)justice in Canada: An Introduction

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This dialogue aims to capture and hold on to just some of the work Wellness Within: An Organization for Health and Justice has encouraged, supported, or led since the organization's inception ten years ago. In September 2012, Julie Bilotta was forced to give birth unattended and uncared for in a cell at the Ottawa-Carleton Detention Centre to a son, Gionni Garlow. Her horrific experience prompted the creation of the country's first independent volunteer doula service for people experiencing incarceration. Since that time, Wellness Within grew from a doula project to an abolitionist movement, with a focus on the rights and experiences of women, trans and nonbinary people in pregnancy and parenting. The nursing staff providing care at the Ottawa Carleton Detention Centre while Julie gave birth lacked experience (Gillis, 2016) and violated the Canadian Nursing Association Code of Ethics (Canadian Nurses Association, 2017). To address these gaps, in addition to providing doula support, WW's mandate came to include Education, Research and Advocacy. WW does not have a physical location, operating funds, or paid staff. It remains a critical, independent voice for prison abolition and human rights, and a trusted source for resources to understand prison health and harms. WW holds an annual conference and several other events every year.

This dialogue includes over a dozen presenters from those events, addressing the intersection of gender, health, and criminalization from many angles. Wellness Within began as a project of the Halifax branch of the Women's Legal Education and Action Fund and the Chebucto Family Centre Volunteer Doula Program (VDP) in Halifax, becoming an official organization in its own right in 2017. Doulas provide non-clinical support to women, including information, encouragement, and physical comfort, prenatally, during labour and delivery, and postpartum. Above all, doulas value personal bodily autonomy and informed consent. The meaning of the profession is to stand by people in pregnancy to champion their choices. Julie's experience laid bare the need for this support in the prison system. WW began as a formal expansion of the VDP to include incarcerated women, trans and non-binary people at the Central Nova Scotia Correctional Facility ("Burnside") in Halifax. Burnside has capacity for 45 people in the unit designated for women and is co-located with a larger men's jail and a forensic hospital in an industrial park (Government of Nova Scotia, 2021). It took several years to negotiate security clearance for VDP doulas to Burnside and WW served its first client in Burnside in 2014. In 2015, WW doulas received clearance to the federal prison designated for women in Truro, Nova Scotia. In 2017, WW gained security clearance to the provincial youth detention facility, in Waterville, NS. Despite low rates of adolescent pregnancy generally in Canada, one third of incarcerated girls have been pregnant (Kouyoumdjian et al., 2016). In the first year with clearance, WW served several pregnant girls at Waterville.

WW doula support is broadly defined: providing prenatal information, equipment such as breast pumps, doula support, lactation support, referrals to professionals including reproductive mental health, public health, and parenting counsellors, and navigation of health and community services such as housing and primary care. Sometimes clients want only prenatal visits, or only postpartum visits. Any amount of WW support is optional; it represents one of the few experiences for imprisoned women for which they have some choice and autonomy to accept or refuse.

With ten years of experience supporting people in the perinatal period in three facilities and the community, WW has a strong and growing understanding of the lived realities perinatal experience while imprisoned. Two-thirds of provincially incarcerated individuals are remanded to pretrial custody (Reitano, 2017). Burnside does not allow contact visits with anyone unless specifically court ordered, and children seldom come to visit. Research clearly shows higher rates of injury, illness, disease transmission, suicide, and homicide in carceral facilities than outside. Program, visits, and outdoor time are all vulnerable to restriction due to facility lock down, staffing issues, and administrative restrictions on individual prisoners. Few accommodations are made for pregnancy and reproductive health needs and prison is dangerous in pregnancy. There have been public reports across Canada of a woman ignored in her jail cell during miscarriage (Seymour, 2017); a woman who had to wait a month while remanded to have a miscarriage confirmed (CBC News, 2018); a woman at seven-monthspregnant who was held in solitary confinement for over a week, and soon after experienced stillbirth (Rahr, 2017); and a woman who asked for weeks for attention after she felt fetal movement stop, developing a severe infection from being forced to carry her still fetus (Wakefield, 2018). It is notable that since WW began serving clients, there have been no babies born to mothers still incarcerated at Burnside. Direct action to intervene in the incarceration of pregnant people has an impact.

This dialogue aims to highlight some of the work WW and partners have led to confront the gendered health implications of incarceration. It begins, of course, with Julie Bilotta. Bilotta came to Halifax in 2015 to present at the Health Law Seminar Series at Dalhousie University, alongside Professor Sheila Wildeman, who here introduces Julie's essay with a legal contextualization. Martha Paynter and Corinne Sauve, in their roles as a registered nurse and clinical social work, collaborate clinically in Halifax to care for perinatal patients in prison. They offer research and experience-informed perspective on best practices to meet immediate patient needs while also advocating for long term change, as health care is incompatible with incarceration and threatens not only health but the ethical foundations of their professions. Mirinda Bray and Abby provide a window into the first-hand experience of maternal incarceration in Nova Scotia. Clare Heggie and Lauren Matheson, WW doulas, recount how their practice works. Dr. Rebecca Shlafer, a leading scholar on maternal and child health with respect to incarceration in the US, describes the impact of the prison doula program with which she collaborates in Minnesota. Researchers have found, despite the challenges of the carceral contexts, doulas working with prisoners were able to meet the professional goals of establishing trust, providing support, normalizing the birth experiences and empowerment (Moses and Potter, 2008; Schroeder and Bell, 2005a; Schroeder and Bell, 2005b; Shlafer et al., 2015).

The Minnesota program prompted legislative change to reduce incarceration of pregnant and postpartum people. Lindsay McVicar offers a review of Tutwiler, an acclaimed documentary short about the doula program at Tutwiler prison in Alabama. Dr. Linda Mussell presents her research into intergenerational trauma among children and family members of incarcerated people. Rachel Fayter troubles the stereotypes and media conceptualizations of women in prison. In dialogue, Carrie Low and Maggie Rahr expose the incompetence of criminal justice system's approaches to policing gendered violence. Jennifer Taylor and Grisha Cowal describe work in Nova Scotia to define and defund the police. The final essays address the particular challenges wrought by COVID-19 and opportunities for meaningful response. Kate Harland and colleagues consider the acute need for harm reduction approaches to substance use in light of the increased risk the pandemic introduced into the carceral environment. Most people in prisons designated for women have experienced sexual abuse and physical violence in childhood, increasing risk of substance use disorder, mental illness, and use of prescribed psychotropic medications (Kouyoumdjian et al., 2016). Ashley Avery and Sara Tessier describe an initiative in NS to decarcerate the jail designated for women to reduce the risk of communicable disease transmission. They recognize the disproportionate impact on women, trans and nonbinary people and their children of COVID-19 restrictions in both the prison and community. WW started to honour Julie as an innovative initiative to protect the safety and advance the health of people in prison in the perinatal period. This dialogue draws back the curtain on the gendered health experiences of incarcerated people and aims to shift understanding and prompt practical change.

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## **ABOUT THE DIALOGUE EDITORS**

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