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California Investigates a Mother-and-Child Prison Center

By [SOLOMON MOORE](#)

LOS ANGELES, July 5 — The authorities in [California](#) are investigating accusations that poor health care at a center where mothers serve prison terms with their young children led to the stillbirth of a 7-month-old fetus and endangered the lives of several children.

Staff logs, statements by prisoners and interviews with investigators, staff members and prisoners' families depict a facility where inmates and their children were denied hospital visits and medications, and where no one kept adequate records of accidents involving injuries that included a skull fracture and a broken collarbone.

The California Department of Alcohol and Drug Programs, one of several agencies investigating, is expected to decide this month whether to continue licensing the center, which houses nonviolent offenders, most convicted of drug crimes.

The problems at the center coincide with continuing intense scrutiny of health care delivery in California's prisons. A court-appointed receiver was handed control of prison medical services more than a year ago after a federal court found widespread neglect and malpractice.

The 40-bed facility, located in San Diego and offered as an alternative to serving time in the customary penitentiary setting, has dormitory-style rooms for inmate and child adjoining shared living areas. It is run under the banner of the Family Foundations Program by a nonprofit contractor, Center Point Inc., which did not return calls seeking comment.

An official with the California Department of Corrections and Rehabilitation, Wendy Still, said the department had looked into accusations surrounding the center and had ordered Center Point, based in San Rafael, Calif., to hire a part-time doctor for the facility and keep a registered nurse there. Disciplinary action could be taken against Center Point, depending on the results of the investigation, Ms. Still said.

The San Diego police would not comment on the inquiry, except to confirm that their child abuse unit was taking part. A spokeswoman for the court-appointed receiver, Robert Sillen,

said it was unlikely that his authority extended to the care of children at the center.

“We don’t think that these kids are part of our mandate, because they are not incarcerated,” said the spokeswoman, Rachel Kagan.

With the state dogged by prison overcrowding, the Family Foundations Program had been considered a model for nonviolent female offenders. A provision for a similar program in Fresno, the state’s sixth for incarcerated mothers and their children, is in a new law that, to accommodate 53,000 more prisoners, provides \$7.7 billion for prison construction and new initiatives.

Though only a small fraction of the total prison population, female inmates are growing in number in California and other states. The federal Bureau of Justice Statistics announced last week that the nation’s prison and jail population grew 2.8 percent from midyear 2005 to midyear 2006, the largest rise since 2000, and that the number of incarcerated women grew at almost double the overall rate, to a total of 111,403.

Sharp increases in imprisonment of women began after the enactment of stiffer drug sentencing laws in the 1980s and 1990s, said Robert J. LaLonde, an economist at the [University of Chicago](#).

“A lot of women who probably wouldn’t have gone to prison before are now going in for Class 4 drug felonies — the least serious felonies,” Dr. LaLonde said, referring to crimes that in some instances had previously resulted in nothing more than probation.

Studies show that about 75 percent of imprisoned women across the country are mothers, most of whom had custody of their children before their incarceration. In most cases, the children are left in the care of grandparents or other members of the extended family, but about 10 percent are placed in foster care.

Only a handful of states offer imprisoned mothers the opportunity to live with their children, and even those states allocate few spaces to them. The most such spaces are in California, where 140 women live with their children at five small centers, including the one in San Diego.

Advocates of mother-child prison programs say they can reduce recidivism while retaining family bonds and easing pressure on the state’s child welfare system. But even supporters worry that the California Department of Corrections and Rehabilitation, or C.D.C., may be too dysfunctional to provide sufficient oversight.

“This program has fallen by the wayside,” said Karen Shain, co-director of Legal Services for Prisoners With Children, based in San Francisco. “I don’t want to say that they should shut it all down, but I don’t know that the C.D.C. has the capacity to take care of women and children.”

Accusations of neglect and incompetence at the San Diego center abound.

For instance, one inmate, Marsha Strickland, complained to the staff about her 5-year-old daughter’s blinding headaches and constant nausea for at least six weeks before the girl was allowed a hospital visit in January, according to accounts by inmates and former staff members. The child is now living with relatives and undergoing treatment for brain cancer.

In April, another prisoner, Sonya Bradford, delivered a stillborn fetus. According to interviews with former staff members and to witness statements offered to the San Diego police, the prison’s staff had ignored Ms. Bradford’s complaints that the fetus, which was 7 months old, had stopped moving. Corrections officials deny responsibility for the stillbirth because it occurred only two days after Ms. Bradford’s arrival at the center.

Yet another inmate, Dinesha Lawson, says she told the staff for several days that her infant daughter’s breathing was labored. Finally, on May 3, Ms. Lawson and the baby, Esperanza, were taken to the emergency room of a children’s hospital, driven there by Trish Hoban, a vocational counselor later fired by Center Point on the ground, she says, that she had shared inmates’ confidential health information with other inmates, an accusation she denies.

“They took the baby into the trauma ward to a room called the resuscitation room,” Ms. Hoban said of Esperanza. “They said the baby’s heart rate was 32. She was in cardiac arrest.”

Esperanza’s father, William Ramirez, says she had double pneumonia and was later given a regimen of antibiotics and a blood transfusion.

Ms. Still, the corrections official, denies that the girl was in cardiac arrest but acknowledges that she required placement in an incubator.

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