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Book Review

Shackles and Strength: Accessing Care in Carceral Institutions

Jailcare: Finding the Safety Net for Women behind Bars by Carolyn Sufrin

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Shackles and Strength: Accessing Care in Carceral Institutions

Sufrin, Carolyn. *Jailcare: Finding the Safety Net for Women behind Bars*. Philadelphia: University of California Press. 2017. 328 pages.

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What kind and quality of healthcare do incarcerated people deserve? Carolyn Sufrin, a practicing obstetrician and anthropologist working in San Francisco, attempts to delve into the legal, moral and historical complexity of that question. Her book, *Jailcare* (2017), gives readers a glimpse into the way health care workers, deputies (jail guards), family members, tax payers and incarcerated women themselves answer this question. Sufrin has the unique ability to tackle the relationship between care and punishment from many angles. Her multi-sited fieldwork in the county hospital and local jail means that she has access to, and interacts with, incarcerated women and their families over ‘normal’ boundaries. Jails have obvious physical barriers in our society; cells, fences and gates ostensibly separate the ‘good’ from the ‘bad’, the ‘safe’ from the ‘unsafe’, the ‘clean’ from the ‘unclean.’ Sufrin’s ability to move across these boundaries and her commitment to complicating how we understand them demonstrates that she is not only a great anthropologist but also a great writer.

This issue’s publication theme is based off of “The Implosion Project,” Joseph Dumit’s concept that in order to understand an object, we must understand its history, its smallest pieces and its connection to other things. He writes that “Implosion Projects are attempts to teach and learn about the embeddedness of objects [...] The emphasis is on details and nonobvious connections” (2014, 350). Unlike some authors who encourage the strong use of ‘fact,’ Dumit urges his readers not to shy away from suggestion, as long as they “note your form of certainty” (2014, 351). Using the carceral system as the object of what could be understood to be her implosion project, Carolyn Sufrin methodically and poetically readdresses details; the jail as an institution is not necessarily what we think it is. Sufrin shows us how a ‘convict’ might also be a woman seeking healthcare, a mother and a struggling addict. *Jailcare* leaves readers scrambling for an answer to the broken system that Sufrin portrays, the system in which poor women of colour are funneled in and out of jails and prisons. Sufrin’s thought-provoking ethnography demonstrates that the carceral system is much more complex than it appears.

Sufrin begins her process of writing by defining the terms she uses, without hesitating to be critical of the historical and social dimensions that certain words evoke. She coins the term ‘jailcare’ to refer to the process of administering health care in a carceral institution and the opposing processes of punishment, violence and care that interact within it. Disturbingly, Sufrin points out that jails and prisons are the only places in the United

States that guarantee free health care to citizens. Furthermore, because the quality of care at the San Francisco jail where Sufrin worked was more accessible than clinics in the community, it was not uncommon for lower income women of colour (pregnant or not) to purposefully find their way back into the jail in order to access health care.

This flow of people living in poverty in and out of jail and the state's role in that flow are main themes of the book. Sufrin refers to the "familiarity that can be engendered in jail, and to a flow of bodies between jail and the community" (2017, 17). In other words, jail can be understood as an extension of the community, a place where lower income women of colour can be found. As opposed to prisons, which house women serving much longer sentences, jails service a much more fluid population. At the jail Sufrin studies, upwards of 60 women were triaged and released daily. However, because in this jail the recidivism rate—the percentage of people who return to jail after release—was so high, the population contained a core group of women who found themselves moving into and out of jail at a constant rate. These core women became Sufrin's patients, subjects of study, and eventually the characters in her raw and powerful examination of how everyday people are tackling America's overlapping systems of poverty, structural violence and lack of available, adequate healthcare.

A thorough read of *Jailcare* raises important questions about success. For women with limited resources outside of jail, does success mean staying on the streets or staying inside the carceral system? Should we measure success by low recidivism rates? Does success mean that less money or more money is being spent on the carceral system? Although Sufrin leaves many questions unanswered and poised for further research, her poignant account shows us the complexities that arise when care is administered in a place designated for punishment.

I've never read an ethnography in which the author presents and critiques their own privileges in their research space as successfully as does Sufrin. Not only does she contextualize the population of lower income, mostly women of colour who frequented the jail, but she also situates her own position at the institution. Because of her hands-on interaction with the "patient-prisoners" as their doctor, listener, and confidant, Sufrin acts as an "observant participant" instead of the traditional, anthropological "participant observer," a method dampened by its colonial and racist history. In her Acknowledgements section of the book, Sufrin writes that her professional background as well as her interactions with other prominent, social-justice-promoting doctors taught her "how to be an unwavering advocate for the most marginalized people in society" (2017, x). Her book is simultaneously a call for better social services and structural changes and an acknowledgement that the decisions these incarcerated women have made make sense in the context of their lives.

In addition to checking her own privileges throughout the book, Sufrin succeeds in humanizing her patients by explaining just how few privileges they were afforded. Throughout the book, she highlights the lack of confidentiality that patient-prisoners face while inside the jail. They need to ask permission for everything, be that to use the bathroom, to get a tampon, to see the doctor or to get medicine. Furthermore, the author details how new patients were triaged in the middle of the jail. She calls this phenomenon "public privacy" and illustrates how it can be frustrating and humiliating for incarcerated women to have their health information displayed so publicly. However, it can also be

problematic or even dangerous when deputies are out of the loop about their custody's health, especially when they are pregnant.

Furthermore, Sufrin notes that it's key for staff to be tuned in to their custodies' needs because the incarcerated women they are in charge of do not always tell the truth. Whereas outside jail, many of the women prioritize their addictions over their health, inside, sobriety allows women a chance to focus on their health. However, that doesn't apply to all of the patient-prisoners. Sufrin shows readers how health professionals like herself who work in the carceral system have become accustomed to dealing with patient-prisoners who refuse treatment, fake or manipulate their symptoms and who use the clinic as a way to 'escape' the prison environment. She writes that "the boundary between diagnosing disease or diagnosing manipulation was unsettled" (2017, 113). In other words, Sufrin points out how health care practitioners in jail are forced to make on-the-spot decisions about deservingness and necessity of treatment. These can be life or death decisions and may also be influenced by the fear of litigation. Lawsuits cost jail and prison systems millions of dollars every year, and doctors, like those in Sufrin's book, take extra precautions especially when dealing with pregnant prisoners in order to avoid such lawsuits. A large majority of her research centers on how pregnant women in jail experience and access healthcare, a process she deems the "hypermedicalization of pregnancy" (2017, 144). In light of this, her anecdotes and analysis about locking up and punishing pregnant women raise important questions about pregnancy and incarceration: Do pregnant prisoners deserve unchecked access to health care? Does punishing a pregnant woman harm their unborn baby? And, should doctors inside the jail play a nurturing or punitive role?

Doctors aren't the only workers at the jail whose position was left undefined. Sufrin illustrates how the deputies' relationships with their patient-prisoners also blur the line between punisher, caretaker, confidant, and friend. In line with Dumit's commitment to uncovering "nonobvious connections" (2014, 350), Sufrin points out that previous literature has taken a very stagnant view on the prisoner-guard relationship. Furthermore, she suggests that the intimacy between deputies and incarcerated persons at the San Francisco jail cannot be exaggerated. As Sufrin details, some of the women and the deputies had come from the same neighborhoods and knew one another growing up. Most deputies were aware of the fact that many of the incarcerated women also had family members in jail or who had been in jail previously. I think of this as family trees in which some of the branches and leaves are cordoned off for a time, before falling, dying, or for the lucky few, blowing away. Many of the deputies can be imagined as branches of other trees that weave together. They have been nurtured by similar resources but have ended up on different sides of the cell. *Jailcare* illustrates how the systemic problem of intergenerational incarceration means that many deputies who had been working at the jail for years had overseen the custody of women and their sisters, mothers, cousins, aunts, and daughters. Sufrin elaborates that deputies felt a range of constantly changing emotions towards the women in their custody—anger, superiority, disappointment, sadness, helplessness, affection, and indifference—some of whom they have watched cycle in and out of the jail for decades.

Despite the complex and changing role that prison staff workers face inside the jail, Sufrin points out that society labels them as inferior to other similar professionals who work outside of the carceral system. Sufrin writes about how deputies and staff face stigma

by being associated with the ‘filth,’ ‘poverty,’ and ‘sin’ that outsiders characterize prisoners by. She describes the National Commission on Correctional Healthcare’s role as a “force of professionalism trying to normalize the work of health care providers in an area that continues to be marginalized by mainstream professional circles” (2017, 57). This marginalization that she speaks of can be reinterpreted as courtesy stigma that has been attributed to staff at carceral institutions by mere association with the prisoners. Staff are thought of as ‘infected’ because they work among the incarcerated day in and day out.

Americans stigmatize prison staff, prisoners, those on welfare, and those who struggle with addiction; yet they also expect the carceral system to deal with—medically and financially—America’s most impoverished citizens. Although her work provides exceptional insight into day-to-day logistics of the jail, Sufrin’s book could benefit from a more detailed account of the financial logistics of administering health care in jail. She fails to address who is paying for what kind of services. If a patient-prisoner happens to have private insurance, does their insurer cover them in jail? More information on how private and/or public contributors fund health care in jail would illustrate broader connections between micro and macro-systems.

Another disappointment was the repetitive rhythm to the book that I found distracting and somewhat disruptive. Sufrin tends to emphasize the same points over and over again, sometimes even reusing or revisiting quotes from previous sections. A read-through of the book feels as if you are backtracking to where you started, an unfortunate reality for many of her characters. Although it’s important for anthropologists to emphasize certain ideas, *Jailcare* could have benefitted from a critical reading in which several passages that convey the same idea are either removed or layered with new insights.

Although I appreciated the devoted nature and impressive consistency in Sufrin’s non-judgmental attitude towards her patient-prisoners, it was at times, very unnerving. There are moments in the book when Sufrin’s lack of frustration towards her patients is cause for frustration itself. When two of her patients, Kima and Evelyn, relapse after serious promises of commitment to change, I became extremely frustrated with the cyclical patterns of incarceration, sobriety, release, relapse, and re-incarceration. I wanted the author to share in my anger and disappointment that these women could not put their children before their addictions; I wanted her to shake some ‘sense’ into them and to write about their happy endings. Ever the thorough ethnographer, Sufrin withholds her judgement in order to show how ‘sense’ isn’t an exact science, it’s contextual. Sufrin doesn’t shy away from the struggle her patients experience and nowhere in her book does she criticize the actions of her informants. Instead, she examines the social, biological, and personal histories that led each individual to make the decisions they made.

Sufrin concludes by claiming that it was “hard” to witness two patient-prisoners’ struggles through life. However, she reminds readers and researchers that the “anger and concern” that she felt towards the women she treated was “not something to be resolved. It is rather central to the form of care [she has] described throughout this book” (2017, 234). In light of this, Sufrin argues that health care administrators in the carceral system should not only be accustomed to, but should embrace the relationship of frustration and pride that they have with their patients. Doctors and nurses risk administering substandard care

when they become complacent or indifferent to their patient-prisoner's struggles and often abusive histories.

Sufrin has a lot to say about America's carceral system and discusses this with a refreshingly new perspective. *Jailcare* not only looks at how race politics exist within jails and how carceral spaces are racialized, but this work also addresses the gendered history of institutions—the fact is that jails and prisons are physically and logistically set up to accommodate men and not women, especially not pregnant women. Sufrin expertly manages to illustrate how trendy, political buzzwords are realized by people; they are enacted in the present-day realities of women of colour in the carceral system across America. As an Anthropology student, I've looked to Sufrin's writing as an example for how to address my own privileges and reserve personal judgements in my own studies. Her dedication to reflecting on and deconstructing a space previously thought as 'understood' points to *Jailcare* as one of the most relevant ethnographies to read right now.

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