

Prison Reforms for Menstrual Equity: A Public Health Policy from the Greater Good Initiative

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Individuals living in correctional facilities must quickly adapt to a loss of autonomy. Beyond their loss of several civil rights, incarcerated individuals are continually stripped of their dignity through a lack of control over their personal hygiene (Haven). Limited access to menstrual products in correctional facilities across the United States poses a threat to not only the dignity but the physical wellness and safety of incarcerated menstruators (Haven). In Muskegon County, Michigan, prison staff forced thirty incarcerated menstruators to share a pack of twelve pads, leaving less than half of one pad per individual for the duration of a menstrual cycle. When this case was brought forward in court, it was decided that the “deprivation of menstrual products was *de minimis* — too trivial to be considered a violation of the Constitution” (“The Unequal Price of Periods”). The lack of legislative and judicial accountability concerning menstrual equity in correctional facilities creates dire consequences for incarcerated menstruators. Menstrual equity advocate and former inmate Kimberly Haven reports that throughout her sentence, overpriced menstrual products from the commissary and uncomfortable encounters with correctional officers compelled her to

craft her own menstrual products. However, her makeshift products caused toxic shock syndrome, an often life-threatening infection of the bloodstream frequently caused by a bacterial infection from the use of a menstrual product. As a result, when Haven returned home, she needed a hysterectomy (Haven). Haven is one of many individuals who has endured physical turmoil and a degrading power imbalance resulting from the stigma, shame, and lack of legislative accountability concerning menstrual health, a burden that is only made heavier inside prison walls.

Presently, Michigan is one of the thirty-eight states without menstrual equity laws protecting incarcerated individuals. Worse, even when legislation does exist, it has proven to be insufficient and poorly upheld. The Eighth Amendment requires prisons to provide for individuals' basic hygiene needs, yet incarcerated individuals have historically received scant protection. In the court case *Semelbauer v. Muskegon County*, incarcerated menstruators were denied access to menstrual products for up to two days, causing them to bleed on their clothes, which they were not permitted to clean until their weekly wash day ("The Unequal Price of Periods"). Wearing bloodstained clothing for a long duration increases a person's propensity for infection and breeds humiliation. Despite the health risks and shame these individuals experienced from a lack of access to menstrual products, the court ruled that their case was minor, diminishing the situation to a "delay in delivery" (Haven). In response to the insufficient legislation protecting incarcerated menstruators' health, dignity, and safety in Michigan, the Public Health Policy Team at the Greater Good Initiative collaborated with stakeholders and community partners to promote a policy guide to enact sustainable menstrual equity practices in Michigan's state correctional facilities: [Prison Reforms for Increased Menstrual Equity \(PRIME\)](#).

Since its establishment as one of GGI's founding policy sectors in April 2020, Public Health has been guided by the value of community-driven change. Acknowledging that the communities most significantly impacted by health inequities are best-equipped to architect equity-minded policy solutions, the insights of stakeholders and community partners have been the axis around which Public Health's policy process spins. When initiating the policy that would become PRIME, our team expressed interest in expanding both menstrual equity and dignity for incarcerated

individuals. After researching the specific challenges related to both topics, a lack of legislation concerning menstrual equity within correctional facilities revealed the potential for a policy addressing both concerns. Seeking to amplify stakeholder voices first and foremost, our team solidified PRIME's tenets through conversations with formerly incarcerated menstruators engaged in menstrual equity work, contributors to menstrual equity bills passed in other states, and correctional caseworkers with intimate awareness of institutional dynamics. Among the most prominent areas of concern shared by stakeholders were a lack of accountability in the menstrual product accrument and distribution processes — notably concerning a prevalent abuse of power in the relational dynamic between guards and incarcerated individuals — and a lack of product affordability. Contextualizing stakeholders' insights with deep research into the history and practicality of menstrual equity legislation in correctional facilities, the Public Health Policy Team developed PRIME.

PRIME consists of five menstrual equity-advancing recommendations for the Michigan state legislature and Department of Corrections. Our research led us to conclude that a comprehensive policy promoting menstrual equity in correctional facilities involves making menstrual products affordable, accessible, and easily disposable. Although PRIME focuses on Michigan, its framework could be adjusted to address the hygienic deficiencies of other states' prison systems, especially the thirty-seven other states without legislative protection for incarcerated individuals' access to menstrual products.

The first recommendation comprises the core legislative element of PRIME. It calls for the state of Michigan to pass a law guaranteeing individuals incarcerated in state prisons free access to tampons and sanitary napkins. Although incarcerated individuals in Michigan receive a free supply of sanitary napkins and can purchase tampons, their meager wages make the purchase of additional menstrual products infeasible. To account for the varying needs and preferences of menstruating individuals, other states, such as Maryland, have passed legislation guaranteeing free access to a variety of menstrual products (Mariomow). Making a monthly supply of tampons and sanitary napkins available to incarcerated individuals at no cost provides some optionality that respects different experiences with menstruation.

PRIME's second recommendation calls for Michigan's state correctional facilities to stock a supply of hygiene products in a shared storage container that incarcerated individuals can freely access. Relying on correctional officers can serve as an obstacle to incarcerated individuals obtaining menstrual products. The historically poor relationship between correctional officers and inmates has previously manifested in the officers' withholding of menstrual products to extort favors from those incarcerated. Making menstrual products available to incarcerated individuals in a shared space reduces the potential for correctional officers to leverage power by threatening to withhold hygiene materials. In addition to menstrual products, PRIME highlights toilet paper and disposable underwear as hygiene products that should be stocked in storage containers to account for the aging prison population.

Third, PRIME directs state correctional facilities to complete supply forms upon re-stocking storage containers that they would need to submit to the Michigan Department of Corrections (MDOC) monthly. The supply forms would indicate the number of each type of hygiene product stored in the container. In Maryland, inmates reported a lack of access to free tampons despite the passage of a law guaranteeing free sanitary napkins and tampons to incarcerated individuals (Marimow). Requiring state correctional facilities to update the MDOC on the number of hygiene products accessible to incarcerated individuals in storage containers enforces compliance with menstrual equity law.

Fourth, PRIME offers scenarios in which incarcerated individuals should have access to a supply of menstrual hygiene products. The policy calls for correctional facilities to make menstrual products available where strip searches occur so that incarcerated menstruators can replace used products rather than reusing materials exposed to external conditions and risking infection. Correctional facilities should also standardize the provision of menstrual products at intake and discharge, recognizing that incarcerated individuals may require menstrual supplies at the time of their admission or departure but lack the financial means to afford them.

Lastly, PRIME advises Michigan state correctional facilities to institute policies ensuring hygienic disposal of menstrual products and proper sanitization of areas

where materials containing bodily fluids are exposed. In addition to guaranteeing access to hygiene products, PRIME recognizes that a comprehensive menstrual equity policy requires a plan that prevents the deterioration of menstruators' living conditions.

The primary method in which PRIME is lobbied and advocated to legislators is through emails. The Public Health Advocacy team at GGI contacted several legislators in Michigan. All representatives, regardless of party affiliation, were contacted, because menstrual equity and inequity are not partisan issues. Many members of the Michigan Department of Corrections (DoC), including the Correctional Facilities Administration Deputy Director and the Administrator of Health Care Services, were also reached in the communication efforts. Other local officials associated with the DoC and Detroit Health Departments were also included in advocacy efforts, such as the Detroit Health Department Chief Public Health Officer and the Medical Director of the Detroit Health Department. Those who emailed back expressing interest in the policy were then contacted to set up a Zoom call to hear more about the policy and discuss further steps. Members of the advocacy team also expanded outreach efforts by sending emails to several Period Inc. chapters in the Michigan area, which were primarily collegiate-based (University of Michigan, Wayne State University, etc.). Period Inc. is a non-profit with the mission of combatting period poverty and the stigma surrounding menstruators. To gain further traction in advocacy efforts for PRIME, the advocacy team also communicated with several menstrual equity organizations and nonprofits, including Helping Women Period, THE DOT ORG, and Period Equity.

Throughout the development of PRIME, connecting with fellow youth-led groups engaged in community-centered health equity energized the Public Health policy and advocacy teams. During the advocacy process, our team's conversations with other young organizations revealed both the ambitious idealism and focused pragmatism characteristic of youth in politics. A prevailing motivator among Gen-Z is the drive to destigmatize critical topics often pushed to the periphery of mainstream dialogue. Aiming to amplify the voices of marginalized communities with humility and integrity, young people are developing the tenacity to challenge stigma and displace shame. From classrooms to correctional facilities, few topics carry as much stigma and shame as menstruation. In continuing community-driven conversations centering

menstrual equity barriers, young people can catalyze empathy as a tool of destigmatization, setting the stage for in-touch health equity work. The Public Health team at GGI understands policy work as a manifestation of this empathy. This platform not only dissipates stigma through community dialogue but addresses the systemic challenges that actively silence and oppress marginalized communities well beyond stigma's reach. The work of GGI demonstrates that youth have an active role in the creation of high-level, sustainable policy work. Integrity-driven policy centers stakeholder perspectives and is strengthened by policy co-creators with a passion and drive to uplift community voice. Young people are ready to start the conversation.

References

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