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Medicine inside

Prisons, participatory research, and practising with hope behind bars

Story by Sarah de Leeuw

Sometimes, admits Dr Ruth Elwood Martin, there is something otherworldly about the place she practised medicine for more than 2 decades.

"It was like going to another planet," she says, likening where she practised to a habitation pod in some faraway universe: there are long corridors, windowless halls. Doors clang hollowly shut between one sector and another. Oxygen feels pumped in, the blue sky awfully far away.

Mostly Dr Martin practised in the centre of these otherworldly places. Literally. The centre. That's, after all, where clinics and hospital facilities in prisons are often located. Or the libraries are there. And since Ruth Elwood Martin now balances a history of providing health care with an ongoing community-based research agenda of working with people who have incarceration experience in British Columbia, she's often right in the centre, the beating heart, of institutions most Canadians, even physicians, know almost nothing about.

Dr Martin used to be one of those people.

"I remember turning 40. I was juggling family practice and 4 kids. A nurse friend of mine asked if I was looking for a change. She was right. I was. I hated the part of medicine that was running a business. And then I got this call from a provincial correctional centre for women. It was a sessional job. My first thought was that they must be crazy. They must think I'm the lowest of the low, asking me to work in a jail! Still, I was intrigued."

So Ruth followed an inexplicable call, a call that has become a calling.

"That first day in the clinic, I saw more women with complicated health profiles than I'd see in months at my family practice. And the women were so keen, so keen to have anyone listen to their health issues. A light bulb went on in my head. I can't really explain it, I just realized this was a calling."

Which is not to say that practising medicine behind bars is a cakewalk. Just the opposite, in fact. The complexity, the trials (sometimes real ones, in courts!) and tribulations—the utterly unique daily difficulties—are in great part what makes the work so challenging and thus so rewarding, according to Dr Martin.

COVER STORY

“As physicians, we are called upon to serve the person in front of us. This involves compassion. It involves hope and passion. The women I worked with in prison are very, very bright people. Often they’ve just channeled that intelligence and energy into less than constructive things. You realize, though, listening to stories of their social experiences, that their lives have always involved trauma. I needed the box of Kleenex as much as they did, especially learning about all the terrible childhoods, about the traumas that come from addiction. I have learned so much from these women. I have learned so much about aboriginal women. I learned the less I wore my ‘doctor’s hat’ the more I learned from the women. The more I learned we are all part of a common humanity. I have my physician experience; they have their lived experience.”

The lived experiences of women behind bars is not well understood. Something Dr Martin is also intent on changing, noting that 90% of prisoners in Canada are men. “It was like when my kids were little,” explains Ruth. “Every question generates another question, which leads to another question. There are so many questions! Around 1995 I decided to focus on cervical cancer screening. We got funding for a Pap-friendly nurse inside and we found women *did* get more Pap screening if there was a friendly nurse. But then the women stopped once they were on the outside again. The research felt a little unsatisfying. In 2005 I started learning about community-based participatory action research. Oh my goodness! I loved it! I realized there was so much to be learned.”

To understand the realities of women behind bars, Ruth had to become “the most empathic of listeners. I had to develop trust. As a woman in a women’s prison, I had to form very specific kinds of relationships. One of the first things you learn is that so much of a woman’s life in prison is tied up with her children. When they get out, it’s the same thing. Community-based research opened up this understanding for me. Health for these women, I came to understand, was about housing, about their children, about poverty. I learned this through kitchen-table conversations. Conversations where I opened up too, about being a woman and a mother. I care deeply about these women.”

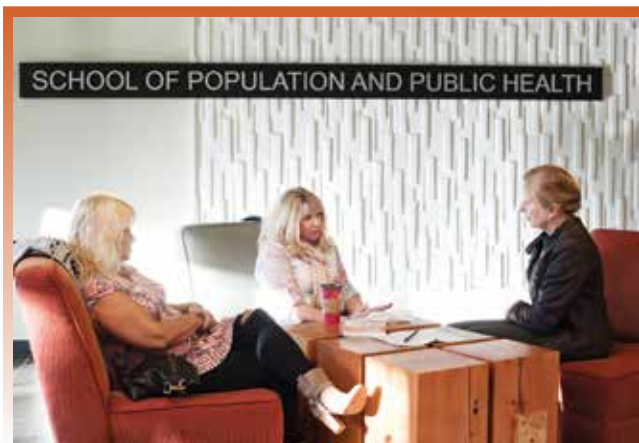
Hiccups have occurred on the rocky road of building research and clinical relationships with women in prison. “You get very blunt feedback. The women tell things straight at you, in a way polite patients on the outside never do. And yes, there are times I’ve been mortified. Once a woman who’d worked with me as a research assistant confessed she’d lied years before about her symptoms to get heavier prescriptions. Another woman forged my signature on the outside to get prescriptions.

“It was really hard when I first started. I remember I used to drive to this little car park on the way home from work, with the baby-sitter clock ticking away at home, and I’d just stare over the river. The days were so hard. I started writing poetry then, because there was so much stuff to process. The rawness and the desperation.”

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In many ways, Dr Ruth Elwood Martin has a poetic vision about prison medicine and research more broadly. Reflecting on the huge hurdles to health in women's prisons, she believes the system could be crafted more elegantly, more humanely.

Women fall between jurisdictional cracks all the time: they're known as "churners" because they churn in and out of various systems. Working inside as a physician is extremely isolating and complicated ethical realities arise all the time: "You often work without other doctors beside you. You're always balancing a medical system with an incarceration system. Your training might say a person needs to be transferred to hospital; in a prison, that means security guards have to be called in. When people are incarcerated, they go through forced withdrawal. You see people being dealt with punitively and you have to ask yourself; as a physician, where do I come down on this?"

In part, Dr Martin's been coming down on things since 2005 by running community-based participatory research projects with people who've spent time in prisons. The research reflects the voices, needs, visions, and experiences of men and women on the inside of a poorly understood and even less-studied system. And, beyond the walls, there are the huge challenges of people with criminal records finding a physician once they leave prison: "They face stigma every day," observes Ruth. "And they are distrustful of everyone with power, including physicians."

Ruth wanted to change that picture. "We needed to create a community of prison health family practice in Canada,"¹ says Dr Martin, noting how inspiring she finds the World Health Organization's prison health initiatives.² Her own work is inspiring international audiences: she is preparing a tool kit³ on prison medicine, has published a number of research papers^{4,5} on prison health, and has co-edited the book *Arresting Hope: Women Taking Action in Prison Health Inside Out*.⁶

Still, what inspires Dr Martin more than anything else are the men and women she has worked with for such a long time. "We need to remember their sentence is their punishment. Everything that comes after that moment of

sentencing should be about rehabilitation, about restoring the humanity of a person. These really are people who want to be healthy. They want to give back to their community and be connected with their families."

Dr Ruth Elwood Martin plans to be involved in that health rehabilitation every step of the way: "I'm on this bus now, and I'll likely ride it till I die," she concludes. 🌿

Dr Martin is Clinical Professor at the School of Population and Public Health and Inaugural Director at the Collaborating Centre for Prison Health and Education, which is a network of academic, community, and prison persons interested in improving the health of incarcerated individuals, their families, and communities, at the University of British Columbia in Vancouver. She was the recipient of a 2015 Governor General's Award in Commemoration of the Persons Case, which she dedicated to incarcerated women and their families.

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The Cover Project The Faces of Family Medicine project has evolved from individual faces of family medicine in Canada to portraits of physicians and communities across the country grappling with some of the inequities and challenges pervading society. It is our hope that over time this collection of covers and stories will help us to enhance our relationships with our patients in our own communities.

PHOTOS

Background photo page 146-7 Dr Martin visiting the correctional centre.

Background photo page 148-9 Dr Martin stops by the river to reflect on the day's events. **Top left** Dr Martin (right) and Mo Korchinski (centre) are co-editors, and Christine Hemingway (left) is a contributing author, of *Arresting Hope*, which includes narratives, poetry, and participatory health research from inside a women's correctional facility in British Columbia. **Top right** Dr Martin (right) discusses the peer health mentoring program with Mo Korchinski (left) and Christine Hemingway (centre). Mo and Christine both work as peer health mentors to women after their release from the correctional centre.

PHOTOGRAPHER Cathie Ferguson, Victoria, BC