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## Healthcare Access in Women's Prisons: An Intersectional Perspective

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# Healthcare Access in Women's Prisons: An Intersectional Perspective

Megan Bray, Faculty Mentor: Liz Canfield

## Abstract

This project will be identifying the key factors that contribute to the significant lack of health care in prisons in the U.S., specifically in women's correctional facilities. I will be lending my focus to disparities in mental health, HIV/AIDS care, reproductive health, trans health, and physical health issues among women who are either currently incarcerated or those who have completed their sentences and are at higher risk for re-entry after attempting re-integration. There is a lack of care, access, and proper treatment for women inmates in U.S. prisons and reform is needed. I foresee the best possible way to accomplish this change short-term is by reforming healthcare policies in prisons, creating competency trainings for healthcare professionals in correctional facilities, including individualized services and trauma informed care, creating community-based services on the outside, and advocating for policy reform outside of prisons until they are abolished altogether. By creating better access to care for women outside of prison, many crimes of necessity will decrease, as well as substance abuse among those coping with physical disabilities and/or mental illness.

## Introduction

With over 205,000 women in the United States in local jails and prisons, incarceration could be the first stop at preventative health care for women who are at high-risk and medically underserved. However, with recent surveys and studies, it's becoming more and more evident that health care services in prisons are either lacking or completely inaccessible for inmates. Prisons are not only systematically disregarding women's specific needs, but basic human rights where standards of decency are met. Despite disproportionately incarcerating women of color and/or women of lower class status, prisons charge co-pays for care, payments for services that women who cannot afford to pay, do not receive. Competent health care workers are also lacking in these prisons, those who have a general understanding of gender-sensitivity-trauma informed care, trans health, disabilities, and mental health. With such high percentages of incarcerated women with mental illnesses, competency trainings should be mandated and regulated. Reproductive health is another area for reform. Preventative measures for contracting HIV/AIDS are severely lacking, and forms of contraception are either ineffective or not provided at all. According to a study in 2009, 70% of prisons surveyed had no formal policy on contraceptives (Sufurin, et al.). There are many opportunities to reform the current system in place, and it doesn't have to be a process that will take twenty years in the making.

## Discussion

- ❖ "Barriers to care included concerns about privacy and dignity as well as waiting time for treatment, co-payments, and concealing problems in order to obtain work opportunities" (Hatton et al).
- ❖ "In the year after leaving prison, women with mental health problems reported poorer health, more hospitalizations, more suicidal thoughts, greater difficulties securing housing and employment, more involvement in criminal behavior, and less financial support from family than women with no indication of mental health problems" (Visher & Bakken).
- ❖ "Of eligible respondents [of the survey], 70% reported some degree of contraception counseling for women at their facilities. Only 11% provided routine counseling prior to release. Seventy percent said that their institution had no formal policy on contraception. Thirty-eight percent of clinicians provided birth control methods at their facilities. Although the most frequently counseled and prescribed method was oral contraceptive pills, only 50% of providers rated their oral contraceptive counseling ability as good or very good" (Sufurin et. al).



In this Dec. 10, 2013 photo Tynichea Stephens visits with cellmates in a new unit in the Harris County Jail for gay, bisexual and transgender prisoners in Houston. Harris County is one of many jails around the country implementing changes to the way it treats its gay, lesbian, bisexual and transgender population based on new rules that say it is discriminatory, as well as potentially unsafe, to house people based on sexual orientation and gender. Now they hope to house inmates based on where they will be safest, and consider gender identity when making that decision. (AP Photo/Pat Sullivan)



Stephaine Reis and Major, 10 weeks old. Reis was serving time for criminal possession of a controlled substance. (Wayne Lawrence)

## Conclusion

- ❖ All humans deserve basic human rights, and health care should not be considered a privilege for the rich and a luxury for the poor; co-payments for health care services should be waived for those who cannot afford care.
- ❖ By instituting and regulating community-based services in areas with higher-risk, medically underserved women, imprisonment can be prevented, as well as re-entry, especially for substance abuse, mental illness, and sexual and reproductive health.
- ❖ Health care staff in prisons need to undergo specialized trainings in order to provide individualized care for each person in the prison population.
- ❖ Policies regarding human rights, especially those who are incarcerated, need to be more detailed and improved to ensure the health and wellbeing of all women.
- ❖ Health care access needs to be expanded and improved, especially in areas where many are at higher-risk, which includes expanding Medicaid and other welfare services.

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## Further Information

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