

Formerly Incarcerated Women's Experience of Healthcare in Prison

What would women who have been incarcerated in Arkansas tell decision-makers about their experiences of prison healthcare? We asked. Below are the key themes from their replies.

Physical healthcare experiences were poor.

Lengthy delays, low quality, and negative health outcomes were frequently described.

"They **give you the bare minimum** of what they can to take care of you."

"It's got to be the worst healthcare I ever run in to. **Weeks to get in** whenever anything is terribly wrong."

"**If you get a cavity** they don't even bother filling it. **They just pull your tooth.**"

More specialty care access is needed.

Specialty care services such as mental health care, dental care, addiction treatment, and eye care were often mentioned as lacking but needed.

"Nobody can have the most effective **mental health help**...there's too much need."

"They should **offer a lot more services**. We're supposedly state property; well, **if we're state property, fix us.**"

"**Rehab and education programs** should be offered in every prison."

Prison healthcare providers treat us poorly.

Women described feeling unimportant, dehumanized, and uncared for in their interactions with prison healthcare providers. They voiced a need for more compassion.

"It **would be nice to be treated like a human** in prison by a doctor."

"It's run by **cold, callous, uncaring people who don't care if you live or die** at all... the ones who do care can't do anything about it."

"**They just think** every time you go in there that **you're making something up.**"

Formerly Incarcerated Women's Experience of Community Healthcare

What would women who have been incarcerated in Arkansas tell decision-makers about their experiences of community healthcare? We asked. Below are the key themes from their replies.

The healthcare system is not working.

Many women spoke about access issues, insurance barriers, and prohibitive costs.

*"**Make it affordable.** A lot more people would get the help that they needed if they could afford it."*

*"A lot of people that are incarcerated are **using street drugs...to deal with the things that they can't get help with** on the outside."*

Recognize that we have unique needs.

Mental health, addiction, and trauma recovery service needs were common.

*"If anything, **our mental health is more pressing than most** because we've been through so much that most of us don't even talk about."*

Have compassion for us.

Women also spoke about a need for more compassionate treatment by providers.

*"Sometimes **the world puts this label of a 'convict,' an 'inmate,'** on someone like that's all we're ever going to be... **it's counterproductive.** All that toxic shame, it's not getting people anywhere."*

*"**Listen** to what they have to say and be there for them, **'cause a lot of women don't have that.**"*

We need more post-release support.

Reentry was described as particularly challenging and in need of more resources.

*"I think that we need more social workers in aftercare. We **need more transitional living houses** for sure."*

*"Coming out, women, like I said, don't trust people and are worried like, 'Oh my God, I don't have anything anymore.'... **Be that person that can connect them to resources.**"*

Recommendations to Healthcare Decision-Makers

1 - Increase oversight of prison healthcare delivery.

The frequency with which women reported experiencing and/or witnessing poor treatment by prison healthcare providers indicates a need for greater regulation and oversight.

2 - Create easy pathways to community healthcare.

Without such pathways, women reported a lack of access to quality healthcare and ultimately self-medicating with drugs or going without treatment.

3 - Train healthcare providers on the unique needs of justice-involved women and on relevant referrals.

Providers should be familiar with healthcare needs that commonly arise for previously incarcerated women including trauma recovery, mental health, and addiction services; dental and eye care; and infectious disease care. They should also be able to give quality referrals.

4 - Support healthcare initiatives that reduce out-of-pocket costs and increase access.

Universal healthcare was mentioned as a direct need by several participants. Women overall voiced a need for more affordable and accessible care, which is likely to only be possible through significant policy change.

Want to learn more?

If you are interested in hearing more about the results of our research, please contact Dr. Melissa Zielinski (MJZielinski@uams.edu). We will get you added to our dissemination list.

The full manuscript from which this report was drawn is available [here](#).