

Access to Medical Care in California's Women's Prisons *An Overview*

Adequate provision of medical care is one of the most pressing problems facing women prisoners. Women in custody have an increased incidence of chronic health problems, including asthma, gynecological disease, nutrition problems and convulsive seizure disorders. Moreover, care is provided with an eye toward reducing costs and is based upon the military model, which assumes a healthy male. Consequently, medical care for women in California prisons is woefully inadequate.

Medical Technical Assistants (MTAs) have minimal medical training, yet are the gatekeepers to the system. MTAs are considered custodial staff and are members of the correctional officers union. As a result they demonstrate a custodial approach to medical care rather than a health-professional approach. There have been numerous reports of critically ill women being refused treatment by MTAs. Several women have died within hours of that refusal.

Sick call hours are often cancelled so sick women cannot access a doctor or nurse when needed. Women are forced to stand outside for prolonged periods of time, regardless of weather, to even access sick call.

California's co-payment system requires women who are not completely destitute to pay \$5.00 for each appointment with the doctor, often forces women to choose between seeing the doctor and buying needed hygiene items at the canteen.

Regular Preventive care is less than adequate. Many reproductive cancers such as breast and uterine cancers go undiagnosed and untreated because there is no systematic plan in place to provide for regular pap smears and mammograms. Women seeking medical assistance for tumors or chronic pain are likely to experience delays at every step in the process: access to a doctor, tests, and follow-up care or surgery. In addition, there is little preventive healthcare education which would allow the women to learn how to manage their own medical problems.

Medication delays are frequent. Women whose medical conditions require that they receive regular medication for seizures, diabetes, arthritis or high blood pressure frequently have their medication disrupted for days at a time. This often causes a manageable condition to become critical. These delays in medications are especially troubling for HIV+ women who are taking protease inhibitors; interruptions in protease inhibitors can render them ineffective.

"Hot Meds" policy requires that women wait in line outside 2 or 3 times a day, regardless of weather conditions, to obtain certain medications. This policy can have a detrimental effect on women's health because the temperatures can be stifling in summer and near freezing in winter. This policy destroys the confidentiality of women who are HIV-positive because they are required to take their bag of medication with them, the only ones required to do so, making them easily identifiable as being HIV-positive. Moreover, the women often wait in this line as long as 2 or 3 hours each time they need medicine, which can lead to a disruption in their specific medication regimen. For example, certain medications must be taken on an empty stomach, while others must be taken with food; inconsistency in the daily regimen can render the treatment ineffective in combating HIV.

Post-surgical follow-up is limited. Frequently, bandages are not changed because prison medical staff insist that such acts must be done by the outside hospital staff, but do not authorize outside appointments. Physical therapy is provided on an extremely limited basis. Recommendations for follow-up care and treatment made by outside physicians are often ignored.

Pregnant women, many considered high-risk, are not regularly seen by obstetricians and rarely receive sonograms. In some cases, medical staff have ignored obvious danger signs such as high blood pressure, no fetal heartbeat and vaginal bleeding. This has led directly to late-term miscarriages, premature deliveries, still births, and sick infants. Pregnant women are shackled for transport to the outside hospital and some report that they remained shackled during the birthing process, a practice that is contrary to international human rights standards. While pregnant incarcerated women in California are housed at both CIW and VSPW, the majority are at VSPW.

Dental care is an area of concern for many women prisoners. There is no systematic scheduling of routine appointments so that the women can have regular assessments including cleanings. Women report that the usual practice is to pull teeth rather than attempt to save them. Those women needing dentures wait *months*, sometimes as long as a year, for the teeth that will enable them to chew food without pain.