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Locked Up: A Look into Healthcare Behind Bars

Ella Davis

The United States incarceration rate is the highest in the world. Incarcerated individuals are guaranteed a right to healthcare but, it falls short in many correctional facilities, as systemic barriers and inadequate funding often result in substandard care and poor health outcomes. There are multiple challenges that come with providing healthcare in prisons such as limited resources, lack of funding, and staff shortages. Prisoners at every level of the correctional system are known to be less healthy than the general population, and despite multiple efforts to improve healthcare, many prisoners still receive inadequate healthcare. Improving prison healthcare and increasing funding is crucial for promoting public health, reducing medical costs, and ensuring the fair treatment of incarcerated individuals. This improvement is critical for breaking the vicious cycle of illness and poverty that is prevalent in these institutions.

Keywords: *incarceration, public health, health outcomes, prison care*

The prison population is significantly increasing, which stresses the need for an increase in healthcare support for incarcerated people. However, there have been plenty of allegations of cruel and uncompassionate care within these facilities. Prison healthcare generally refers to the medical services provided to incarcerated individuals within the corrections system, including routine checkups, emergency care, mental health services, and access to prescription medications.¹ Challenges to delivering adequate healthcare in prisons include limited resources, staff shortages, and a lack of funding which can be affected by factors such as poor sanitation and inadequate medical facilities. Healthcare in United States prisons has become a public health issue that is complex to understand, and despite the multiple efforts to improve it, many prisoners still receive inadequate healthcare. Improving prison healthcare and increasing funding is crucial for promoting public health, reducing medical costs within the prisons, and ensuring the fair treatment of incarcerated individuals.²

It is estimated that 870 out of every 100,000 U.S. adult citizens are in prison or jail. As such, the United States incarceration rate is the highest in the world. To contrast, as of 2019, Canada had 38,570 people in prison while the United States had 2,068,800 people in prison.³ Prisoners in the United States are guaranteed a right to healthcare through the 1976 Supreme Court decision *Estelle v. Gamble*. This case found that deliberate indifference towards the serious medical needs of prisoners in the United States violated the Eighth Amendment's prohibition of cruel and unusual punishment. This decision created and opened legal avenues in the United States that helped to expand and improve many different health services for prisoners. A shortage of clinician staff has continued to be a huge issue, and health outcomes resulting from this shortage was highlighted in the 2011 Supreme Court case *Brown*

v. Plata. This case decided that the overcrowded conditions in California decreased the delivery of healthcare and created a culture within the staff that was full of fear. Although there have been many Supreme Court cases regarding healthcare in prisons, each prison can look different across the country and vary by state due to policies, budgets, and staffing.⁴

The healthcare community within the correctional system has faced many challenges for decades. Funding and medical oversight are two significant challenges in delivering healthcare for prison inmates.⁵ Specific concerns include inadequate staffing, limited access to medical facilities, and substandard medical care.¹ Prisoners are known to be less healthy than the general population, in part due to the poor care they receive.⁵ There have been cases of prisoners being denied medical treatment or subject to inhumane conditions. Efforts to improve prison healthcare and increase health outcomes include expanding access to medical services and training for healthcare providers who work in correctional facilities.^{1,5} There have been many proposals for innovative cost control solutions over the years but state and local governments, not federal, are responsible for more than 90% of correction costs in the United States. This lack of funding leads to poor health outcomes and inadequate healthcare within the incarcerated community.⁵

From 2001 through 2014, approximately 3000 deaths occurred in US state prisons. The leading cause of those deaths were cancer, heart disease, liver disease, respiratory disease, suicide, and AIDS, which has caused the life expectancy of prisoners to decrease by 5 years.^{2,6} During this time, the prevalence of hepatitis C infection was significantly higher among incarcerated individuals (17.4%) than the general population (2.0%). However, it should be noted that many of these diseases are already present at the time of entering prison, which

underscores the need for higher quality intake screenings. This implies that a portion of infectious disease transmission occurs before individuals are incarcerated due to their higher rates of injection drug use, unprotected sex, poverty, and overall poor health. The impact of close living quarters in confinement, known as contagion effects, can partially explain why infectious diseases are linked to incarceration even after accounting for prior health status. Furthermore, infections can spread through unprotected sex and injection drug use within prison walls, which makes for a rather high infection rate due to the number of incarcerated individuals.⁶

Providing healthcare in prisons is relatively expensive. As costs are consistently increasing, finding solutions to improve care while containing costs in the correctional healthcare system is more urgent than ever. Incarceration is often associated with very high levels of chronic conditions and a higher risk for conditions such as cardiovascular disease, diabetes, weight gain, hypertension, and cancer. Additionally more than half of all prisoners have an addiction and/or a mental illness which puts them at higher risk for HIV, hepatitis C, sexually transmitted diseases, and many other infections that are highly prevalent within the incarcerated community.⁶

Women and older prisoners also have different needs than the general population. Women who enter prison while pregnant or in the postpartum period require specialized medical care that is distinct from the general prison population. Incarcerated pregnant women need comprehensive prenatal care to ensure the health and well-being of both the mother and the developing fetus. They may also require special diets and access to specific medications, such as folic acid or iron supplements, to promote healthy fetal development. Additionally, women in prison require access to reproductive healthcare services, including contraception, to enable them to make informed decisions about their reproductive health. Access to birth control can help prevent unintended pregnancies and can reduce the risk of sexually transmitted infections. It is important for correctional healthcare providers to recognize these unique needs and to provide individualized care that is sensitive to the complex social and medical needs of incarcerated women. This will not only improve the health outcomes for women in prison but also positively impact their families and communities upon release.

The older population in prisons also face some unique challenges such as the need for end-of-life care and an increased risk of developing neurodegenerative diseases such as dementia and Alzheimer's Disease. These conditions require specialized care and attention from healthcare providers with expertise in geriatrics. The shortage of staff also exacerbates the issues faced by the aging population, as there may not be enough trained professionals available to provide the necessary care.⁶

In some prisons, there is a 1 to 100 nurse to prisoner ratio which means that a single nurse is responsible for preparing and passing medications to at least 100 prisoners up to 4 times a day. Healthcare units in jails and prisons are often ill-equipped and inadequate in terms of space for delivering health care services. The location of the healthcare unit may have been an afterthought in facilities that were constructed before organized onsite health care was implemented. Some correctional facilities were built in isolated, rural locations, which can make it challenging to attract health care professionals. Another challenge is establishing a caring relationship between the healthcare professional and the prisoner. Correctional healthcare professionals must establish therapeutic relationships with individuals who have been convicted of crimes, some of which may be violent in nature.⁷ There is a dire need for increased funding in this category as being a healthcare provider in a correctional setting comes with many responsibilities and challenges.¹

Although there have been more legislative initiatives to improve prisoners' healthcare programs, there is still room for improvement. Over the last few decades, there has been increasing attention to guidelines that improve the standards of care in prisons. There are several policy recommendations that can be implemented to improve such things as overcrowding, sanitation, budgets, and staffing.⁶ However, many state prisons face funding shortages, which can lead to understaffing, inadequate medical supplies, and limited access to healthcare services. An increase in funding is needed to ensure that adequate medical, dental, and mental health services are available. Governments can also establish minimum standards to ensure healthcare services are provided in a safe, effective, and timely manner.^{1,2}

An improvement in the coordination between correctional facilities and community healthcare providers can help ensure that incarcerated individuals receive consistent and coordinated care, both while they are in prison and after their release. Improved coordination may involve developing transition plans for patients returning to their communities, establishing partnerships between prisons and community healthcare providers, and sharing medical records and information.² Governments can also play a crucial part in improving the transition to reentering society. One way in which they can contribute is by expanding access to medication-assisted treatment for substance use disorders. In doing so, they can help reduce the risk of overdose and improve health outcomes. Implementation of these policies will address social determinants of health, such as poverty and racism, and provide health education which will contribute to the overall health of this population. These policy recommendations aim to improve access to healthcare services and address the root causes of poor health outcomes among incarcerated individuals and even introduce transition plans for those who are given the chance to return to their communities.⁶

Springer, 2013:1-18. Accessed March 1, 2023.
<https://ebookcentral.proquest.com/lib/butler/detail.action?docID=998903>

Many individuals who are or have been involved in the criminal justice system eventually return to the general population and are able to rejoin their communities. However, about 80% are without health insurance, so any treatment they were receiving in prison stops. This sudden discontinuation of healthcare increases the risk for emergencies, hospitalization, and death. It can also impact the health of the general population. By providing these individuals with access to healthcare and other support services, it may be possible to reduce the risk of recidivism and improve their chances of successfully reintegrating into society.⁴

Improving healthcare in prisons and jails is critical for ensuring that incarcerated individuals receive the care they need and deserve. It is also essential for breaking the vicious cycle of illness and poverty that is prevalent in these institutions. Improvements to the correctional healthcare system will need to include an increase in funding, an improvement in staffing, and better living conditions. Achieving this goal will require a concerted effort from all stakeholders, including policymakers, healthcare providers, and the public. By working together, a correctional healthcare system that provides compassionate, patient-centered care to all incarcerated individuals can be created.⁴

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