

# IN NEED OF CORRECTION: THE PRISON CYCLE OF HEALTH CARE

A FORUM HELD ON  
SEPTEMBER 28, 2005  
TO HIGHLIGHT RESEARCH  
FROM THE **OCTOBER**  
**2005** AMERICAN  
JOURNAL OF PUBLIC  
HEALTH

**SPONSORED BY**

THE AMERICAN PUBLIC HEALTH  
ASSOCIATION IN COLLABORATION  
WITH THE COMMUNITY VOICES  
INITIATIVE OF THE NATIONAL  
CENTER FOR PRIMARY CARE  
AT THE MOREHOUSE SCHOOL  
OF MEDICINE

*Community Voices*  
HEALTHCARE FOR THE UNDERSERVED



# Community Voices

**Community Voices: HealthCare for the Underserved** has chosen to highlight the issues surrounding individuals in re-entry from jails and prisons as a part of our overall work to improve the health of underserved communities. We believe this work is essential because ignoring the fate of poor men and women who have lost their legal voice and place in our communities will make things worse on all utilizing our nation's health care system. As the debt accrues for delivering care to those without a payment system so does the levels of incarceration. The foundation of Community Voices is rooted in listening to the voices of those in communities nationwide and responding with action and policy options. Our work, within the National Center for Primary Care at the Morehouse School of Medicine represents a new endeavor for us. Our goal is to design a system that serves all Americans, including those that have an involvement with the corrections industry.



*Executive Summary of*

# **In Need of Correction: The Prison Cycle of Health Care**

A forum<sup>1</sup> held on September 28, 2005 to highlight research from the  
October 2005 *American Journal of Public Health*<sup>2</sup>

Sponsored by  
**The American Public Health Association**  
in collaboration with  
**The Community Voices Initiative of the  
National Center for Primary Care at the Morehouse School of Medicine**

# IN NEED OF CORRECTION: THE PRISON CYCLE OF HEALTH CARE

On September 28<sup>th</sup> **Dr. George Benjamin**, executive director of the American Public Health Association, welcomed and introduced keynote speaker **Dr. David Satcher**, 16<sup>th</sup> Surgeon General and interim president of Morehouse School of Medicine; **Marguerite Johnson**, vice president for Programs in Health at the W.K. Kellogg Foundation, and **Henrie Treadwell**, guest editor for the *American Journal of Public Health* and senior social scientist at the National Center for Primary Care. Following opening remarks, **Judge Greg Mathis**, of Michigan's 36<sup>th</sup> District Court and the host of a nationally-syndicated reality-based courtroom television show, moderated a distinguished panel of forum participants including **Nicholas Freudenberg**, professor and director of Urban Public Health at Hunter College in New York, **Judge Steven Leifman** of the Miami-Dade County Court in Florida; and **Dr. Lester Wright**, commissioner and chief medical officer of the Department of Correction Services for the State of New York.

Together the speakers trained the spotlight on the growing body of evidence **about** the health of people in prisons, the relationship between our nation's health care system and the prison population, and the implications and opportunities for community health. In their remarks and exchange, participants offered data, experience, and models for public health, corrections, communities, and the judiciary to begin to redirect and reorient society's resources to improve health.

## Root Causes for Prison Population Growth

In his keynote address, Dr. Satcher called the health care system "a major culprit" in the explosive growth in the number of people incarcerated in prisons and jails across the country. "We as a nation have perhaps inadvertently used the prison system to deal with our mental health burden," he said. "People often say that the Los Angeles County Jail is the largest mental health system in this country. There's a lot of truth to that," Satcher continued, "because so many of the people there are mentally ill and wouldn't be there if they were not mentally ill."

In his remarks, Judge Leifman of Miami-Dade County Court explained how a U.S. Supreme Court ruling 40 years ago resulted in "the parade of misery" visible in every criminal court. "Deinstitutionalization" was the first part of the High Court's ruling made "with the best of intentions," Leifman said. "The second half of the opinion says if you're going to deinstitutionalize, you must provide community-based treatment," he added. "Unfortunately, the states only read the first part." Before deinstitutionalization, some 560,000 people were living in state psychiatric institutions. "Last year more than 700,000 people with serious mental illnesses were arrested," Leifman noted. "Another 500,000 people with severe mental illness are out on probation." Untreated or inadequately treated mental illness, the role of violence and trauma in fueling mental illness – especially among children and young people who witness violence – panelists spoke frankly about these and



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— Judge Greg Mathis

Michigan's 36<sup>th</sup> District Court

Host of a Nationally-syndicated Reality-Based Courtroom Television Show,

other factors draining vulnerable communities of their health, youth, and manpower.

"We lose more men every year to gun violence in America than we've lost in Iraq," Judge Greg Mathis said.

"In many communities, it's like a war zone. So the question becomes, if soldiers can return home with post-traumatic stress syndrome after 18 months on the front line, what do you think a young person who deals with it for 10, 15, or 20 years in the inner cities of America is going to be like?"

The connections between mental health, drugs, poverty, and disease show up in the courtroom as rage, hopelessness, and despair. According to Judge Mathis, young people who grow up in impoverished neighborhoods have two choices: to become a member of a street gang or a victim of one. "Ninety percent of those young black males are forced to either participate as predator or prey," according to Judge Mathis. "We must see how we can approach the root causes of the reactions that we see in many who encounter the criminal justice system. We must see how we can address the issue in a way where the poor don't automatically go to jail while the privileged get counseling and treatment."

Marguerite Johnson **echoed the concerns** of Judge Mathis. "Truly this population of individuals in the criminal justice system is invisible and forgotten. They enter the system with a myriad of complex physical and emotional issues and they emerge with even more." And the experience of incarceration – like any other trauma – further threatens the health of those imprisoned. As Dr. Satcher commented, research continues to show that traumatic experiences change people. "We can no longer separate environment and biology," Satcher explained. "Environmental experiences lead to changes in the brain." And as more and more men and women are locked up – whether for a few days, a few weeks, or years on end – the health effects and potential impact on society are staggering.

In the course of his remarks, researcher Nicholas Freudenberg provided this stunning statistic: "Each year more than 10 million people are locked up in our municipal and county jails," he said – an increase of 265 percent in two decades. "In the last 20 years, police, drug, mental health, and employment policies have become a funnel into jail for our nation's least healthy populations."



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– Dr. David Satcher  
Interim President  
Morehouse School of Medicine  
16th U.S. Surgeon General

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### *Opportunities for Public Health Collaboration*

Dr. Lester Wright spoke directly to colleagues in public health when he said, “If I were again a county or state public health administrator, one of the first things that I’d look at would be the jails and prisons in my jurisdiction.” Why? Because “prison is far more a sentinel of health problems in the community than an incubator of ill health,” he suggested. Yet the culture of public health and perceptions about corrections often present barriers to collaboration. “We [in public health] tend to think of ourselves as knights on white horses riding out to save the victims of the system,” said Wright. But if public health practitioners can begin “cross-cultural interface” with corrections, the opportunities to improve health – both for prisoners and for the community – are great. “We take the position that offering hepatitis B vaccine to all inmates who need it protects [prisoners] not only while they are inside, but the community afterward,” he said. “It’s much easier to find those who need hepatitis B vaccine while they’re in Sing-Sing than it is in the South Bronx.”

The first step for public health, Wright believes, is to acknowledge “the importance of understanding something about another culture and working within it.” As he says, “Corrections health is one of the few settings in health care where health professionals are not working on our own turf . . . Unless we understand how security operates and why it has the rules and patterns that it does, unless we actively cultivate collaboration with security, we will spend inordinate amounts of our time and effort battling.” It’s the same as working in any unfamiliar culture; respect must come first. But Wright added, “Respect between health professionals and security professionals does not happen by chance. It takes proactive effort.”

But with collaboration between public health and corrections, gains in tackling infectious diseases, such as

tuberculosis, can be significant. “In the past two years, the rate of new cases of TB diagnosed in our prison system has been lower than the rate of tuberculosis in New York City,” Wright explained. “We haven’t had any cases of multiple-drug-resistant TB for the last several years. We’ve done this in partnership with the State Department of Health.”

Collaboration generates opportunities for improvements in substance abuse treatment, and in treatment for sexually-transmitted diseases as well. And mental health treatment during incarceration and referral upon release is another collaborative opportunity that benefits individuals, their families, and communities as a whole. “If we’ve developed our partnerships between corrections and the rest of public health, we will have established referral mechanisms for those we identify with HIV or any other infectious or chronic disease so that they can continue to receive care,” Wright concluded. “All of us in society can benefit from that.”

### *Opportunities for Judicial Leadership*

“Our jails have become the largest psychiatric warehouses,” Judge Leifman stated. “Since conditions are not conducive for treatment, people with mental illnesses stay in jail on average eight times longer than someone without mental illness,” he explained – even if they were imprisoned for the exact same reason. “The sad irony is that we did not de-institutionalize; we allowed for the trans-institutionalization of this population,” said Leifman. “We have made our jails the asylum of the new millennium.”

Judge Leifman listed the consequences to a society of trans-institutionalization: “Increased homelessness, increased police injuries, increased police shootings of people with mental illnesses, [and] wasted critical tax dollars,” are some of the nation’s symptoms. In one recent analysis, a Miami-Dade task force looked at the costs associated with 31 people with frequent arrests. “Thirty-one people cost \$540,000 in one year” for acute care



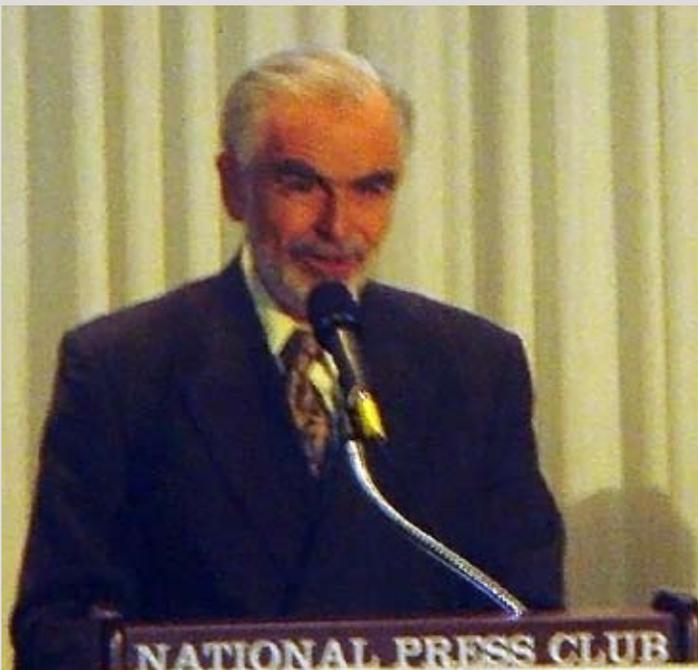
*“Since conditions are not conducive for treatment, people with mental illnesses stay in jail on average eight times longer than someone without mental illness”*

– Judge Steven Leifman  
Miami-Dade County Court  
Miami, Florida

alone, said Leifman. “Acute care is “jail, crisis stabilization, and emergency room care,” he explained. “It would cost about a quarter of that to provide them with actual treatment and keep them out of our system.”

We as judges, corrections officers, police, mental health professionals are “so busy doing our jobs; no one was looking at the big picture,” he admits. That’s why Leifman convened a two-day summit five years ago to bring together mental health providers and what he called “us non-traditional stakeholders – the judiciary, corrections, the police, the state attorney, the public defenders . . . It was really a melding of the mental health community with the criminal justice system.”

The result was a concerted effort in Miami-Dade on “pre-arrest diversion programs,” teaching police “how to identify people who have mental illness, de-escalate situations, and divert people into treatment,” Leifman said. Many people are in jail for what he called “avoidable charges,” such as resisting arrest. “What had happened is the officer wasn’t trained to appropriately deal with someone who had a mental illness. The situation escalated because the officers are trained to become aggressive when someone’s aggressive – which is a good thing if they’re dealing with someone who is not paranoid but it’s a dangerous thing if they are,” Leifman explained. Rather than be arrested on a felony, diversion into treatment keeps the public safer and saves time and money. “In Miami-Dade County alone we were able to reduce our misdemeanor recidivism rate from over 70 percent to 18 percent last year,” he said. “We have improved public safety; we have significantly reduced police injuries. We’re saving our county over \$2.5 million a year by keeping people in the mental health system rather than the correction system.” Judge Leifman is encouraged by the numbers, but he considers the benefits in human terms more significant. “We’re saving lives and more importantly we are decriminalizing mental illness.” He urged members of the judiciary to take the lead in pulling together both mental health and criminal justice stakeholders to address community issues. “You would build a political coalition that is extremely powerful,” Leifman said. “Between the judiciary and law enforcement, [such a coalition] can have a larger impact on policy makers because it’s a different set of people approaching them on an issue that certain brands of conservatism have made more difficult to address.”



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– Nicholas Freudenberg,  
Professor and Director of Urban Public Health  
Hunter College



*Truly this population of individuals in the criminal justice system is invisible and forgotten. They enter the system with a myriad of complex physical and emotional issues and they emerge with even more.*

— Marguerite Johnson  
Vice President, Programs in Health  
W.K. Kellogg Foundation

*Redirecting Resources & Removing Policy Barriers for Reentry to Society*

“In 2002, the New York City Independent Budget Office found that the full cost for one year of incarceration in New York City jails for one individual was \$92,500,” Nicholas Freudenberg told the forum participants. Contrast those figures with the much more modest costs of providing needed health and social services when they return to their communities “to enable them to turn their lives around,” he said.

Freudenberg reported on findings from research gathered while following 491 adolescent men and 476 adult women who were released from New York City jails between 1997 and 2002. “What we found shows the difficult life circumstances people leaving jail face and the extent to which local, state, and federal policies complicate rather than facilitate successful reentry from jail,” he explained. “Our study also shows that people leaving jail can make positive changes in their lives and that modifying Medicaid, employment, and housing policies could contribute to significant reductions in recidivism.”

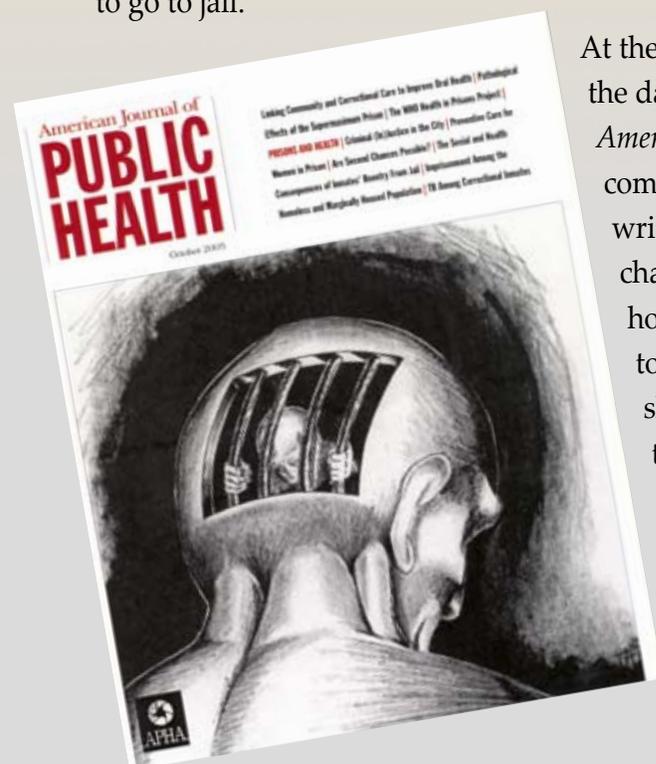
Young men who had a job after release were two-thirds less likely to be arrested again, for example. But other factors held the same power and promise for successful reentry into community life, the study found. “Unexpectedly we found that having health insurance – which for this population was primarily Medicaid – reduced the likelihood of arrest [in young men] by more than two-thirds,” Freudenberg noted. “And for the women, having health insurance in the year after release lowered the risk of re-arrest by more than 80 percent.”

Yet current federal and state policies allow for terminating Medicaid when a person is incarcerated. “Leaving jail without health insurance makes it more difficult for people to get prescription drugs for psychiatric conditions, HIV and other sexually-transmitted illnesses, and chronic conditions like asthma and diabetes,” said Freudenberg. “It also makes it harder for people returning from jail to get the basic health care that can manage and prevent health problems and avoid expensive hospitalizations and emergency room visits.” In the question-and-answer portion of the forum, Judge Leifman concurred with the study’s findings by adding: “We really need to address some of these issues with policy makers because there are a lot of ridiculous systems in place that don’t work.”

Employment policies are another barrier, Freudenberg noted. “We need to discuss a legislative proposal that would remove the requirement for seeking employment [that the applicant] disclose a felony conviction. Not every job requires disclosing,” he said. “Dozens of occupations” could be opened up to individuals returning to their communities, Freudenberg suggested – and he used working as a barber as an example. “Many people learn how to be a barber in prison and can’t practice,” he said.

A record can be a barrier in many professions, Judge Mathis told participants. Arrested as a juvenile himself, Mathis told how he spent eight months in prison – “at a cost of \$35,000,” he said – compared to a year in college, which at the time was \$6,000. “Upon completing college, completing law school, passing the bar exam, I was not allowed to practice for three years because of my juvenile record,” Mathis told the group. For every one person like Judge Mathis who surmounts barriers, communities lose the talents and energy of many dozens who cannot. But Freudenberg’s data suggest that reducing barriers to employment could generate many more success stories. He advocated “rethinking national goals for people leaving jail” and “redirecting the wave of money now being spent” on job training and placement and health care. “To sustain improvements in public safety over the long term and to make more money available for other pressing needs – like public education, health care, and rebuilding our infrastructures,” Freudenberg concluded, “it’s time for public health to go to jail.”

At the conclusion of the session, panelists urged their audience to use the data, examples, and stories from the forum and the October 2005 *American Journal of Public Health* to bring prison health to the forefront of community concerns and collaborative efforts. In thanking the panelists, writers, and editors that made the forum possible, Henrie Treadwell charged listeners to build on their combined knowledge. “We are hoping that with the shoulders of so many of you to stand upon that today we will have more support to speak on this important issue,” she said. “The people displaced by Katrina pale in comparison to the people displaced by our criminal justice system. We hope that from this day forward the topic of prison health and working with those who have been in prison will no longer be one we fear to talk about,” Treadwell concluded, “but in fact one we must talk about because we are all Americans whether we have been in prison or not.”



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