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HONORS CAPSTONE ABSTRACT

Healthcare in prisons is often far below the standard of care deemed appropriate for people to receive. This paper aims to discover specific problems prisoners face when receiving care, as well as investigate how and why this lower standard of care continues to be seen throughout most prisons. This will be done by synthesizing statistics and findings from twelve sources ranging from news and journal articles to national organizations dedicated to specific types of care. These sources will have data on local jails, state prisons, and federal prisons throughout the United States.

It was found that even in three different areas of healthcare, there were many of the same problems such as staffing shortages or not properly trained staff, or discrimination towards prisoners for their race, gender, a disease they have, or even just for being in prison. However, each area also had its own unique issues such as mental health not being seen with as much importance as physical health, or women not receiving proper gynecological care or care during pregnancy. Even though these problems are found to be obvious and abundant, very little is being done about it. Even in states that have employees in charge of monitoring prison healthcare providers, these companies find loopholes to be able to not face consequences for providing substandard care. The sources used show a clear problem in the level of healthcare provided to incarcerated people and that they way their health is often dismissed is unacceptable.
Introduction

The U.S. adult population sits at over 265 million people and 2.3 million of these people split between state prisons, federal prisons, and local jails make up our prison population (Sawyer, W. & Wagner, P. 2019). In total, that is less than 1% of the entire population. Since it is such a small percentage of the total population, these people are often overlooked when it comes to their rights and treatment, especially when it comes to healthcare. All prisoners are entitled to healthcare for the duration of their incarceration under the supreme court ruling in Estelle v. Gamble that stated to deprive prisoners of healthcare would be considered cruel and unusual punishment which would violate their 8th amendment right (Paris, J.E. 2008). However, most prisoners will only experience healthcare that is well below the standard of care that is available to non-incarcerated people, if they receive care at all (Penal Reform International, 2018). To further explore this issue, this paper will look at the quality of healthcare provided in terms of general medicine, mental health, and women’s health. This will allow a broader view of the healthcare system in prisons as opposed to only focusing on one type of care. The three types will also be compared to see which, if any, area of healthcare is better for prisoners. Possible reasons for this lowered standard of care that is experienced will also be discussed.

General Medicine

Many prisoners enter prison with a preexisting chronic medical condition, but most of these people will have their needs completely ignored which will only cause the condition to worsen (Penal Reform International, 2018). Studies have shown that if a person enters prison taking medications for a chronic condition, they will no longer take those medications once their incarceration begins simply because they will no longer be provided with those medications (Wilper, A.P., 2009). Many prisons and local jails also have highly unhygienic living conditions
and poor control over infectious diseases which leads to people either developing new health concerns or the progression of a preexisting condition (Penal Reform International, 2018). Overcrowding is also a huge problem in prisons which further contributes to unsanitary conditions and the more rapid spread of disease. For example, rates of tuberculosis, including multi-drug-resistant tuberculosis are anywhere from ten to one hundred times higher in prisons depending on the facility, and this is due to overcrowding aiding in the spread of the disease (Penal Reform International, 2018). The same can be said for the increased rate of HIV/AIDS contraction while incarcerated (Penal Reform International, 2018).

The unsanitary conditions and overcrowding are only two of the reasons that treatable and preventable illnesses result in major health issues for prisoners. Another factor is the shortage of nurses, doctors, or other medical staff within prisons due to a lack of professionals willing to work in prisons as well as small prison budgets that do not allow for proper medical staffing. This shortage makes it more challenging to be able to see a doctor which causes normally treatable illnesses to go untreated for so long that they can become deadly (Schwartzapfel, B. 2018). To make this issue worse, healthcare providers that do work in prisons are considered to be employees of the prison above all else and are often taken away from their healthcare duties to help in other matters such as discipline (Enggist et.al., 2018).

There is frequently a lack of urgency when it comes to the health of prisoners. Many prisons have mandated that state if a patient is referred to a specialist, they must be seen within thirty days, but it is rarely arranged for the prisoner to see the specialist within that time frame. Specialists that work with prisons have said that the companies hired by prisons to provide healthcare have asked them to cancel a referral if the person referred was not scheduled to be seen within the thirty day time frame so that the prison could avoid a fine (Schwartzapfel, B.
Many prison healthcare provider companies have been found to provide better levels of care in the states that have people in charge of monitoring the healthcare being provided in comparison to when they are left unsupervised, and this is especially true for the company Corizon (Schwartzapfel, B. 2018). Corizon is the largest for-profit healthcare providers for prisons in the country that has received numerous allegations of poor patient care, however they have not faced any legal ramifications (Schwartzapfel, B. 2018). This is due to the decision that the state a prison is in is responsible for providing care to the inmates, “regardless of who it hires” (Schwartzapfel, B. 2018). As a result of this decision, even though their practices and patient outcomes are questioned frequently, they are allowed to continue being responsible for the healthcare of many prisoners throughout the country. This particular company has been found to only have patient care that is considered acceptable in states like Kansas who have people in charge of monitoring the care provided and impose financial penalties for violations (Schwartzapfel, B. 2018). However, even when being monitored they frequently receive fines for infractions such as not having enough doctors and nurses on staff. These problems are seldom fixed since the company chooses to keep paying the fines instead of correcting the violation. Allowing companies like Corizon who continue to have negative patient outcomes and do not fix the problems they are fined for to continue to be responsible for people in prisons is only allowing the lowered standard of care for prisoners to continue.

Unfortunately, there are people who assume everyone in prison is a horrible person deserving of anything that happens to them, and this view only perpetuates the substandard care prisoners receive. Prisoners are human beings too, and all people have a right to healthcare. Even if people possess that point of view, it should be considered that most prisoners will return to
society within a few years, and maintaining their health while incarcerated will allow them to reintegrate with society faster, and at no extra cost to the state since there would not be extra treatment needed to do so (Paris, J.E., 2008).

Women’s Health

Although women are a minority population of all prisoners in the U.S., it is still important to address their specific healthcare needs (van den Bergh et. al., 2009). However, because they are a small percentage of the prison population, less attention is drawn to the issues that they face (van den Bergh et. al., 2009). Another reason that women face additional concerns when it comes to their healthcare needs is prejudice from prison employees. As mentioned previously, rates of HIV and AIDS are much higher in prisons. When inmates feel they need medical treatment, correctional officers are often the first ones reached out to request to see a doctor (van den Bergh et. al., 2009). Unfortunately, many of these officers have a prejudice towards inmates who are HIV positive and will either delay their request to see a doctor, or ignore it entirely, even if the request has nothing to do with their HIV symptoms (van den Bergh et. al., 2009). This leads to the issue also seen in general medicine of illnesses progressing without treatment and becoming severe or even deadly when it could have been treated if they had been allowed to see a doctor.

There are a myriad of problems when it comes to the gender specific healthcare needs of women. Current research shows that gynecological services for women in prisons is inadequate for several reasons (NCCHC, 2019). Gynecological exams are rarely performed when admitted to the prison, nor are they performed annually as recommended to screen for things like cervical cancers or STIs (NCCHC, 2019). Most jails and prisons also lack healthcare professionals who are specifically trained in obstetrics and gynecology which can lead to substandard gynecologic
care which results in diseases like breast or ovarian cancer going undetected, as are abnormal Pap smears (NCCHC, 2019).

Another healthcare issue specific to women in prisons is inadequate care related to pregnancy despite most of these pregnancies being high-risk due to increased rates of substance abuse (NCCHC, 2019). Approximately 6-10% of women in prison are pregnant, but they often do not find this out until after they enter a correctional facility (NCCHC, 2019). While incarcerated, pregnant women are not always provided proper prenatal care that is considered necessary for an optimal clinical outcome of the often high-risk pregnancy (NCCHC, 2019). They are also rarely offered counseling services or access to services to terminate the pregnancy if that is what they would have rather chosen (NCCHC, 2019). This adds to the issue of what happens when the baby is born and either neither of the parents want to be involved, or the mother wants to be involved but the father will not take care of the child until the mother is released (Codd, V., 2001). Possibly one of the most disturbing matters is if a woman has to give birth while in prison, they are often still forced to remain in restraints such as handcuffs or shackles, despite evidence of this being a risk for the mother (Codd, V., 2001).

These issues also lead to issues in the postpartum period. Female prisoners already have a higher occurrence rate of mental health issues (van den Bergh et. al., 2009) which, in combination with being separated from their newborn, gives them an even higher risk of developing postpartum depression or psychosis (NCCHC, 2019). This separation does not only impact the mother but the child as well since mother-infant attachment is important for the proper psychological development of the child (NCCHC, 2019). By not providing proper care and resources to incarcerated women, completely innocent babies are also being harmed.

**Mental Health**
As mentioned in the previous section, even though women only constitute a small percentage of prison populations, they make up a large percentage of prisoners struggling with mental health disorders. 66% of incarcerated women report a history of a mental health disorder (Villa, M., 2017). This is especially shocking considering 56% of all state prisoners have symptoms of mental illness, which means female prisoners make up more than half of this population (NAMI, 2006). On average, each state reports 20-30% of their prisoners as having a mental disorder (Eldridge, T., and Tomson, C., 2018). However, it is becoming more common for staff to determine that prisoners do not have a severe enough mental illness to receive medical treatment, even if they have a long history of psychiatric issues (Eldridge, T., and Tomson, C., 2018). In fact, the number of people in federal prisons receiving mental healthcare fell by 35% after a policy change was enacted that was meant to help prisoners receive better mental health services (Eldridge, T., and Tomson, C., 2018). This is largely due to the fact that prisons do not have the necessary resources to implement the new rules the Bureau for Prisons have made for psychiatric care (Eldridge, T., and Tomson, C., 2018). When facilities did not have the necessary resources to implement these changes such as increased staff for psychiatric patients, they simply chose to downgrade the level of care that the patients received (Eldridge, T., and Tomson, C., 2018). These downgrades can also be the result of the thought that mental health is not as important as physical health. This is an issue that even people who are not in prison face when seeking mental healthcare, and it is probably seen as even less important for prisoners.

The staffing shortages seen in general medicine and women’s health are also seen in mental health. As it is, it is hard to find someone with the proper mental health training that would want to work in prisons. This is due to the likelihood that they will also have to serve as
corrections officers since there are some mandates that explain prisons are not use psychologists for tasks related to mental health except in emergencies (Eldridge, T., and Tomson, C., 2018). It is even harder to find professionals to work in more remote or rural prison locations. Statistics show that half of people in rural populations do not have easy access to psychologists, and over 65% of rural populations do not have access to a psychiatrist of their problem required medication (Eldridge, T., and Tomson, C., 2018). The same issue applies to remote, rural prison locations, which is the kind of area many prisons are located in. The reasoning for this is it takes a lot of schooling and training to work as a mental healthcare professional, and after going through that much, people do not want to work in rural areas where they assume they will have fewer patients (Eldridge, T., and Tomson, C., 2018).

There are also large discrepancies in the treatment of mental illness when comparing racial groups (Villa, M., 2017). For example, if an older white male shows signs of mental distress they are more likely to either be granted a visit to the psychiatrist or counselor on staff, or some may even be directed to seek assistance from health professionals (Villa, M., 2017). However, when people who are Hispanic or African American show the same signs of mental distress, they are likely to only be sent to solitary confinement to prevent self-harm, even though prolonged solitary confinement has been shown to increase mental distress (Villa, M., 2017).

**Conclusion**

It is clear that the healthcare received while a person is incarcerated is more often than not substandard, but there seems to be very little being done about it. Even when policies are made that are supposed to improve the quality of care, no additional resources or funding are given to implement these changes (Eldridge, T., and Tomson, C., 2018). This results in the care being worsened for many by choosing to downgrade the level of care they receive because there
simply is not enough funding to implement the suggestions to improve care. After examining these different areas of healthcare, it is clear that none of these areas provide a level of care that would be considered adequate.

Reasoning for this unacceptable treatment seems to range from unfavorable views of prisoners to companies providing healthcare that care more about money than their patients, to prejudice against people with certain illnesses or of certain races or ethnicities. There is much that needs to be done to ensure the proper standard of care is being delivered to all inmates. For example, enacting policies and actually providing the resources to implement them, or having more states that require supervision of the care provided. As it is now, the care most prisoners receive is unacceptable, and should not be allowed to continue.
References


