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Together we can make a difference: The case for transnational action for improved health in prisons

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SUMMARY

In spite of international differences in the treatment of incarcerated persons, as a group, they are vulnerable to poor health status and lack of access to quality health care. The health care of prisoners is affected by knowledge and commitment to ideas of human rights and social justice, as well as economic conditions. Prisoners are at increased risk of both acute and chronic diseases, and may constitute a threat to the health of other prisoners, their attendants or outside communities upon release. Mental illness and related problems of substance abuse are prevalent in prison populations, with many US prisons serving as modern asylums. Public health workers and organizations can stimulate and implement action to improve health in prisons. The World Federation of Public Health Associations can play a leadership role in co-ordinating and facilitating collaborative international action and research to enhance the health of prisoners and their communities worldwide.

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Introduction

Prisoners around the world constitute one of the most marginalized and vulnerable populations.^{1–4} Unlike many other such groups, they are designated as criminal and therefore guilty, and often fail to elicit sympathy or compassion on the part of the general public. The contexts that determine prison health practices internationally vary; nevertheless, there are some common characteristics. Prisoners are almost always held against their will and are separated to some degree from their families and communities. Non-political prisoners are generally assumed to have committed some wrong act, and therefore are negatively viewed in their societies. A common problem of prisons around the world is overcrowding and scarcity of

resources. Possibilities exist, therefore, for expanded joint action to improve the health of those in prison. Prison populations are a segment of their national and local communities, and, as a group, are at increased risk of poor health status and outcomes.^{5–8} As such, they present a focal point for public health action. Many incarcerated persons around the world arrive at prison with histories of inadequate access to healthcare services for acute or chronic health problems, as well as preventive care. As such, they represent an opportunity for the provision of health promotion and care that could have a rippling of positive effects as released prisoners re-enter their home communities. These opportunities would be optimized if the continuum of care was seamless as they resumed their lives in freedom.^{6,9}

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Prison guards also constitute a population whose health should be of concern. They often experience poor or stressful working conditions characterized by heavy workloads, lack of support, and poor management or supervision. In some cases, they may take on the poor health habits of the inmates whom they guard.¹⁰ The health status of prison attendants and the health risks to which they are exposed also have implications for the families and communities from which they come.

Public health workers as members of national professional organizations have the potential to advocate for improvement of the health of this vulnerable group, especially as they collaborate in this regard. This paper will propose areas for co-ordinated action by the members of the World Federation of Public Health Associations (WFPHA). Many of the cited examples will refer to conditions in the USA, since that is the system with which the author is most familiar. It is recognized that, in many cases, the USA represents some of the most extreme aspects of imprisonment given the disproportionate rate of incarceration in this country.¹¹

Challenges

Nations differ historically in their attention to the health of prisoners. The US experience has been a long-term pattern of poor healthcare practices in prisons.^{12–14} This has been a feature of overall poor and, in some cases, inhumane treatment of prisoners and persons with mental illnesses.^{14,15} A complicating factor in recent decades has been the privatization of prisons in some areas, which has introduced a profit motive to prison administration and given rise to a political lobby that advocates for mechanisms to increase incarceration rates.¹⁶

The USA differs from many countries in Western Europe in that the philosophical commitment to health as a human right and ideas of social responsibility for the provision of basic health care are not widely popular. Instead, Americans tend to view health as a matter of individual responsibility and, to some extent, a privilege. They often couch their discussions regarding access to health care primarily in economic considerations. These attitudes are in sharp contrast to those in many other nations, where population-based health services have long been the norm. The USA also generally lacks the type of public health/prison health co-operative actions that are characterized by the World Health Organization Health in Prisons Programme and the Kings College International Centre for Prison Studies,^a that includes in its guiding principles the goal that prison health care will be equivalent to that in the larger community.

In countries where civil and political oppression are endemic and where human rights have traditionally been violated, the situation of prisoners in terms of basic and health care is dire. Responses to these conditions of cruel and inhumane treatment include protests, riots and high incidence of suicides. Public health workers and educators should be a voice for commitment and recommitment to social justice and human rights in general, and especially in relation to the care of prisoners and other vulnerable populations.

^a For more information: <http://www.kcl.ac.uk/depsta/law/research/icps/news.php?id=list>.

Historically, US concepts of the role of incarceration have tended to emphasize isolation and punishment of offenders, rather than rehabilitation and restoration. There is no widespread cognizance of or concern for the impact of the health of incarcerated and released persons on the communities from which they come from and to which they will return. Since proportionately, most of those who are imprisoned come from the lower socio-economic classes from populations of colour, they are regarded as ‘other’ by the majority of the citizenry.^{1,17} This perception of the prisoner as ‘other’ may also account, to some extent, for the harsh treatment afforded to incarcerated persons, especially in the case of immigrants.^{18–20}

Since many Americans lack access to healthcare services while prisoners are perceived as receiving this care at taxpayers’ expense, there is resistance to providing the additional resources necessary to ensure that prison health services are of adequate quantity and quality. The case for enhanced care for prisoners is much more difficult to defend in the face of the persistent global financial crisis, which has necessitated drastic cuts and loss of service capacity on municipal and national budgets. These economic stresses are bound to affect the care of prisoners as demands for the diversion of scarce resources to more valued populations are likely to be heard. In the USA with its massive rate of incarceration, several states such as Texas and California currently expend large portions of their budgets supporting prison populations.^{21–23} This situation has worsened in recent years due to the ‘war on drugs,’ the three-strikes laws which mandate long sentences for repeat offenders, the ageing of prisoners, and costs associated with care of prisoners with human immunodeficiency virus/acquired immunodeficiency syndrome. Legal action brought against states related to prison overcrowding may provide some relief by forcing the release of some prisoners, especially those who were convicted of non-violent crimes.

A problem for prisoners in most countries is their invisibility to most of the free populace. This means that the daily living conditions and overall treatment of prisoners are also unseen by the outside world, and thus are not matters of consistent public concern. Since many populations worldwide lack basic awareness and information regarding public health in general, special understanding of prison health as a public health issue is lacking. As Berkman wisely observed over a decade ago, ‘Public health is premised on the valuing of human life, and no effective planning will be done until those in prison are viewed as part of the community’.²⁴ Prisoners and prisons present public health issues that embrace the entire life span of humanity, and call forth the range of public health knowledge and action.

Potential of action

Opportunities for improvement in healthcare delivery abound in prisons worldwide. Comprehensive health care for prisoners should begin with comprehensive assessment and screening upon admission. The sad case in some institutions is that inadequate screening provides an excuse for failure to provide related care.^{17,25,26} This is especially troubling where there is failure to screen for and treat infectious diseases, such

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