

Bedtime Radicalism

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curated by m***

The Failures of Prison Healthcare



Slim Philomath

The United States currently ranks first in the world for incarcerated populations with about 2.1 million people detained; the next closest country is China with a prison population of 1.7 million (Statista Research Department, 2022). A major factor that creates the carceral state in America is the industry of the prison systems involving both the public and private sectors. Despite the high rate of imprisonment within the US, the nation's prison systems have a history of subpar care. This is evidenced by the National Institute of Corrections stating that "health problems that plague our society plague the corrections industry at an even greater rate" (National Institute of Corrections, 2022).

The importance of this issue lies within the sheer volume of incarcerated people. A population of 2.1 million people lacking or receiving improper medical care would be unacceptable in any other context, yet it is seemingly overlooked regarding the imprisoned population. To further put the situation into perspective, according to the United States Census Bureau (2022), currently a population of 2.1 million residents would be larger than the city of Phoenix (1,743,469) and a little smaller than the city of Houston (2,378,146), making the US prison population the fifth largest city in the nation. The mistreatment of a population of this scale is absurd considering several cases of communicable diseases such as polio or monkeypox have the potential to put a city into a state of emergency, yet the increasing prison population is statistically proven to be plagued at a greater risk of these pathologies.



**ALL MY
HOMIES
HATE
PRISONS.**



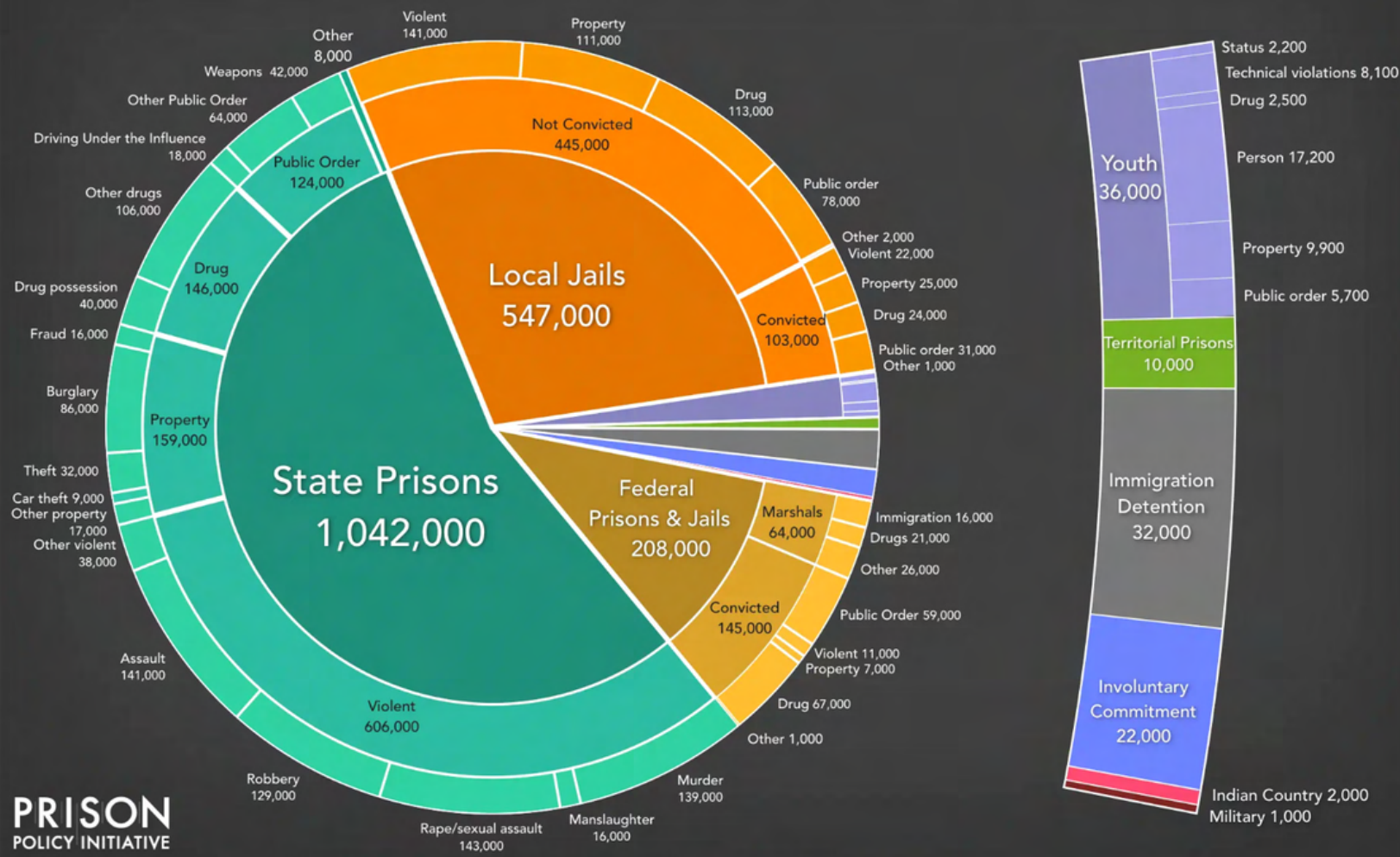
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**ALL MY
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How many people are locked up in the United States?

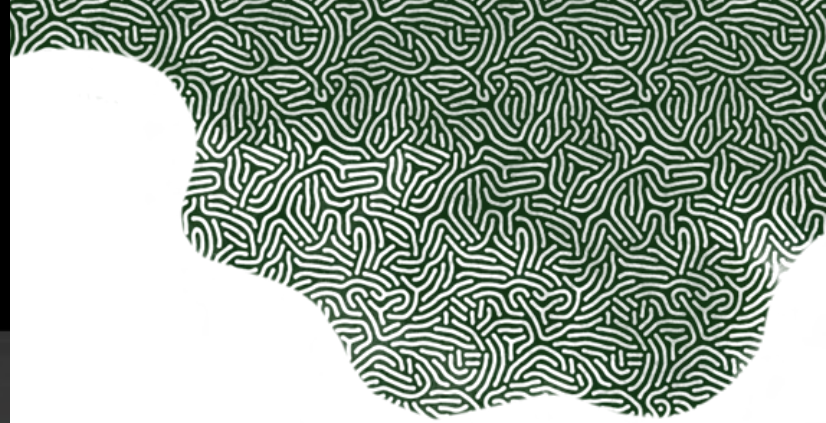
The U.S. locks up more people per capita than any other nation, at the staggering rate of 573 per 100,000 residents. But to end mass incarceration, we must first consider *where* and *why* 1.9 million people are confined nationwide.



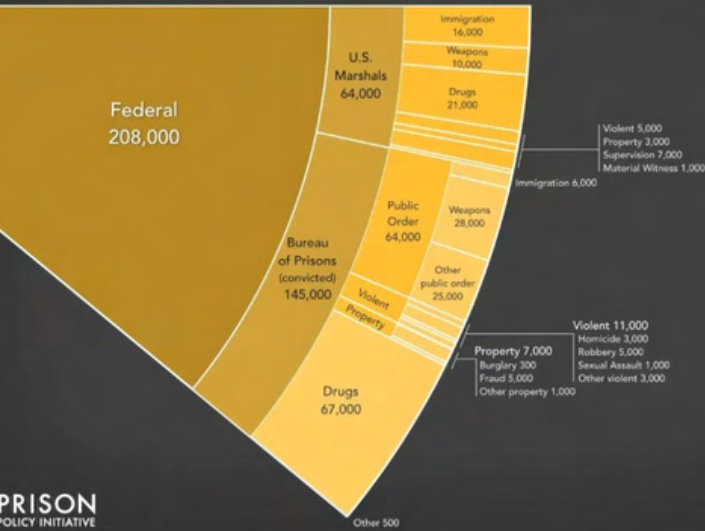
PRISON
POLICY INITIATIVE

Sources and data notes: See <https://www.prisonpolicy.org/reports/pie2022.html>

At the federal level drugs is the biggest reason for incarceration. Biden's new executive action will help LITERALLY 0 People federally imprisoned for drugs



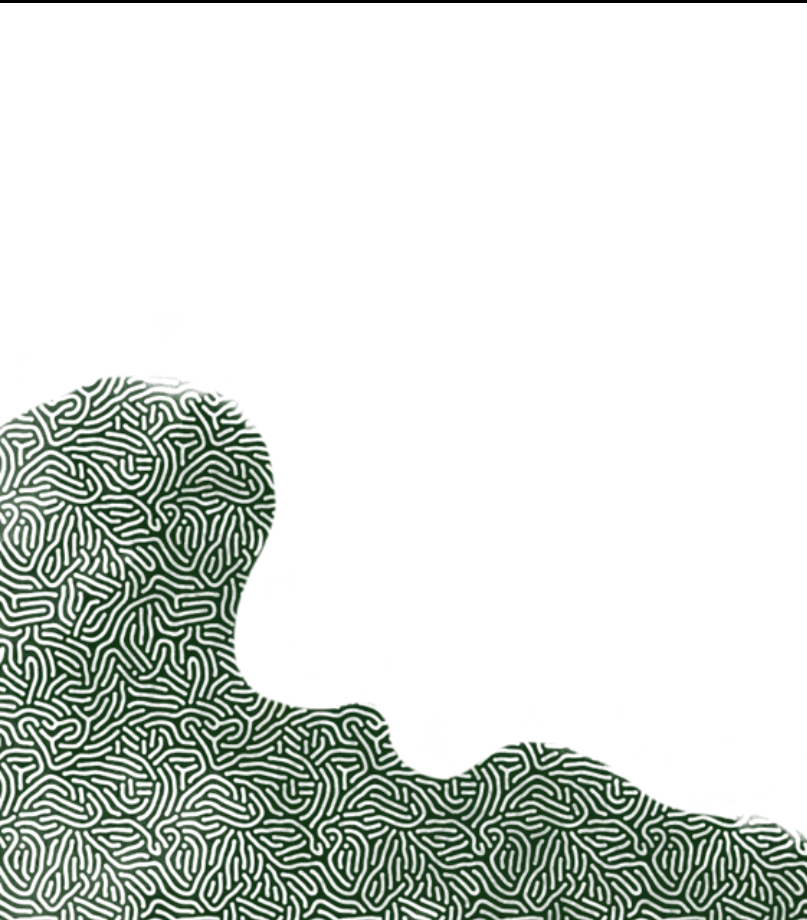
Despite reforms, drug offenses are still a defining characteristic of the federal system



PRISON POLICY INITIATIVE

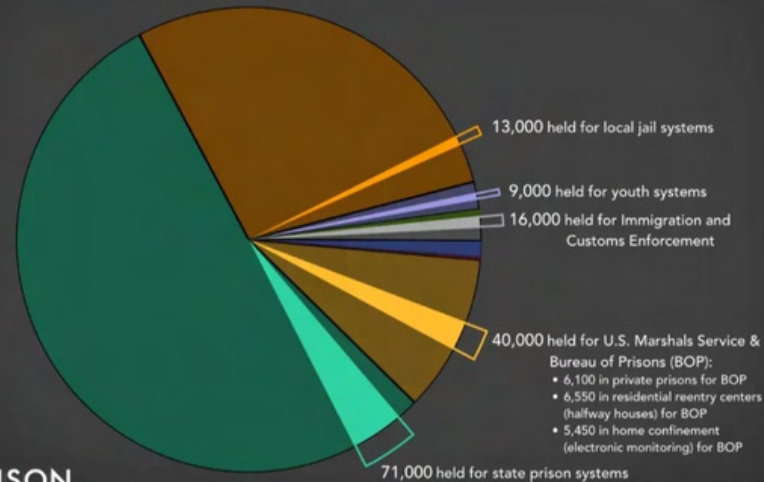
Also important to note there are more fraud charges than there are rape AND murder COMBINED but the media sensationalizes some crime and not others

Lastly, please SHUT TF UP about private prisons. They make up 8% of incarcerated people. Could abolish them all today and still have well over a million ppl locked up



Only 8% of confined people are held in private prisons

Mass incarceration is driven by government policy and spending, but the private companies that contract for less than 8% of all cells get a disproportionate share of attention. Why is that?



PRISON POLICY INITIATIVE

Sources and data notes: See <https://www.prisonpolicy.org/reports/pie2022.html>

Have to realize its not corporations driving this but mass incarceration is a choice by the amerikkkan government to destroy communities in order to maintain their power





Proposal to Address the Issue

There are multiple interventions proposed to address this issue, but they all have major gaps in existing proposals. An example of such a proposal is the Federal Bureau of Prisons (BOP) Health Management Resources. The BOP Health Management Resources are sets of clinical guidelines that are in line with the objectives of the Correctional Officers Health and Safety Act of 1998 for “infectious disease prevention, detection, and treatment of inmates and correctional employees” (BOP, 2022). This list of resources includes protocols for issues ranging from hypertension, management of bipolar disorder, lice protocol, zika virus, to COVID-19 vaccine guidance among other issues, yet these are only clinical guidelines. These Health Management Resources should be recommendations for institutions to be using, however, the actual implementation of these protocols likely varies widely by each facility. This means that these guidelines are limited to the resources available in each correctional institution. For example, BOP will recommend for an inmate to be put in isolation if they present with a positive tuberculin skin test, yet a correctional institution might be limited to the lack of space they have.

Another key piece of legislature that is failing to support carceral health standards is the Affordable Care Act (ACA). After the ACA was upheld in 2012, each state has the option for further Medicaid expansion. Medicaid coverage prior to the expansion option included a population of pregnant women, children, and 65-year-old beneficiaries. In states that expand Medicaid programs, residents qualify for government service based on a resident income of 133% below the poverty level (U.S Centers for Medicare & Medicaid Services, 2022). This means that the expansion also encompasses “childless adults which includes a sizeable subset with criminal justice involvement” (COCHS, 2022). This led to the Medicaid option being falsely deemed to be for “felons” considering it prevented people from losing healthcare coverage once incarcerated (COCHS, 2022). This loss of coverage is also known as the “inmate exception”.

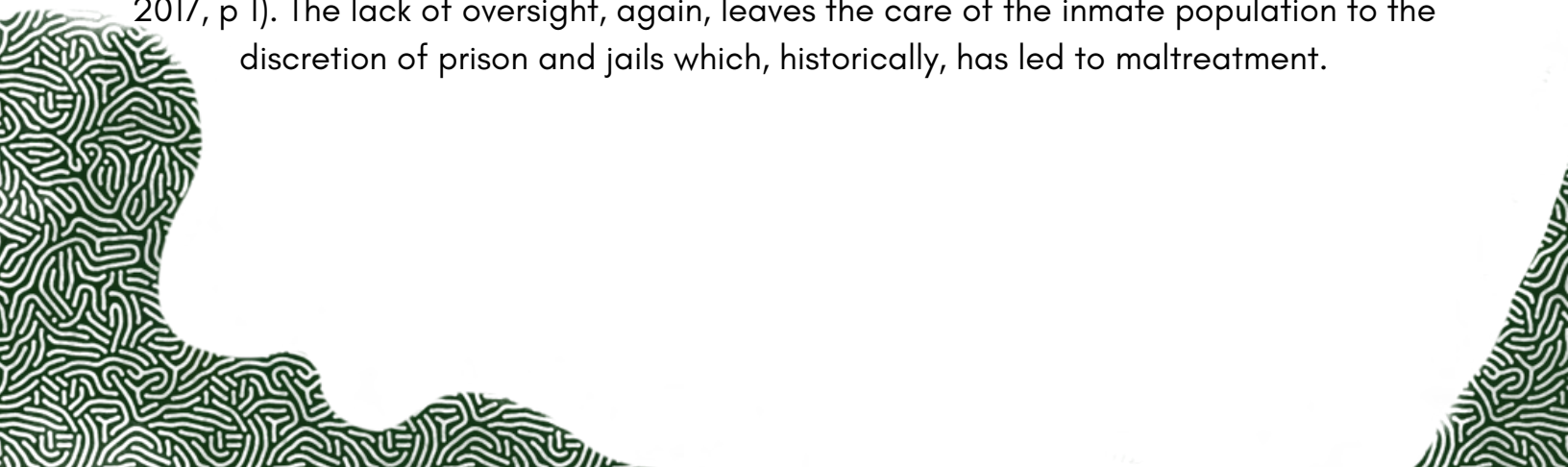
The Community Oriented Correctional Health Services (COCHS) is one nonprofit organization which has a stake in the ACA expansion option. This is because the Act aligns with their mission to “integrate community healthcare with correctional healthcare” (COCHS, 2022). Therefore, since 2010, COCHS was a proponent for the ACA considering the organization understands how the Act can potentially provide healthcare to incarcerated populations. They evidence their support by using research from Washington State to suggest that treating substance abuse disorders, a disorder largely found within the inmate population, “showed a decrease in arrests and costs following treatment” that can be provided through the Medicare Expansion option (COCHS, 2022).





Imprisonment, for some, is not a permanent condition, and prisoners are released at the end of their sentences. Upon reintegration into society, there should be a continuity of care to help patients transition from (lack of) healthcare in prison to healthcare in society. Each environment carries health concerns that must be addressed. While incarcerated patients have a higher prevalence for chronic diseases such as hypertension, diabetes mellitus, and asthma, when released, these chronic illnesses still require the same level of attentive care (Cohen et al., 2021). To manage these health concerns, prison healthcare should not be managed by vague clinical practice guidelines or privatized healthcare services.

The prison industrial complex, like any other business, aims to make revenue as well as limit spending as displayed by the employment of private services such as prison healthcare professionals. In several cases such as the *Walter Balla, et al. v. Idaho State Board of Correction (IDOC)*, these cutbacks were shown to be problematic for the prison because “serious problems with the delivery of medical and mental health care” happened within their use of a private Corizon Health care system (Stern, 2012, p 3). Evidence suggests that “many of these problems either have resulted or risk resulting in serious harm to inmates” within the Idaho State Correctional Institution (Stern, 2012, p 3). The private practitioners are not subject to the government’s standard accountability which creates more risks within prison and jails. Similarly, regarding the inmate exception, health care organizations are typically required to participate in Medicaid and Medicare programs as evidenced by President Lyndon B. Johnson’s 1965 signing of these social programs into law. These social programs were meant to protect “the health and well-being of millions of American families, saving lives, and improving the economic security of [the] nation”, yet this did not seemingly include America’s prison population (CMS, 2021). This is because, in this same legislation, correctional health care would be “exempt from this requirement, resulting in poor health care oversight” (Fiscella et al., 2017, p 1). The lack of oversight, again, leaves the care of the inmate population to the discretion of prison and jails which, historically, has led to maltreatment.



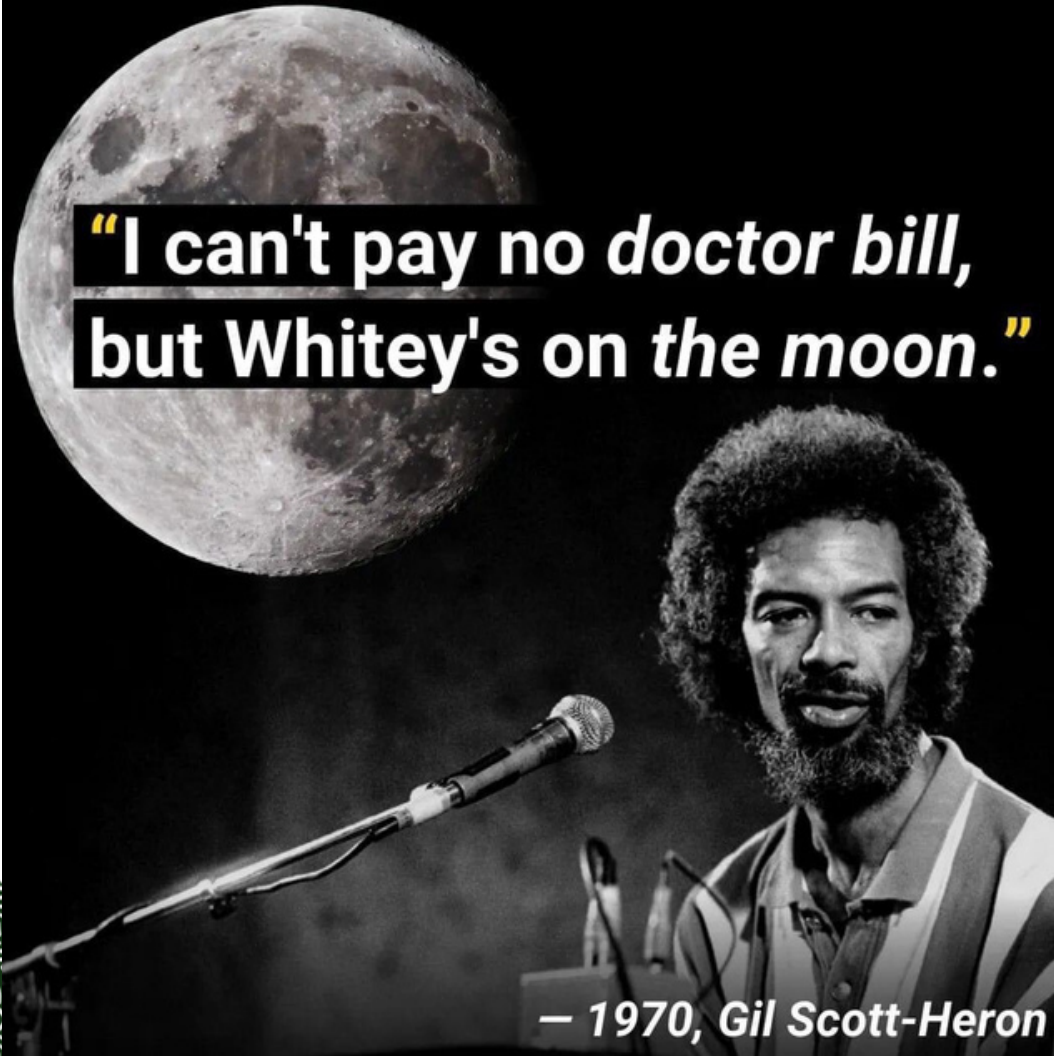
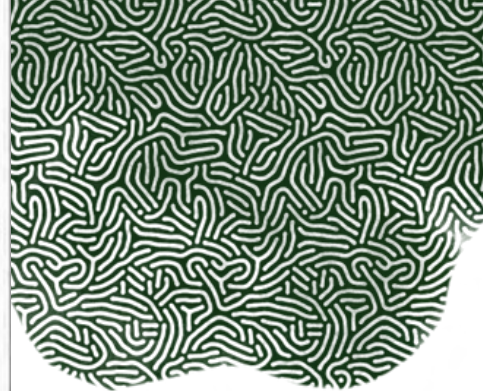
GUESS WHAT?



**I DON'T STOP
CRIME!**

**THE MAIN ROLE OF LAW
ENFORCEMENT, IS TO
CATCH AND PROCESS
CRIMINALS AFTER CRIMES
HAVE ALREADY
OCCURED.**

**ABOLITION AND DEFUNDING
EFFORTS, SEEK TO
REDISTRIBUTE FUNDS
INTO PROGRAMS FOCUSED
ON FIXING SOCIAL &
ECONOMIC ISSUES THAT
CREATE CRIME IN THE
FIRST PLACE.**

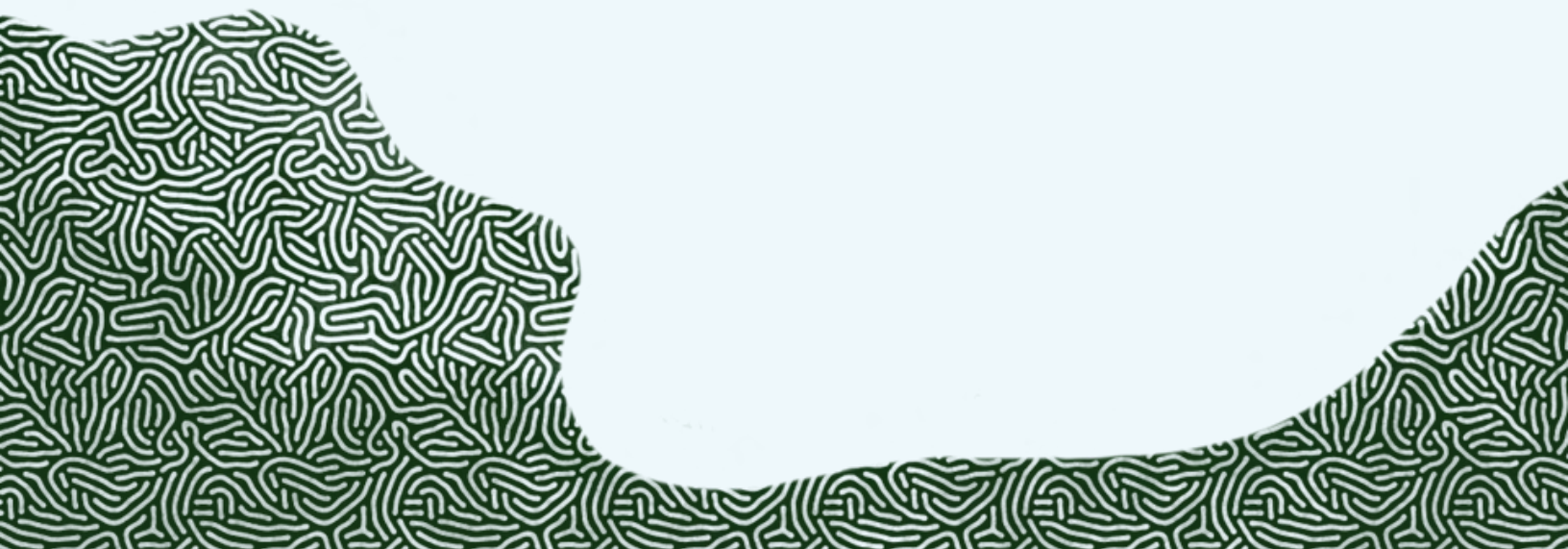


**"I can't pay no doctor bill,
but Whitey's on the moon."**

— 1970, Gil Scott-Heron

In conclusion, the US prison population is massive and is still growing at a staggering rate, thus there must be radical interventions made to treat those incarcerated.

Prison populations are historically, at a greater risk of contracting communicable pathologies, yet proposals set forth are subpar in addressing this issue. This is both due to the government not directly intervening in correctional health standards, as seen in the Health Management Resources, and public stigma denying healthcare coverage for inmates (Medicaid expansion). Rather than wait on the government to provide care to citizens, I believe that we must organize and create governmental pressure.



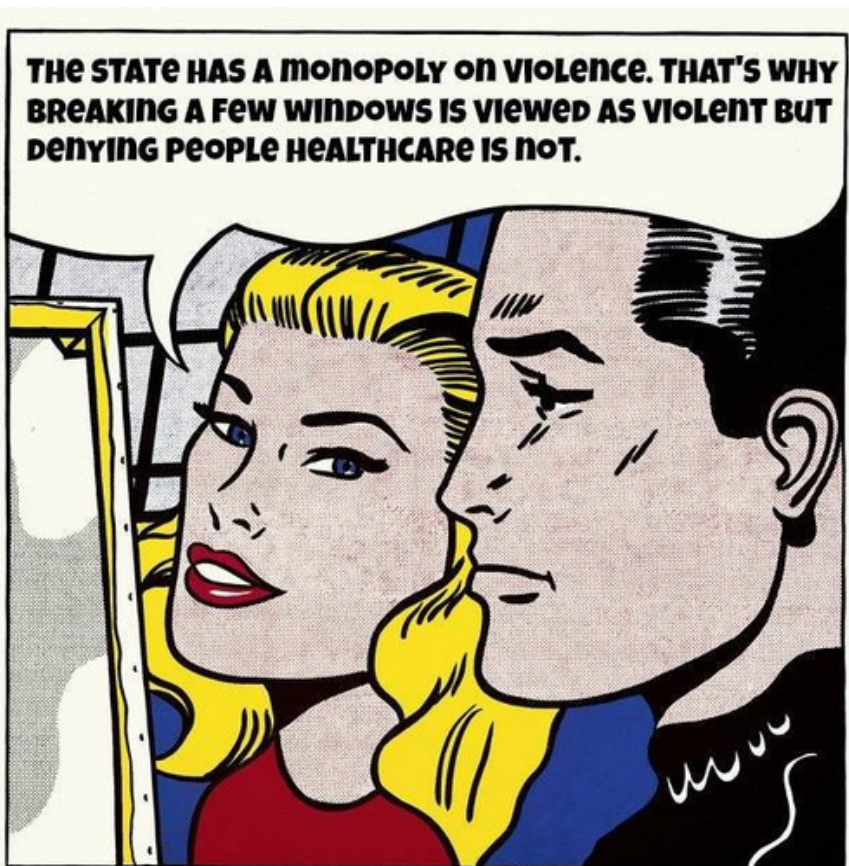
Content Recommendations

Soledad Brothers by George Jackson

Medical Apartheid by Harriet A. Washington

Belly of the Beast (Documentary)

Assata by Assata Shakur



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