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The Correctional Health Care Debate

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On Jan. 27, 2003, United Press International released a news brief from the chief White House correspondent regarding a report on inmate medical care. The study, funded by the National Institute of Justice, highlighted the failure of some jails and prisons to conform to accepted clinical care guidelines for the diagnosis and treatment of inmates with significant medical issues. As a result, it was reported that millions of jail and prison inmates are released each year, sending individuals with AIDS, tuberculosis, hepatitis and mental disorders back into the community.

Members of the Coalition for Truth in Correctional Health Care immediately responded to this news brief by criticizing the report because it failed to both provide insight into the true issues involved in the health status of offenders and acknowledge advances correctional health care has made. The coalition noted that, "Our nation's jails, prisons, juvenile facilities and community corrections are held to a higher standard of health care than that available to many Americans." They also stated that "health care, which corrections provides, is most often the best, and in many times, the only health care that offenders receive." Indeed, it is frequently in correctional systems that offenders first experience a systematic and comprehensive approach to meeting their medical and mental health needs.

It is this type of controversy that helps us understand the very complex concerns that face the nation in its

attempt to deliver medical care to offenders in our correctional facilities. It has long been known that many of these individuals are impoverished, mentally ill and/or chemically dependent, all of which may interfere with their ability to access and use community health care. The increase of mentally ill offenders within correctional systems is proportionate to the deinstitutionalization of the mentally ill in public psychiatric hospitals and is well-documented. In many regards, the questions and challenges within correctional systems are no different than those faced by private and public health officials.

How do we in corrections pay for what needs to be done? How do we find staff willing and trained to do this work? What are our justifications and ethical responsibilities to require that people receive certain medical interventions? Where does our responsibility end and someone else's begin?

It is imperative that the nation's efforts focus on organizing resources in a manner that supports the delivery of health care across all systems, thus providing continuity of care. Our systems are too quick to blame each other for the shortcomings we all experience. Correctional systems are in a unique position to contribute to a better understanding of the systemic issues that need to be addressed in order to improve the overall public health system. Corrections directly impacts the overall delivery of health care to a very high-risk population and, thus, the health and wellness of the public as a whole.

In a very real sense, most correctional systems are a reflection of the health care needs of society at large. But unlike the greater community from which the inmates are drawn, correctional systems are constitutionally mandated to provide health care to all. In an age of managed care, there are few places outside a correctional system where the mental health needs of an entire population are formally assessed, treatment plans developed and crisis care provided in a systematic manner through a single agency.

Nevertheless, the question of how to apportion health care resources is problematic for corrections. As demands have increased, budgets have been stressed and fiscal cuts have become a fact of life. In response, correctional health care professionals must organize and manage their resources across disciplines to ensure that services are provided efficiently. Sound accreditation standards provide the basic structure for this effort. However, to seriously and conscientiously address the total health care needs of this population in an effective and cost-efficient manner for the nation as a whole, it is critical that alliances are developed and maintained at all levels with the many other systems that intersect with corrections. When this is achieved, a truly integrated and effective system of care can emerge, which will best respond to the health needs of those involved in the justice system and to the communities from which they both come and shall return. ♦