Communicable Disease in Corrections: Legal and Ethical Considerations

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Presentation Outline

• General Overview of Corrections Medicine
  – Mass Incarceration in the US
  – Medical and public health issues among the incarcerated
• Los Angeles County Sheriff’s Department (LASD) and Jail Overview
• HIV and Corrections
Jail vs. Prison

- Jail is locally operated correctional facility intended for temporary holding
  - During adjudication
  - Parole violators
  - Transfers to other correctional authorities
  - Sentenced to one year or less

- Prison is operated by state or federal govt
  - Sentence one year or more of incarceration
  - Usually felony convictions
US Correctional System

• > 2.3 million in federal or state prisons or local jails
• > 10 million booked into 3365 jails annually
• > 6 million in Probation System

Department of Justice, Bureau of Justice Statistics
Available at: http://www.ojp.usdoj.gov/bjs/.
The Score Box: 1997

- 25 of the largest jails hold 27% of all Jail Inmates (3365 Jails in U.S.)
- Los Angeles County & New York account for 7% of the Nation’s total (39,695)*

* 1997 Data From USDOJ/Bureau of Justice Statistics
Demographics

- 3145 per 100,000 black males in prison
- 1244 per 100,000 Hispanic males in prison
- 471 per 100,000 white males in prison
The Score Box

Number of U.S. Prisoners (In Thousands)

- 1900: 57
- 1920: 75
- 1940: 148
- 1950: 174
- 1960: 166
- 1970: 213
- 1980: 196
- 1998: 1218
- 2009: 2500
United States is the World's Leading Jailer

Prisoners per 100,000 Population - 2008

Figure 1: The United States houses more inmates than the top 35 European countries combined.
Mass Incarceration

• 1970 – 250,000 incarcerated in US
• 2009 – 2,500,000 incarcerated in US
• Affected > 30 million Americans
• Primarily young minority males, who comprise 3% of the US population
• Poorest neighborhoods in urban areas
• >90% families affected in communities
Mass Incarceration

• Socially marginalized
• Lifelong incapacitation
  – 70% recidivism
  – Stigma
  – Unemployment
  – Homeless
  – Lose voting rights
  – Disrupted family life
  – Children: life span, 6-7x incarceration risk
Mass Incarceration: Magnitude

- 1975 – 2011: 7 million drug incarcerations
- 14 million Years of life lost
- > 350,000 deaths in similar aged population of US soldiers in World War II
Mass Incarceration: Characterizing an Outbreak

- **Person**: Minority males 18-45 years old
- **Place**: Inner City, impoverished areas
- **Time**: Increase since 1975-1980
- **Mode of “Transmission”**: 60% re-incarcerated for administrative violations, not new crimes
  - Parole/probation violations
  - Classroom “misdemeanors”
Mass Incarceration: Communicable Disease?

- Self-sustaining characteristics of epidemic
  - Affects subsequent generations
  - Neighborhoods have increased crime

- Lucrative: 1:1 employee to inmate ratio
  - Powerful prison guard lobby
  - Private business interests
Mass Incarceration: “Infection” Becomes Chronic

• Public Funds: More cells, not diversion:
  – Re-entry and housing
  – Drug abuse treatment
  – Job training, education, social skills

• Political pressure
  – General community “fear factor”
  – Harsher, longer sentencing policies
  – Although >90% prisoners return home
Mass Incarceration: Chronic Incapacitation

- 70% - 85% of US prisoners need drug abuse treatment
- Communicable disease risk elevated
- Mental health:
  - Dismantling of mental health complex
  - “Institutionalization”: PTSD, elevated homicide and suicide risk
  - Solitary confinement: 5% of World population in US and 50% of all solitary prisoners in world
Mass Incarceration:
Chronic Incapacitation

• Informal prejudice
• Homelessness:
  – No section 8
• Unemployment as high as 60%  
  – Formal/legal restrictions
• If conviction, no welfare funds for:
  – Education,
  – Employment training,
  – Food stamps
Chronic Incapacitation: Loss of Civic Rights

- Approximately 40% of black men in the US cannot vote, whereas in other countries, inmates MUST vote.
- Many states limit voting for those on probation, so rate may be > 40%.
- Child: foster care if parent absent for 12-15 of previous 22 months and accelerated adoptions.
Chronic Incapacitation: Basic Health Measures

- Infant mortality rate 2.3 x higher for African Americans
- If US maintained incarceration rate similar to 1973, infant mortality among ALL in the US would be 5% lower
- Controlling for family income, employment, parental co-residence and housing, infant mortality 29.6% higher if parent ever incarcerated (Wildeman et., al)
Why do we *HAVE* to care about health of inmates?
Reflecting the English methods of punishment, American colonists typically used corporal and capital punishment. Public punishment and degradation were commonly prescribed for minor offenses.
Then and Now

- 1977 Supreme Court issues decision
- Mandate incarcerated access to medical care
- Only population in the US with a constitutional right to medical care
- Marked improvement in health care in corrections setting
Do we *HAVE* a choice?

- Constitutional right to health care
- Treatment access
- Diagnosis
- Prevention of complications
- Management of comorbid illnesses
- Cost effectiveness?
Common Medical and Mental Health Problems among Patients in the Incarcerated Setting
Communicable Disease Risks in Jail

- Overcrowding
- Suboptimal environment and personal hygiene
- Infrequent showers
- High mobility and turnover of inmates
- Danger of MRSA pneumonia
Common Health Issues

- Mental illness
- HIV
- Hepatitis C
- Tuberculosis
- Lack of immunizations
- Lack of preventive services
- MRSA
- Substance abuse
Mental Health in Correctional Facilities

- Mental health problems were 3 – 4 times higher among inmates than in the general population
  - Approximately 75% met criteria for definition of substance abuse
  - Female inmates had higher rates of mental illness

Available at: http://www.ojp.usdoj.gov/bjs/pub/pdf/mhppji.pdf
SHOULD we care about health of inmates?
Why *should* we care? Inmate health = Public Health

- Characteristics of people with history of incarceration:
  - 25% of HIV-infected Americans
  - 33% of Americans infected with Hep C
  - 40% of Americans with active TB

- Among inmates
  - Up to 50% have Axis 1 or 2 mental disorders
  - 75% alcohol or other substance abuse disorders

- Opportunity to impact communities
“It has now become clear that any national strategy for controlling infectious diseases require developing and including prison policies.”

Alex Gatherer, “Tackling CD in Prisons”
WHO Health in Prisons Project
Incarceration as an issue of public health?

- Resistant bacteria transmitted person-to-person perpetuate disease
- Nosocomial - hospital
- Community - daycare, nursing homes
- No antibiotics left to use!!
- Only 8 new agents approved since 1998
- Deadly combination of virulence and resistance
- Resistant organisms in one part of the world only a plane ride away
THE WORLDWIDE SPREAD OF SARS

SARS PASSED TO TOURIST GUEST ON 9TH FLOOR WHO RETURNS HOME TO TORONTO, CANADA

DOCTOR WHO TREATED SARS PATIENTS IN GUANGDONG PROVINCE, CHINA TRAVELS TO HONG KONG AND STAYS ON 9TH FLOOR OF HOTEL

SARS PASSED TO HONG KONG RESIDENT WHO VISITED 9TH FLOOR OF HOTEL

SARS PASSED TO FLIGHT ATTENDANT GUEST ON 9TH FLOOR WHO THEN FLIES TO SINGAPORE

SARS PASSED TO BUSINESSMAN GUEST ON 9TH FLOOR WHO THEN TRAVELS TO VIETNAM
Public Health Opportunities

• Clustering of individuals with many health care needs
• Prevention of transmission
• Opportunity for medical, mental health and substance abuse treatment
  – Directly observed therapy
• Opportunity for teaching?
Challenges

• Medical care for inmates is often episodic
• Insufficient attention given to interventions that would benefit the community upon release
• Released inmates impact the community:
  – Costs of medical care
  – Crime and recidivism
  – Disease transmission
  – Anti-microbial resistance
The Pitfalls

Growing pains for 3-strikes measure

Prison: Popular law turns 5 today; half of its 4,000 terms for nonviolent crime.
By Wendy Thomas

Beanbag death ruled homicide

Police: Autopsy finding, which doesn’t imply guilt, says woman died from blunt force trauma when hit with ‘less-than-lethal’ weapon.

Doctors Who Lose Patience

Frustrated by the changes forced by a managed care system they contend is spreading like a virus, some physicians are reassessing their setting.

Mental health treatment law criticized

High Court Considers Care of Mentally Ill

WASHINGTON—The Supreme Court took up a case:

Widespread Abuse of Female Inmates Cited

Near-Fatal Beating of Inmate in Yard at Corcoran Triggers Probe

The Los Angeles County Board of Supervisors has agreed to pay $1.1 million to settle a wrongful-death claim involving a Lakewood man whose condition apparently was not monitored adequately by a paramedic after the man was hospital by sheriff’s deputies.

The county counsel’s office said an autopsy determined that Victor Cox, 29, died from “excited delirium and cocaine intoxication.” In recommending the settlement, the counsel’s office said a jury probably would conclude that the paramedic’s failure to provide emergency medical treatment contributed to Cox’s death.

Officials said deputies were summoned to Victor Cox’s home on Premiere Avenue Sept. 5 by his wife, Zenobia Cox, who complained of spousal abuse. The deputies said that when Victor Cox, who was talking incoherently, tried to strike them, they tied his arms and legs together behind his back.

When one of the paramedics tried to question Cox, he responded with profanities,” the counsel’s office said.

A few minutes later, the paramedic noticed that Cox had stopped breathing, the officials said. They said that instead of immediately using cardio-pulmonary resuscitation, the paramedic waited until Cox had been placed in an ambulance. By the time the ambulance reached a hospital, Cox was dead.

The settlement will go to Cox’s wife and his three children.

Price of wrongful imprisonment: $36 million

Settlement: Four men exonerated with help from college students.
By Evelyn Griego

County to Pay Claim in Hogtie Case

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Welcome to the Los Angeles County Jail
WHY CORRECTIONAL HEALTH CARE?
Basic Sheriff’s Department Organizational Structure

• Custody
  – Security

• Corrections
  – Laundry
  – Food services
  – Medical, dental and mental health
Custody Operations

- High turnover
- High mobility
- Conflict of choices
- Custody career ladder
Information about LASD Jails

- Largest sheriff’s department in world
- Largest municipal jail system in world
- 18,500 – 20,000 inmates
  - Nine jail facilities
  - Spread out in LA County
- 13,000 - 17,000 bookings and releases monthly
- More than 1/2 of inmates on regular pill call
Twin Towers  

Men’s Central Jail
Los Angeles County Sheriff: Jail Demographics

- 88% Males
- 45% Hispanic
- 35% Black
- 15% Cauc.
- 5% Other
Los Angeles County Sheriff: Demographics

- **Average Stay** = 44.2 Days
- **Median** = 8-14 days
- **Average Weekly Releases**
  - Community = 75%
  - State Prison = 24%
  - INS = < 1%
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Medical Screening: 16 Questions

- Medical problems
- Medication
- Current open cut or boil
- Disability
- 55 or older
- Psychiatric illness
- Psychiatric meds
- Do you hear voices?
- History of or current suicidal ideation
- Bizarre or unusual behavior
The Basic Services Provided:

- Intake Screening
- Outpatient Clinics
- Correctional Treatment Center (Skilled Nursing)
- Specialty Clinic Consultation
- Urgent Care
- Emergency Referral
- Mental Health Services
- Basic Dental Services
Special Circumstances

• “...during transfer (my) self meds were confiscated and thrown out. “
• “....a small person, his safety is an issue especially because he is in GP. “
Historical Challenges

- 1985 – TB Screening
- 1986 – Mening Outbreak
- 1987 – Resurgence of TB
- 1989 – Emergence of HIV
- 1995 – Hepatitis C
- 1996 – CTC Licensure
- 1990s – Prenatal Services
- 1997 – DOJ Investigation
- 2001 – MRSA
- 2002 – SARS
- 2006 – ? Varicella (chickenpox)
- 2009 – Pandemic Flu
- 2009 – ? Cost Cutting
HIV/AIDS in the Incarcerated Setting
US HIV Data: Burden of Disease, Jail vs. GP

- Over 1 million HIV cases in US
- Over 18,000 deaths annually in US
- HIV prevalence among jail population >5 times higher than that of the GP
- >2% of inmates known to be HIV+
  - Males: 2.2%
  - Females: >2.5%
US AIDS Mortality Data: State Prisoners vs GP

- State prisons
  - Percentage of AIDS deaths: (15-54 yrs) ~ 2x
    - Inmates: 8.0%
    - GP: 4.4%

- AIDS mortality among inmates (per 100,000)
  - Male: 12
  - Female: 8
  - Black: 19
  - White: 8
  - Hispanic: 4
  - > 45 years of age: 23
  - 25 – 44 years of age: 5

HIV/AIDS Services in LACJ
HIV Testing in the Jail

- LASD Medical Services Bureau
- DHSP/CDC grant money
HIV testing process

- Phlebotomist order for HIV test
- Blood sample sent to Quest Labs
  - ELISA and Western Blot
- Resulted: five – seven days later
- HIV+ inmate counseled by PHN
- Referred to MD and case manager
  - PHN or Jail HIV Services Coordinator
- ~ 20% released prior to case manager referral
Inmates tested by MSB

• Those who report HIV positivity
  – No documentation in medical record
• Those who request an HIV test
• Linked screening: STD, TB, Viral Hepatitis, Pneumonia
• Following altercation with custody staff
• Court ordered
HIV Testing: LASD’s MSB

• Approximately 500 inmates tested each month
• 95% ordered in the Inmate Reception Center
• Inmate assessed by MD/RNP if answers yes to any part of “16 questions”
HIV Care: Test to Treatment

- Disclosure of HIV Meds = Treatment
- Inmate may not self-report HIV status
- Delay due to lab results
- Placement on MD line
- Transitional (Release) meds requires 24 hour notice to pharmacy
HIV/AIDS Programs/Partnerships in LACJ
Rapid Testing Pilot

- RTA feasible in a reception center clinic
- RTA better in rates of test completion and receipt of test results
- Improved linkage outcomes not there yet
- Potential cost savings from RTA
- RTA sustainable for jail and public health partners
  - Expansion to routine opt-out testing
HIV Fellowship: USC and LASD

• Need: First correctional training program in US jail or prison
• Need for qualified HIV physicians
• Difficult to recruit HIV physicians
• Academic partnership with USC
• MOA: Credentialing of USC HIV MD
HIV: Continuity of Care after Release

- Former inmates with HIV may play important role in maintaining HIV epidemic
- Virologic and immunologic outcomes worsen after release
- Discharge follow-up and access to care important to limit disease progression and transmission among at-risk communities
- Needs: child care, housing, transport, substance abuse and mental health

Seek, Test and Treat Model: Treat and Retain

- Greatest need LACJ: Linkage to HIV care upon release
  - 57% of HIV+ inmates no care 1 year out
  - 75% qualify for ART, (CD4 <500 / DHHS)
- Well established HIV testing in LASD Jails
- Little chance of STT model success without addressing linkage and retention upon re-entry to community
The Collaboration: Corrections, Public Health and Academia

SHERIFFS DEPARTMENT (LASD)
LA County Jails
HIV Care & Treatment in Jails

STT MODEL
Corrections Setting

DHSP (OAPP/STDP)
HIV Testing in Jails
Transitional Case Management
Peer Navigators
Ryan White Services

UCLA
Intervention Development
Evaluation
Cost Analysis
The Collaboration: Corrections, Public Health and Academia

SHERIFFS DEPARTMENT (LASD)
LA County Jails
HIV Care & Treatment in Jails

HIV Education and Training

DHSP (OAPP/STDP)
HIV Medical Liaison

USC: PAETC
HIV Fellowship Education Program
HIV Services in the jail

Areas for improvement

(1) Rapidly ID patients
  • Status confirmation
  – Redundant tests
  – ARV regimen
  – Treatment delay
(2) Few HIV providers
(3) Substance abuse

Potential solutions

(1) Shared data: Jail-community
  – Jail HIV Medical Liaison (Martha)
  – Universal identifier: Number or biometric
(2) HIV providers
  – Community MDs
  – Train LASD RNPs
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- Elizabeth Bancroft,
- Peter Kerndt,
- Billy Cunningham,
- Shira Shafir
“Don’t impress people with how much you know; impress them with how much you care.”

D. A. Henderson