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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**

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

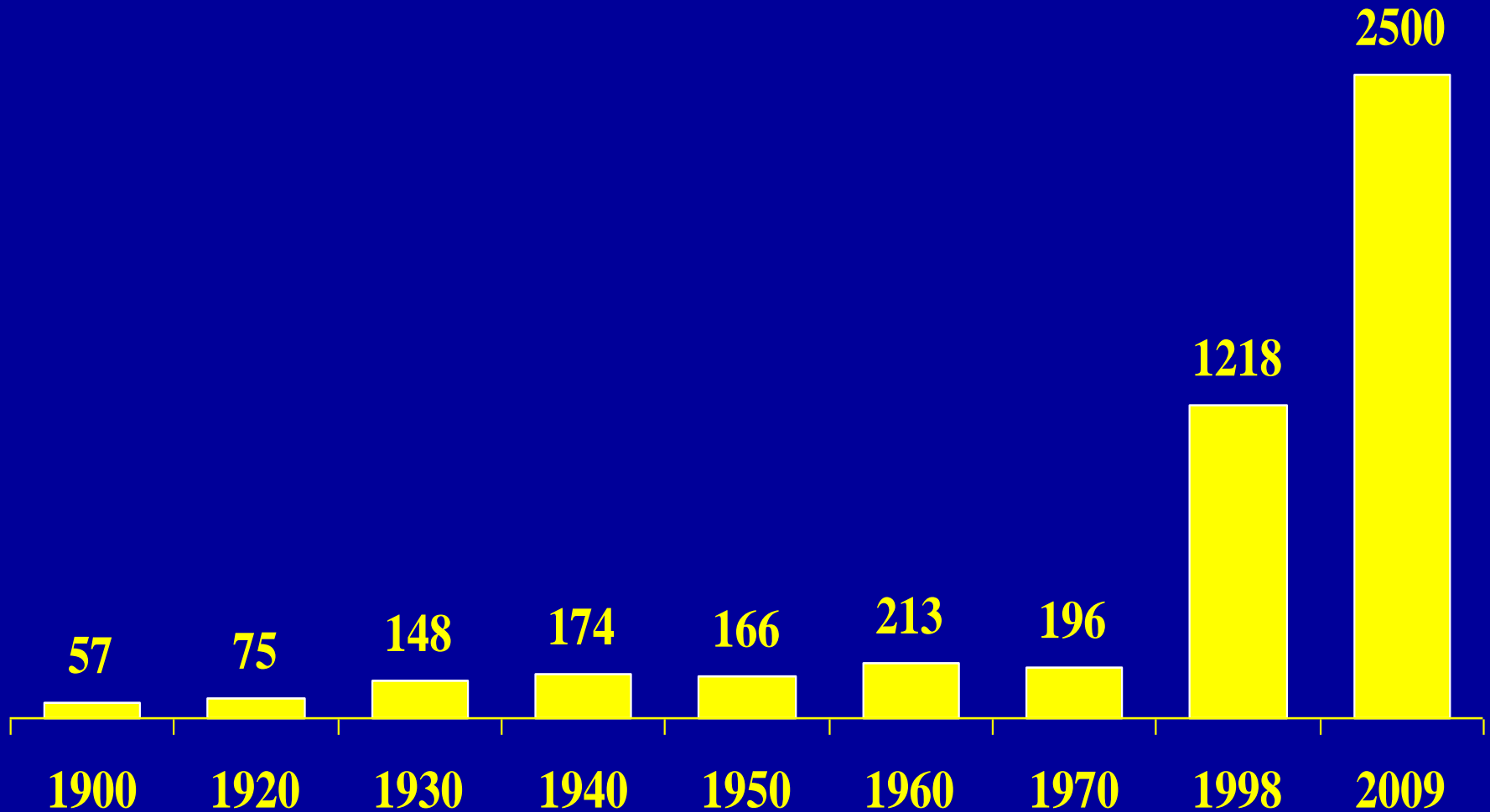
Demographics



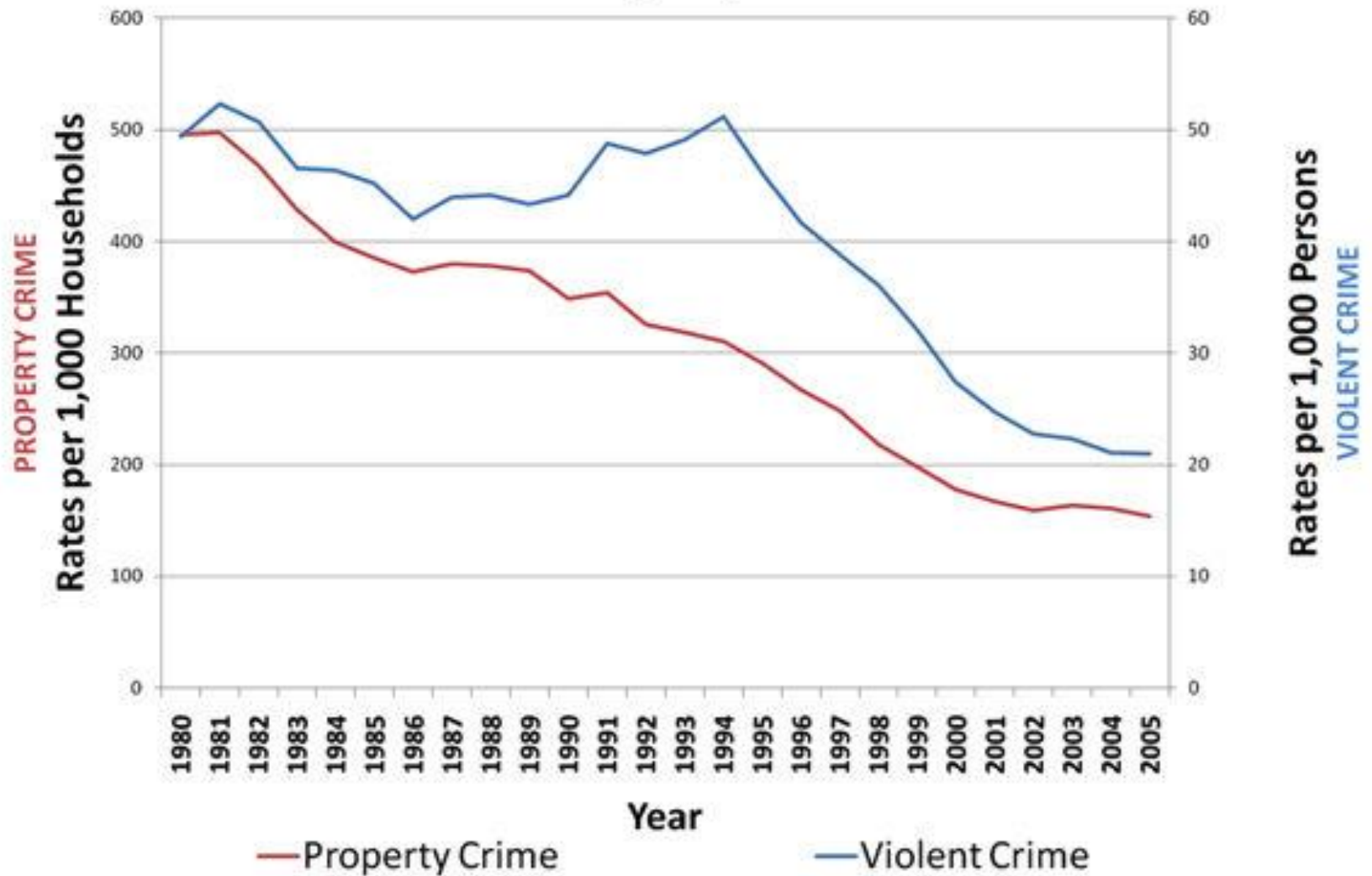
- 3145 per 100,000 black males in prison
- 1244 per 100,000 Hispanic males in prison
- 471 per 100,000 white males in prison

The Score Box

Number of U.S. Prisoners (In Thousands)



Violent & Property Crime Totals



Source: Bureau of Justice Statistics
Produced by: Veronique de Rugy, Mercatus Center at George Mason University

**United States is the
World's Leading Jailer**

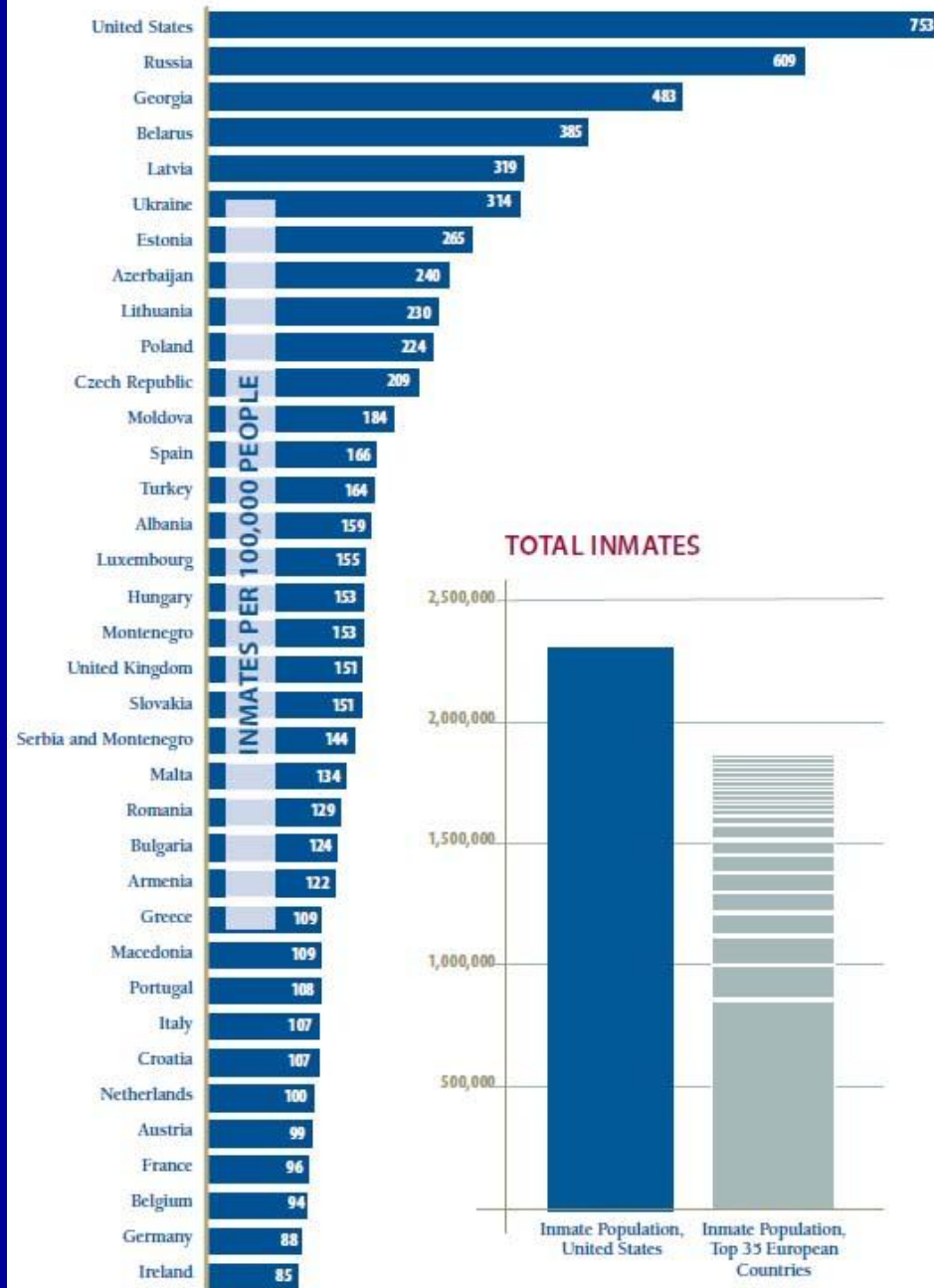
**Prisoners per 100,000
Population - 2008**

Source: Roy Walsley, World Prison
Population List, 2009 (8th ed.), United
Kingdom Home Office Research



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**

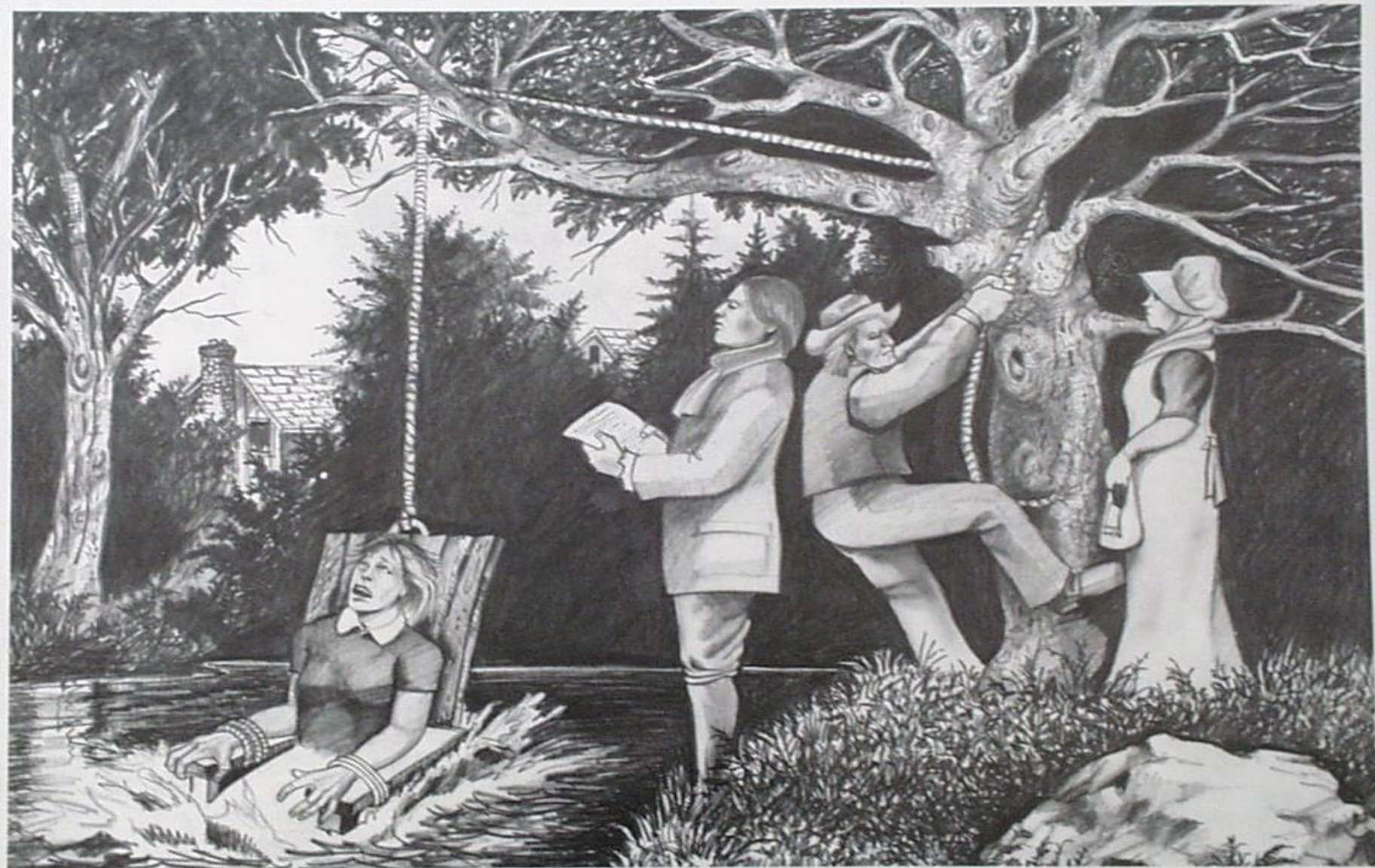
Chronic Incapacitation: Loss of Civic Rights

- **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**

The Adventures



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**

Inca

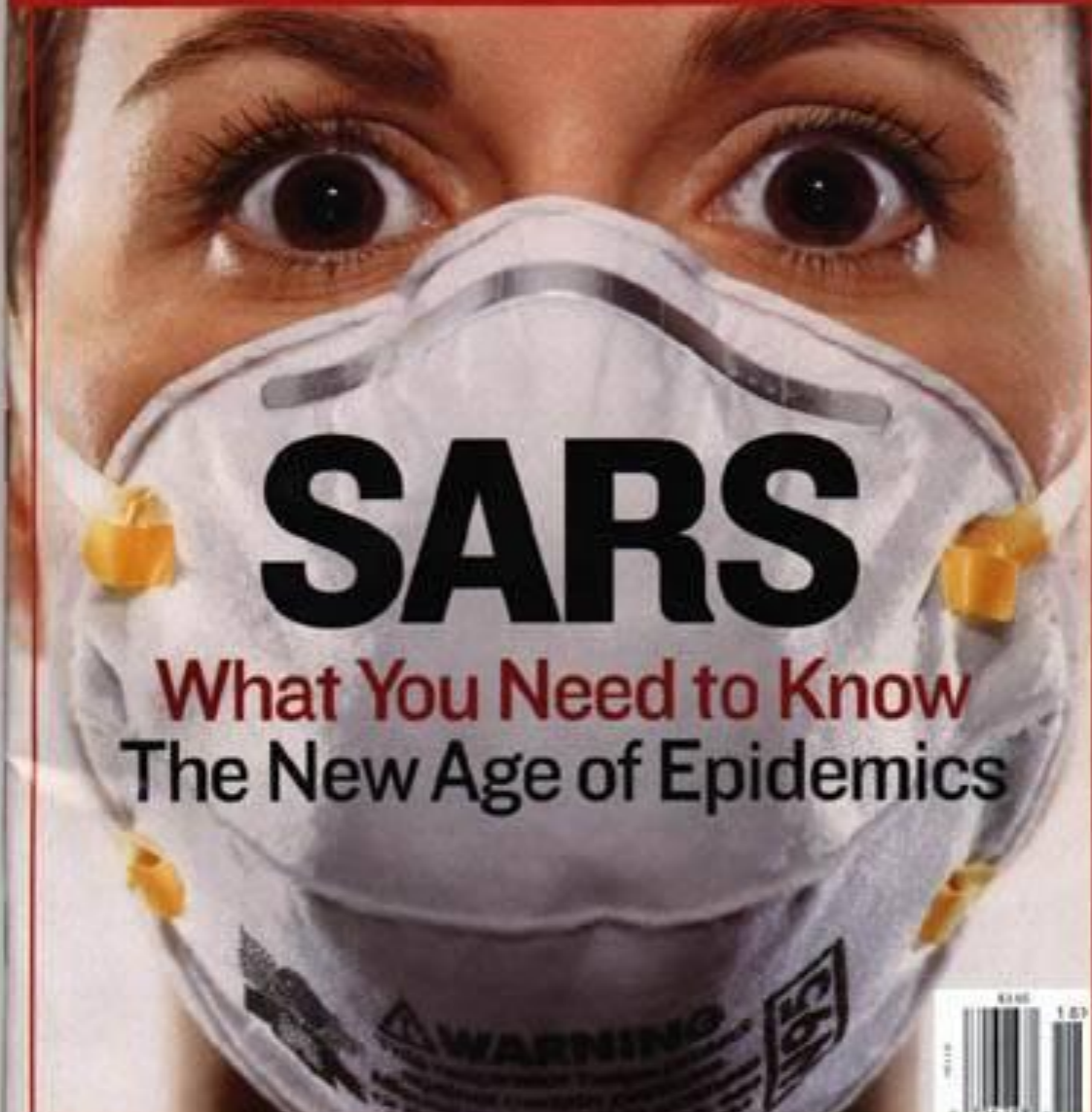
THE SHIITE FACTOR • HOT SUMMER MOVIES

Newsweek

May 9, 2002

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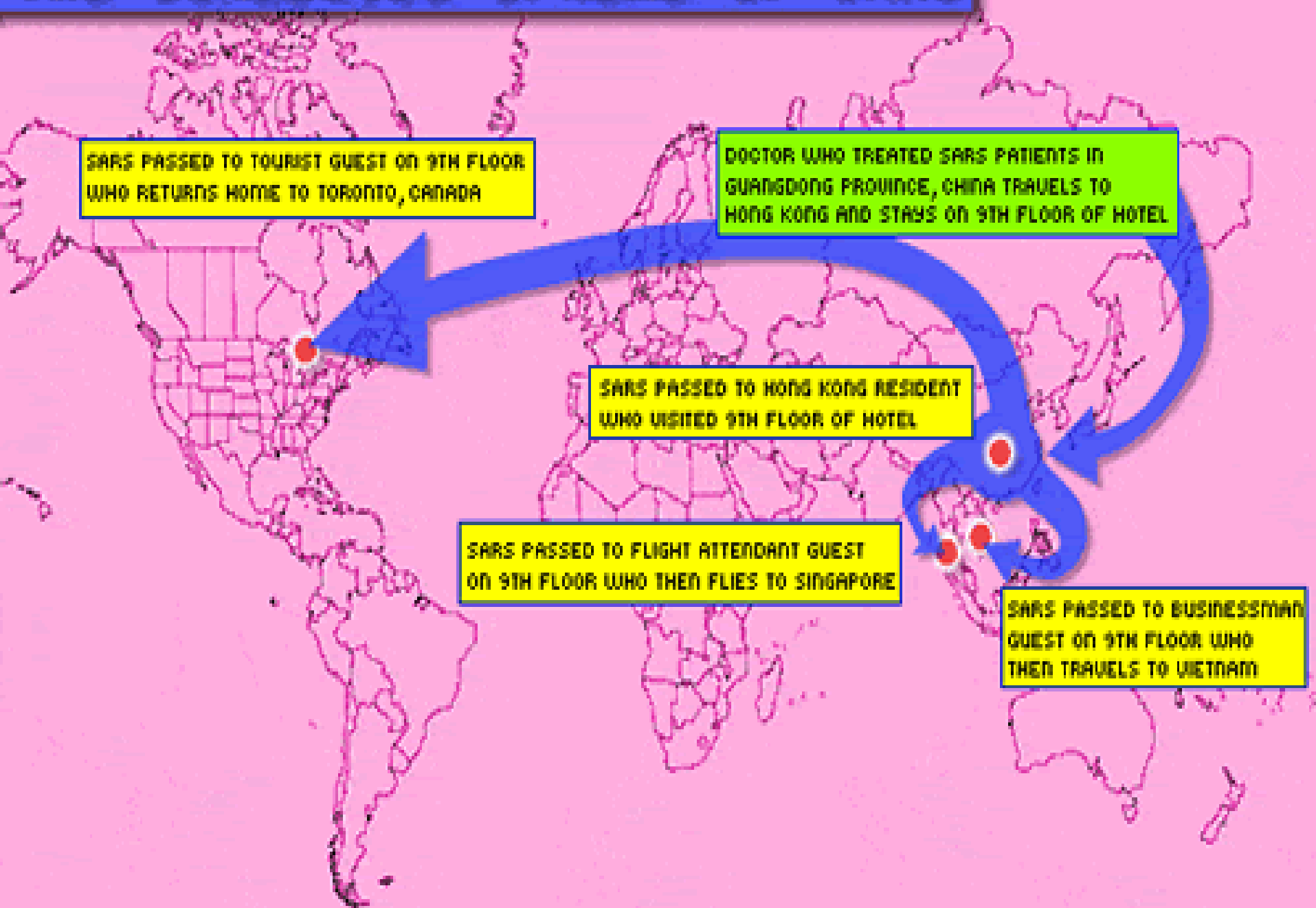
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1998

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THE WORLDWIDE SPREAD OF SARS



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

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 expressing their feelings

Media access to prisons

Restrictions: The new governor should ease some barriers, but he probably won't.

tape recordings doesn't allow interviews. While telephone monitored, that's nothing new. The in-person interviews



The Pitfalls

Dentist Loses License in Death of Patient, 4

SANTA ANA—The state has revoked the license of one of the dentists involved in a 1997 incident in which a 4-year-old patient died at a Santa Ana dental office.

The action, which marks the first punitive steps taken by the State Board of Dental Examiners in the case, comes as prosecutors prepare for a criminal trial against the other dentist in the incident.

On Aug. 4, 1997, Javier Villa of Santa Ana stopped breathing after being given an oral sedative at the Megdal Dental Clinic. He died at UC Irvine Medical Center in Orange.

The 13-member state board voted to ban Dr. Miguel Angel Garcia, who was the managing dentist at the clinic, from prac-

Price of wrongful imprisonment: \$36 million



Wrongfully imprisoned for 15 years, Vernon Johnson, left, Dennis Williams and Kenny Adams won a \$36 million settlement with Willie Raines, not pictured. (AP Photo/Steve Delaney)

Settlement: Four men exonerated with help from college students.

By Evelyn Girard

CHICAGO—Four black men who were imprisoned for a double murder for two decades until some journalism students proved their innocence won an unprecedented \$36 million settlement from the county Friday.

Attorneys called it the biggest settlement ever reached in a civil rights lawsuit stemming from po-

lice misconduct in the United States.

The four men had sued Cook County, claiming the sheriff's officers who investigated the 1975 case were racist who hid evidence that would have helped the defense while granting leads pointing to the real killers.

Two of the wrongly convicted men went to death row; the other two got life sentences.

All were freed from prison in 1996 and pardoned after Northwestern University journalism professor David Protess and three students proved a prosecution witness had lied. Three other men were later exonerated of the killings

and sentenced to life in prison.

"No amount of money can be satisfactory for what has been done to us," said one of the men wrongly sent to death row, Dennis Williams, 42.

"If someone asked me 15 years ago, 'Can I buy your life for \$100 million or can I have your life for \$100 million for 15 years?' I would have said hell, no."

The four men said they plan to donate some of the money to efforts to help free other inmates who have been wrongly convicted. They declined to say what their other plans were.

PLEASE SEE PRISON PAGE

High Court Considers Care of Mentally Ill

By DAVID G. SAVAGE
TIMES STAFF WRITER

WASHINGTON—The Supreme Court took up a case

were ready to leave.

Elaine Wilson, one of the two plaintiffs, said her life was revived when a judge ruled she could leave the state hospital.

County to Pay Claim in Hogtie Case

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 hogtied 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 prob-

ably 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 cardiopulmonary 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.

Widespread Abuse of Female Inmates Cited

■ **Prison:** Rights group says sexual assault and medical neglect are pervasive nationwide. But some question

tional, cited unacceptable conditions in prisons and jails for many female inmates, whose numbers have tripled in the last 15 years to about 138,000. No other state incarcerates more women than California, which has 11,800 female inmates and is home to

"White women who commit crimes deserve to be punished, they do not deserve to be brutalized," said Dr. William F. Schabas, executive director of Amnesty International USA.

This is the second such report issued in the last year that has focused on serious problem of abuse of female inmates nationwide. "But that doesn't mean it's the norm out there... not the problem that Amnesty is trying to fix."

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

■ **Prisons:** Guard in exercise area was absent from his post while two men repeatedly kicked and punched the victim, officials say.

Mental health treatment law criticized



Sheriff Leroy D. Baca

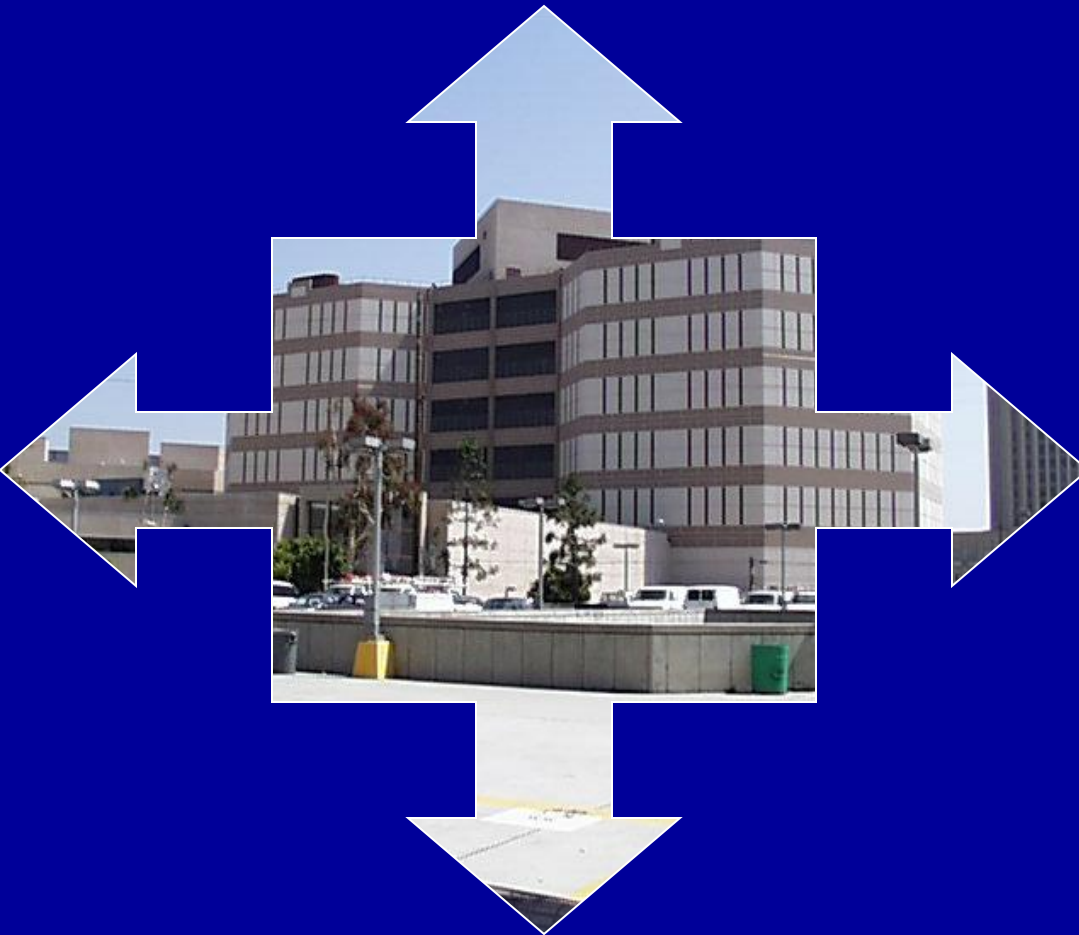
Welcome to the
Los Angeles County Jail



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 %**

Los Angeles County Sheriff

Operational Stats

Annual Bookings = 160,000 – 180,000

Medical Services Budget = \$120 million

Physicians = 45

Nurses = 1,100

Outpatient Clinic Visits > 2,000,000

Prescriptions Filled Annually > 1,100,000



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

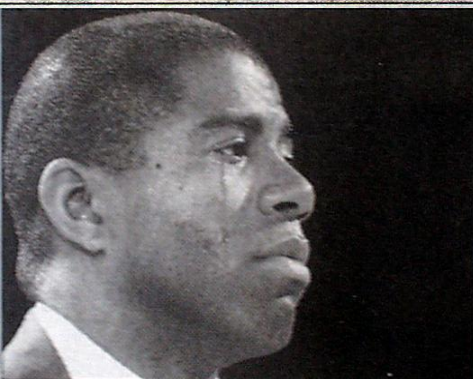


Special Circumstances

- “...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



HEPATITIS

C

BEHIND BARS

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

Acknowledgements

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- Anne Spaulding,
- 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