

SPEAKING OUT

— to Improve the Health of Inmates

| Vivienne Heines

Prison public health is becoming increasingly important to our society as growing numbers of men and women are incarcerated and later released. Numerous studies indicate that the prison population has a higher risk of certain infectious diseases and a higher rate of mental illness than the general population.

Two community leaders, Dr Melanie Spector in the area of public health and Judge Steven Leifman in the judicial system, have addressed the vital issues of women's health and mental illness, respectively. Their efforts have had a positive impact both on prisoners themselves and on the overall health of their communities.

According to the US Department of Justice, approximately 2 million men and women in the United States are incarcerated in local jails and in state and federal prisons. Of these, more than 101 000 are women, representing nearly 7% of all inmates—a substantial increase over previous years. Additionally, an estimated 11.5 million men and women go in and out of the prison system each year, most of them as short-term jail inmates.¹

The health status of these incarcerated men and women is a matter of significant concern for US communities. Several studies have found that the prevalence of certain infectious diseases is much higher among prisoners than among the general population. Specifically, according to a Rand Corporation research brief,² offenders have a fourfold greater prevalence of active tu-

berculosis, a nine- to tenfold greater prevalence of hepatitis C, and a fivefold greater prevalence of HIV. The rate of some chronic diseases, including asthma, is also higher among the prison population.³

Other research indicates that alcohol and drug dependency, as well as mental illness, follow similar patterns among the incarcerated. One study found that 25% of state prisoners released in 1999 were dependent on alcohol, 12% were homeless at the time of arrest, and 14% were mentally ill.²

Such statistics have ramifications for society as a whole, presenting serious public health concerns about the increasing rate of infectious disease and mental illness among prison inmates. The need to improve health care for prison inmates has become a calling for 2 community leaders who recognized the serious consequences of poor prison health and took action in their communities. Melanie Spector and Steven Leifman are located in different parts of the country and have dissimilar backgrounds, but they share a

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The rate of mental illness among the nation's prison population is estimated to be 3 to 5 times higher than that of the general population.⁴ This high rate can be blamed on several factors—underfunding for the nation's mental institutions, lack of available treatment for mentally ill inmates, and a higher-than-average rate of imprisonment for mentally ill offenders.

commitment to improving the health of incarcerated men and women.

DYSFUNCTIONAL BACKGROUNDS AND PRISON

The link between prison inmates and public health became immediately obvious to Dr Melanie Spector more

than a decade ago, when she became the director of HIV/STD (sexually transmitted diseases) services at the Oklahoma State Department of Health. Previously, she had worked as an alcohol and drug counselor for the homeless.

“I saw many of the same clients, and I knew many of them had been in prison. And it made sense to me that there was a connection. A lot of them had sad, dysfunctional backgrounds—drugs, sexual abuse, and prison,” said Spector. She has a doctorate in education from Oklahoma State University and is a licensed professional counselor, certified

about their ability to rise above the pain and suffering they have experienced and have caused others.”

INMATES TRAIN THEMSELVES AND OTHERS

Today, the program is funded by the National AIDS Foundation through the Tulsa Community AIDS Partnership. It is administered through the Oklahoma Department of Corrections and is used in 9 Oklahoma prisons, including 5 women’s facilities and 4 men’s facilities. More than 2000 female peer educators have been trained, as well as 100 male peer educators.

The program is estimated to have reached more than 6500 women. A 20-minute video produced by the inmates, titled *AIDS Is Not My Only Problem*, is used in about 20 states.

The program’s main appeal is that the inmates learn how to teach themselves and others about issues such as HIV/AIDS prevention, as well as underlying contributing factors, including physical abuse, chemical dependency, and low self-esteem. They design the 16-hour course, write and publish an HIV/AIDS education manual, instruct other inmates, and recruit future educators and participants. Through the process, they can earn college credit and become peer educators.

The result, Spector says, is that women who have been through the program find they can stay off drugs, be productive members of society, and develop healthier relationships within their families.

“It allowed us to do something good, to pay back. A lot of the women who come to prison have

actually no idea about their bodies, about boundary issues, or how to say no,” said former peer educator Becky Pemberton, 50.

Pemberton, who spent 16 years behind bars, says the peer education program was the most successful program she saw during her time in prison.

“In a system that is so oppressive and so restrictive, it allowed me the freedom to do what I do best, which is teaching,” she said. “We get to run our own group, the officers don’t sit in and tell us what to do. It’s prisoners teaching prisoners.”

HIV/AIDS RATE DECREASED

Two significant indicators illustrate the program’s impact: the low rate of recidivism for peer educators and a two thirds decrease in the rate of HIV/AIDS at the women’s prisons that use the program. Spector says that her current goal is to see a similar decrease in HIV/AIDS at the men’s prisons that have begun the program.

“We know this program has contributed to the lower HIV seroprevalence rates,” she said. “And the women are getting out of prison with a trade. They can do HIV education, counseling, testing for HIV, injection drug counseling. One of our original peer educators is graduating from law school this year. Another runs a prison ministry for postoffenders.”

In January 2003, Spector received a prestigious Community Health Leadership Award for \$120 000 from the Robert Wood Johnson Foundation. The foundation gives only 10 such grants annually. Recipients are selected for their leadership and success in expanding access to health care and

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in alcohol and drug counseling. Spector had worked with a college-based HIV-peer education program and decided to initiate a similar program at a women’s prison. The project began in 1992 with 15 female inmates from the local city–county jail and a \$2500 grant. The peer education program, based on the radical education tenets of Brazilian educator Paulo Freire,⁵ emphasized that effective pedagogy comes from the users—in this case, the female inmates—themselves.

“I’m not an inmate. I’m not a peer. I’m not an injection drug user. I haven’t been abused,” Spector said. “The majority of people in prison have been, though. This program is really



Judge Steven Leifman's efforts have reduced the recidivism rate from 70 to 19 percent in his jurisdiction.

social services to underserved or isolated populations.

"I see myself as a community public health worker," Spector said. "That means reaching out to people who don't have the energy to come to you, the people needing the most help.

"These are my people. You meet very wonderful people who can teach you important lessons about life and health and happiness."

JUDGE TAKES ON MENTAL HEALTH

In the United States, an estimated 300 000 to 400 000 incarcerated adults are mentally ill, as are an additional 540 000 on probation, according to the National Institute of Corrections. Researchers trace the growing rate of mental illness among prisoners to the deinstitutionalization of mentally ill people in state hospitals that began more than 40 years ago. At that time, there were 560 000 people with mental illness in state hospitals; today, there are fewer than 40 000.⁶

"The sad irony is we did not deinstitutionalize, we have reinstitutionalized—from horrible

state mental hospitals to horrible state jails. We don't even provide treatment for the mentally ill in jail. We're just warehousing them," said Florida judge Steven Leifman, who chairs the Mental Health Committee for the Eleventh Judicial Circuit.

Leifman began to educate himself about the link between mental illness and incarceration soon after he was appointed to the bench in 1995 as the associate administrative judge for the Miami-Dade County Criminal Court Division; he was assigned to a jail division that included people arrested for minor offenses.

"They were either too poor to bond out of jail, they had other serious offenses pending so they couldn't bond out, or they had serious mental illness and didn't know how to bond out," he said. Leifman quickly realized that defendants with mental illness were taking up a large amount of

docket time and were spending far more time in jail than those without mental illness.

"At the time we started this project, 10% of the inmates with mental illness were taking up 70% of the misdemeanor jail cells," he said. "The police would arrest them, they would sit in jail 8 times longer [than defendants without mental illness], we would order all these evaluations, and then we would release them."

In July 2000, Leifman organized a local summit to examine the way mentally ill defendants were being handled by law enforcement and the correctional system. The 2-day summit was attended by police officers, judges, correctional personnel, mental health experts, and relatives of mentally ill inmates. Nationally, the rate of severe and persistent mental illness among adults is about 3%.⁷ However, Leifman says, the Miami-Dade

HEALING MINISTRY FOR PRISONERS

For some men and women in prison, successful life on the outside may involve spiritual recovery. That is where the Rev Robert Little Cloud comes in. Little Cloud visits county, state, and federal prisons in California and offers inmates the opportunity to accept God's healing, a ministry he has been working on since 1988, usually as a volunteer.

"You don't talk about denomination, you just talk about opening themselves up to God," he said. "I want to show people that there is another lifestyle [alternative] to what they're leading."

Little Cloud's ministry is informal. He often visits prisoners at the request of a family member or friend, bringing them Bibles and McDonald's hamburgers. His spiritual philosophy is based in his Native American background, and his work is aimed at helping bring people "back into the circle of life."

Little Cloud, who grew up in New Orleans's Ninth Ward, spent 25 years in the US Navy before his retirement in 1986. He says he can relate to the inmates because he got into trouble himself as a youth. "My father was an alcoholic, he was verbally and physically abusive," said Little Cloud. "A lot of the things these people have been through, I can relate to."

In 1988, he began working as a volunteer chaplain at the Alameda County Jail. He has also worked at the San Rafael County Jail and Oakland City Jail, and he is a former board member of the Indigenous Nations Child Resource Center and the Urban Native American Ministries. Currently, he serves as board member of the Native American Health Center in Oakland and conducts marriage and addiction counseling through a local church. "All the people I've met during my prison times, I've found that as long as you open your hand up and show them you care, they'll come," he says. "For some people, just an act of kindness can open their hearts."

County urban area has one of the nation's highest rates, 9.1%. He feels this high rate is partly owing to repercussions from the Cuban immigration of 1984, when Fidel Castro emptied the mental hospitals and sent residents to the United States, and partly to a temperate climate, which draws people from the Northeast and Midwest, particularly during winter.

After 2 days of work, the summit participants agreed to institute fundamental reform in the Miami-Dade criminal justice system. Their goal was to focus on diversion and linkage to comprehensive care for the mentally

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ill, making jail the last resort. Leifman says that almost half the people arrested in Dade County might have avoided arrest if the police had been trained in how to handle mentally ill offenders and given information about available resources.

They established a prearrest diversion program, in which police officers were trained to identify mentally ill individuals and help them avoid arrest and get help, and a postarrest diversion program, which allowed those in jail to see a psychiatrist within 24 hours. The suspects could then be admitted to a crisis center, where their condition could be stabilized. The diversion program received a 2001 Innovation Award from the Council of State Governments.

“It has worked remarkably well,” Leifman said, noting that police shootings have declined dramatically. “We have reduced our recidivism from 70% to 19% this year. And we're saving the county over \$2.5 million a year just by decreasing the amount of people who need jail beds.”

OUTREACH TO OTHER JUDGES

Leifman's efforts to improve the lives of mentally ill defendants have received state, local, and national recognition. In 2004, he was awarded the National Alliance for the Mentally Ill of Miami Judicial Distinction Award and the Bank of America Local Hero Award. In 2003, he was named the Miami-Dade County Bar Association/Mellon Bank Legal Citizen of the Year; he also received the 2003 President's Award from the National Alliance for the Mentally Ill, the 2003 Leadership Award from Florida Partners in Crisis, and the 2003 Distinguished Service Award from the National Association of Counties. He regularly teaches courses to fellow judges around the country on the need to divert mentally ill defendants into treatment rather than jail.

“I think justice comes at many levels,” Leifman said. “There is nothing more just than to be able to restore someone's competency and give them their life back and keep them out of the justice system.”

About the Author

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This contribution was accepted June 16, 2005.

doi:10.2105/AJPH.2005.068502

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