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Fellowship Capstone | Policy Brief

Healthcare Reform in America's Prisons

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I. Executive summary

As mass incarceration continues to rise in the United States, ethical and legal concerns regarding healthcare administration and quality in America's prisons have become increasingly prevalent. Given that incarcerated individuals have a constitutionally protected right to adequate healthcare, policy makers and government officials have both an ethical and a legal obligation to implement reforms that will enable prisons to provide constitutionally adequate healthcare systems that protect the health and rights of incarcerated persons.

II. Overview

The United Nations Standard Minimum Rules for the Treatment of Prisoners (Mandela Rules) emphasizes the legal obligation of state and federal governments worldwide to maintain basic human rights standards in correctional settings, including the right to adequate equivalent healthcare. In 1976, The U.S. Supreme Court determined that inadequate healthcare for the incarcerated constitutes cruel and unusual punishment, a violation of the 8th amendment of the U.S. Constitution. "Deliberate indifference to serious medical needs" in a correctional setting poses serious ethical and constitutional implications, as well as detrimental harm to personal and community health. Because the incarcerated are the only group in the country with the constitutional right to healthcare, incarceration presents not only an opportunity, but a legal obligation to meet unaddressed health needs in these vulnerable groups.

A. Relevance

Currently, there are around 11 million incarcerated individuals worldwide; a 20% increase in the last quarter century. Mass incarceration of economically and socially disadvantaged individuals only exacerbates health needs upon incarceration. Structural and systemic racism is associated with lower socioeconomic status and poorer health outcomes for racial and ethnic minorities outside of prison, potentially contributing to poor health in prison as well. Low-income Black, Latino and Indigenous individuals disproportionately constitute a large percentage of the incarcerated population, further complicating incarceration-related health disparities. Despite tending to have more significant healthcare needs than the non-incarcerated population, incarcerated individuals tend to report deficient care. These deficiencies have posed growing concern in recent decades, but little has been done to hold governments accountable for alleviating these disparities and ensuring equivalent care.

III. History

A. Barriers to Adequate Care

The landmark Supreme Court Case Estelle v Gamble (1976) established that "deliberate indifference" to an inmate's serious injury or other health needs constitutes cruel and unusual punishment, however, incarcerated litigants continue to report inadequate healthcare across the country. There are several barriers to healthcare access for incarcerated individuals, including but not limited to psychological obstacles, negative consequences associated with seeking out available resources, as well as environmental barriers (Heidari et al. 2017). Older inmates tend to report a lack of trust in prison medical services and providers out of perceived inferior care standards, as well as fear of being punished for exercising medical autonomy by seeking or refusing treatment (Heidari et al. 2017, Vandegrift & Christopher 2021). These concerns are not unfounded. Adequately trained medical professionals may be hesitant to practice in settings perceived as "dangerous or hostile" (Jeker et al. 2023), resulting in inexperienced or inadequately trained providers to make up the majority of prison healthcare providers. Research has also determined that some correctional healthcare providers often operate through the lens of "collective demonization", making them more likely to violate certain legal and ethical obligations (Aday & Farney 2014). Additionally, limited access to specialized physicians reduces the availability of specialized care, and makes inmates reluctant to seek out help for their more complex medical needs (Jeker et al. 2023). Some policies require the presence of correctional officers during inmate medical exams, interviews and procedures, which can limit patient access due to staffing and scheduling conflicts. Security protocols and drug regulations can also limit available treatment options, making it impossible to access certain prescriptions despite orders from a physician (Vandegrift & Christopher 2021). Most significantly, many state institutions utilize fees to discourage inmates from seeking medical care (Aday & Farney 2014). These co-payment procedures often force inmates to choose between seeking medical treatment and purchasing necessities like hygiene products. Inmates who experience deliberate indifference to their serious medical needs also face legal constraints. The Prison Litigation Reform Act made it significantly harder for incarcerated individuals to seek legal action regarding violations of their 8th amendment rights (Hon et al. 2023). These barriers and breaches of constitutional protections have prompted criminal justice reform advocates to call for reforms through policy and litigation.

IV. Policy Problem

A. Stakeholders

The primary stakeholders are not only the incarcerated and their families, but also elected officials, government personnel, law enforcement, and healthcare providers. Recidivism is a significant issue in the criminal justice arena, with substantial formerly incarcerated individuals reoffending and landing back in prison or jail. Providing incarcerated people with the mental health support they require, while also ensuring continuity of care upon release, lowers recidivism therefore reducing community crime rates, which benefits law enforcement. Additionally, inmates incarcerated in public prisons reserve the right to sue for constitutional violations of the 8th Amendment. Incarcerated individuals held in both public and private institutions should have a

say in the policy that determines the quality of their healthcare. Private medical providers who practice in the prison setting are contractually and legally required to provide adequate healthcare, as established by Supreme Court Case West v. Atkins (1988). It is paramount that providers, legislators, and state officials, uphold and defend constitutional protections that require adequate and humane healthcare in prisons.

B. Risks of Indifference

The risk of indifference to prison healthcare reform lies in the continuation of human rights violations, as well as the destruction of ethical medical practices for an incredibly politically vulnerable population. Further neglect of this issue will only exacerbate health disparities, both within the prison system and in the community, and will be antithetical to any policy changes that seek to reduce recidivism. Inaction would worsen the already glaring adverse health effects of incarceration, putting America's prison system at considerable risk of legal trouble due to human and constitutional rights violations.

C. Nonpartisan Reasoning

The health consequences of incarceration are multifaceted and have negative impacts on every incarcerated person, even those who entered the criminal justice system in good health. With an ever increasing proportion of elderly, female, and mentally ill inmates, reforms that properly address the unique health needs of these populations are more necessary now than they have ever been.

1) Impact on community well-being: "Prison-triggered illnesses" negatively impact the incarcerated, as well as the general public in many ways. Family members and romantic partners of incarcerated individuals often experience physical and psychological health consequences (Turney 2014). Incarcerated parents leave behind economically unstable families, contributing to decreased access to affordable medical care for their non-incarcerated loved ones (Aday & Farney 2014). Formerly incarcerated individuals also experience unique financial barriers upon release that may contribute to worse health behavior due to social stigma and financial instability (Porter, 2014). Inmates who do receive care in prison often struggle with continuity of care upon release, contributing to worse healthcare outcomes in the community (Edge et al., 2020).

2) Implications for incarcerated women: The majority of incarcerated women are eventually released, therefore, the neglect of women's specific health needs has implications for women both inside and outside the criminal justice system (Van Hout et al. 2022). Many female inmates arrive at prison either pregnant or within a year postpartum (Meine 2018). These women tend to report experiencing discrimination due to their pregnancies, as well as a lack of pre and post-natal care (Van Hout et al. 2022). Perinatal depression (PD) rates for incarcerated women are much higher than the national average (Meine 2018). Female inmates also face barriers to reproductive care and family planning opportunities, consequences often exacerbated by limited access to specialized physicians in prison

(Paynter et al. 2025). Incarcerated women report higher incidence of cervical cancer than non-incarcerated women, higher abnormal pap smear results, and a lack of understanding of pertinent health information like the relationship between STIs and cervical cancer, and cervical cancer prevention (Emerson et al. 2019). Additionally, female inmates are more likely to report serious physical and mental health issues than men and seek care in prison at twice the rate of male inmates (Aday & Farney 2014). However, given the difficulty in accessing basic healthcare needs, many female inmates expect for their non-emergent sexual and reproductive health needs to be overlooked as well (Paynter et al. 2025). Many women report mistrust due to breaches in basic confidentiality between providers and correctional officers, dissuading them from seeking treatment for non-emergent health issues (Paynter et al. 2025). Due to the recent increase in the female incarcerated population, research regarding the unique challenges associated with women's healthcare in prisons is somewhat limited in comparison to male inmates.

3) Incarceration and Mental Health: "The stress process paradigm" (the theoretical framework for understanding the link between external stressors and mental health), "suggests that criminal justice contact increases mental health problems" (Sugie & Turney 2017), with differential exposure to socially and economically disadvantaged individuals. Arrest, conviction, and subsequent incarceration are regarded as "salient stressors" that exacerbate adverse mental health outcomes (Sugie & Turney 2017). Criminal justice contact, especially in relation to serious offenses, can trigger secondary stressors in other areas of life, like in relationships, employment, and most significantly, health (Sugie & Turney 2017, Baćak & Karim 2019). Lack of quality healthcare access due to incarceration also exacerbates negative mental and physical health outcomes (Vandegrift & Christopher 2021). A low proportion of individuals who have pre-existing mental conditions are provided with treatment in prison, fostering mental health deterioration in inmates who need psychological treatment (Tyler et al. 2019). Research also shows that living in forced proximity to individuals with severe mental illnesses and other health needs contributes to emotional and psychological stress (Douglas et al. 2009). Current and previous incarceration, as well as other criminal justice involvement, like convictions and arrests, have been shown to have significant mental health consequences, such as increased likelihood to suffer from mood disorders, like bipolar and major depressive disorders (Sugie & Turney 2017). The prison environment contributes to deleterious mental health outcomes as well; confinement, isolation, lack of privacy, loss of autonomy and perceived danger all have been shown to increase stress. (Sugie & Turney 2017, Douglas et al. 2009). Substance use

disorders are prevalent in incarcerated men and women (Fazel et al. 2017), and are associated with increased mortality upon release.

V. Tried Policy

Landmark Supreme Court cases such as *Estelle v Gamble, West v Atkins, Helling v McKinney,* and *Farmer v Brennan* have all served to advance inmate rights with regards to correctional healthcare. However, due to the Prison Litigation Reform Act and other barriers that incarcerated persons face when pursuing legal action, medical malpractice and neglect continue to be perpetrated within the criminal justice system.

The Americans with Disabilities Act (ADA) is a prominent piece of correctional healthcare legislation. In *Pennsylvania Department of Corrections v Yesky*, the Supreme Court determined that disabled inmates are also entitled to the benefits established by the ADA. However, the Prison Litigation Reform Act (PRLA) provides barriers for inmates; provisions in the bill require "proof of physical injury", making it nearly impossible to sue regarding deliberate indifference to serious psychological ailments. Monetary hurdles also prohibit some inmates from being able to pursue legal action by capping attorney fees, forcing incarcerated individuals to resort to self-representation or pro bono representation. These barriers have created a culture of unchecked medical neglect within the justice system by imposing limitations on legal redress.

Policy Options

Legislative Reforms

Due to the prevalence of substance use disorders, as well as the lack of access to rehabilitative programs, policymakers should consider decriminalizing drug addiction, instead offering prison alternatives for drug users, focusing on rehabilitation and treatment, rather than punishment and isolation. The Prison Litigation Reform Act (1996) makes it significantly more difficult for inmates to utilize legal avenues to advocate for health justice; amendments to this bill could expand inmates' access to legal representation, allowing more incarcerated individuals the opportunity to draw attention to constitutional and provider confidentiality violations. Banning or reducing the use of solitary confinement has also been proposed by criminal justice reform advocates, due to the health consequences and inefficiency at deterring deviant behavior in prison (Tayer et al., 2021). Healthcare fees that deliberately discourage inmates from seeking care could also be effectively prohibited, and requiring proper licensure for correctional medical providers can also alleviate negative health consequences associated with incarceration.

Expanding Telemedicine for Mental Health Treatment

Telemedicine-based psychological interventions have been shown to have positive effects on patients with mental health diagnoses, like depression and anxiety (van den Berg et al. 2015), and provide means for individuals subjected to solitary confinement to have access to mental health treatment. Increasing access to telemedicine for incarcerated individuals can decrease the stress of seeking care in person,

alleviate barriers caused by security protocols, and overall improve access to mental health care for incarcerated people.

Improving Education and Training for Providers and Inmates

Many inmates and providers report that lack of training significantly hinders healthcare delivery in correctional settings (Jeker et al. 2023). Developing and requiring training and education for medical providers who practice in these settings can improve patient-provider interactions, decrease perceived stigma, and improve perceived healthcare quality. Some prison healthcare providers state that early exposure to correctional care during their education motivated them to pursue the field (Jeker et al. 2023). Incorporating correctional care into nursing and medical education programs can encourage more students to pursue this line of work, potentially alleviating the staffing issues faced by many state and federal prisons. Another significant issue is a lack of health literacy, especially among young female inmates. Low health literacy is associated with poorer health outcomes and limited self-management abilities in adults (Geboers et al. 2016). Health literacy programs could be vital in improving incarcerated individuals' understanding of health risks and positive health behaviors and increasing medical autonomy.

Providing Access to Specialized Providers

Lack of specialized providers is also an issue; "Given the great variety of health problems among imprisoned patient populations, the access to specialists in every field is essential for appropriate healthcare" (Jeker et al. 2023). Access to specialized physicians to meet the complex health needs of the growing elderly and female prison population is vital to improving quality of care. Early educational exposure, as well as incentives like student loan forgiveness can be used to recruit specialized providers to consider practicing in correctional settings.

VI. Conclusions

Literature has shown that incarceration is associated with a plethora of adverse health outcomes. In addition to negative effects on the inmate themselves, inmates' loved ones and the general community can also suffer from health consequences associated with incarceration. Legal and constitutional protections are in place to ensure that incarcerated populations have the right to adequate healthcare. However, due to legal, social, and financial barriers, many inmates are discouraged from seeking care, and prevented from seeking justice against correctional institutions that have violated their right to equivalent care. The global incarcerated population is steadily growing, and due to a lack of health reforms, health disparities that exist in the broader community are being exacerbated in prisons. The growing elderly and female inmate populations present unique challenges to prison healthcare and strengthen the case for reform. As federal judges begin to crack down on violations of the 8th amendment surrounding prison healthcare, legal advocates and criminal justice reform activists must amplify the legal and ethical obligation to uphold the rights of the most medically needy and politically vulnerable population on Earth; the incarcerated.

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