ESTHER BUSH

Post-Incarceration Health Care

This month, the “Take Charge of Your Health Today” page focuses on the continuity of care after incarceration. Vianca Masucci, health advocate at the Urban League of Greater Pittsburgh, and Esther L. Bush, president and CEO of the Urban League of Greater Pittsburgh, exchanged ideas on this topic.

EB: Hello, Vianca. You must be pleased to be covering post-incarceration health care this month. I understand that it’s a topic that’s close to your heart.

VM: It is, Ms. Bush. Because African Americans are incarcerated at disproportionately high rates, many of our programs at the Urban League of Greater Pittsburgh keep the needs of previously incarcerated individuals in mind. Consequently, I often have the opportunity to counsel these clients on getting the health care they need.

EB: Incarceration can have ramifications in so many directions, long past confinement. What has been your experience when helping formerly incarcerated members of our community establish and navigate their health care?

VM: What I’ve found is that there are many needs and barriers in place for previously incarcerated individuals when it comes to standardizing their health care. Many of my clients suffer from some kind of chronic illness or are ill because they didn’t receive the best health care while incarcerated. Many don’t have health records or established relationships with doctors. Most of them need help securing health insurance. Almost all of them struggle with the cost of care, especially those who are having trouble finding employment. Even those who did have established care before incarceration struggle to get reconnected after so many months or even years of being confined. It’s a lot of work and takes extensive knowledge of the health care system and preventative care recommendations to really help a previously incarcerated individual bring his or her care up to standard.

EB: Where my mind goes immediately, considering these health care barriers among all the barriers that this population faces, is priorities. It must be hard to prioritize your health while worrying about finding a job or a place to live. These are fundamental necessities. We know that it’s usually very challenging for individuals with criminal records to rebuild their lives. So, how do you impress upon someone in that position how important it is to connect to a doctor when it can be a time-consuming process riddled with obstacles and she or he may be more worried about how to find an income or a home?

VM: That’s a tough question, Ms. Bush. And I think that it’s even bigger than just impressing that importance on the individual. I would also like to put the burden of answering that question on us, as community members and professionals who work to address the needs of this population. How do we prioritize the health of our previously incarcerated community members when the resources that we have are limited and there may be more immediate issues to deal with, like employment or housing? I think the answer to that question begins to shake loose when we consider the statistic that Dr. Mulvey shares with us in the overview: Around 20 percent of the prison population has a serious mental disorder at any given time. This population is at greater risk for certain illnesses and so their health needs are high. They must be connected to care. Further, if proper mental health treatment is not received after incarceration, individuals may find themselves repeating behaviors that got them in trouble in the first place. In this way, not receiving health care in the right time contributes to the cycle of incarceration. Yes, the barriers are difficult. Yes, there are many of them. But they all contribute to people returning to incarceration. We cannot ignore that.

EB: You are absolutely right, Vianca. This issue has many layers and, at the heart of it, the problem is a lack of resources and infrastructure to manage the needs of this population. Dr. Mulvey mentions that community reintegration programs can help with issues like this. I agree. We need more support in place to help our previously incarcerated community members. That’s an institutional problem that must be solved on the government level. So, as community members and citizens, it’s important for us to pay attention to the restorative justice movement and vote accordingly.

VM: I second that suggestion, Ms. Bush! I’d also like to mention that the Health Education Office at the Urban League is a resource for anyone looking for help navigating their care or securing health resources. Our services are free. We are open five days a week.

EB: Our HEO is a great resource. I encourage folks to check it out.

VM: Thank you for your time, Ms. Bush. I am grateful for the opportunity to chat with you about this topic. I can’t wait to hear your thoughts on next month’s topic—e-cigarettes.

Take charge of your health today. Be informed. Be involved.

Health Care after Incarceration

According to the United State Department of Justice, more than 2 million adults were incarcerated at the end of 2015. For these millions of people, time spent in jail or prison is disruptive to many different parts of life, including relationships, finances, employment and health care. While people who are incarcerated are under the care of health care professionals, they may struggle accessing health care once they are released.

Though most incarceration systems provide some kind of health care for their populations, disruption in care can have negative effects. The large number of people incarcerated in the United States means that many people are affected by a lack of continuous health care, as pointed out by Edward Mulvey, PhD, professor of psychiatry, University of Pittsburgh School of Medicine.

“Health care works best when it’s coordinated and continuous,” said Dr. Mulvey. “It’s silly to think that we’re going to incarcerate people and then bring them back to their communities and think that somehow their health care is going to be continuous or of a quality that’s going to really address chronic problems effectively. And, the flip side is that when some people are incarcerated, they may receive some of the first health care they’ve gotten in many years. How is this supposed to continue?”

Disruption of health care is especially a problem for people who already have a higher risk for certain diseases. African Americans and Latinos have higher risk for heart disease, diabetes, some cancers and other conditions. The United States Department of Justice reports that in state prisons, African Americans are incarcerated at 5.1 times the rates of white people. Latinos are incarcerated at 1.4 times the rate of whites. People who already have a higher risk for some diseases and are incarcerated

RAYMOND MILES, owner of Realistic Reentry, LLC

at higher rates may have a difficult time accessing continuous health care, including mental health care.

“In mental health care, there has been a big push for identification,” said Dr. Mulvey. “It’s estimated that around 20 percent of the prison population has a serious mental disorder at any given time. I think it’s fair to say that mental health services aren’t well-funded. The demands on the staff are high. The amount of time given to individuals with mental illness is often limited.”

Because of limited personnel and resources, Dr. Mulvey said that mental health screenings are mostly done to see if people are at risk for suicide. Beyond that, he believes there are many undetected and untreated mental health problems in jails and prisons. And, given that resuming health care after incarceration can be difficult, finding ongoing treatment for a mental illness, even though it is extremely important, may also be hard once the person returns to the community.

So, how is the health care gap bridged between the periods during and after incarceration? Dr. Mulvey said that peer support networks and community reintegration programs can greatly help. If people are engaged before release in planning how they will rebuild their access to health care, they may have greater success once they return to their communities.

EDWARD MULVEY, PhD, professor of psychiatry, University of Pittsburgh School of Medicine

“People need to get health care referrals and make plans before they leave to rebuild their lives,” said Dr. Mulvey. “It’s the smart and responsible thing to do.”

The Pennsylvania Department of Corrections (www.cor.pa.gov/) reports that 90 percent of inmates return home at some point. This means that, upon release, the individual returns to civilian life, with the hope of being a law-abiding citizen and reconnecting with life-sustaining functions, like employment and health care. This transition period is called “reentry.”

Pennsylvania is one of 35 states that works with the Center for Effective Policy, located in the greater Washington D.C. area. The center is doing research about the use of mentoring for assisting adult offenders in transitioning successfully from prison to the community. A mentoring relationship can provide “consistent support as needed, guidance, and encouragement that impacts participants in developing positive social relationships and achieving program outcomes such as job retention, family reunification, reduced recidivism, etc.” ***(www.reentrycoalition.ohio.gov/docs/initiative/coaching/Building%20Offenders’%20Community%20Assets%20Through%20Mentoring.pdf)***

Mr. Raymond Miles, a Pittsburgh native, previous inmate, and owner of Realistic Reentry, LLC encourages family and friends of individuals in reentry stages to provide support.

“A change in behavior begins with a change in the heart,” says Mr. Miles. “If home is where the heart is, I encourage everyone to create a home that is welcoming, void of past experiences and erased of previous failures. As individuals, we can create an environment that supports change and promotes growth. As a community, we can hold accountable organizations and agencies that fail to do so.”

For more information about local reentry services, check out the PA 2-1-1 page at ***http://pa211sw.org/get-help/reentry-services/.*** This page provides information and resources on topics like transition, education, employment, counseling and legal assistance.

Silent But Deadly: Hepatitis C and Prison

by Lauren Johnson

The Abolitionist Law Center (ALC) is a public interest law firm inspired by the struggle of prisoners. We are organized for the purpose of abolishing class- and race-based mass incarceration in the United States. To accomplish this goal, ALC works on behalf of people whose human rights have been violated in prison. Through producing educational programs, we inform the general public about the harms of mass incarceration. We aim to develop a movement against the United States’ penal system by building alliances and nurturing solidarity across social divisions.

One of our current projects is focused on Hepatitis C, which is a chronic liver disease. It can cause cirrhosis (long-term damage that causes scarring) and liver cancer. When

untreated, it can lead to death. Prisoners are the largest segment of Hepatitis C-positive persons in the country. About 10 to 20 percent of inmates carry the disease. Before 2013, Hepatitis C treatment had a low success rate, took a year to complete and had serious side effects.

After 2013, a new series of drugs with a 95 percent cure rate and minimal side effects were created. Most prison systems have refused to provide these drugs. Or, the drugs are rationed, meaning that many prisoners experience permanent liver damage or die of Hepatitis C.

The Hepatitis C Project is recruiting a network of pro bono attorneys to represent Hepatitis C-positive inmates throughout the state to ensure that inmates can receive treatment.

If you want to know more about Hepatitis C, are interested in helping out with the project or know a Hepatitis C-positive inmate, contact the Abolitionist Law Center at ***ljohnson@alcenter.org***.

More information about ALC can be found online at ***http://abolitionistlawcenter.org/.***

National Urban League supports new Senate Bill to create incentives to reduce mass incarceration

Lawmakers recently introduced a bill that would use the power of the purse to reduce incarceration and crime at the same time. The legislation attempts to counter archaic “tough-on-crime” policies coming from the Attorney General. The Reverse Mass Incarceration Act of 2017 was introduced by Sens. Cory Booker (D-NJ) and Richard Blumenthal (D-CT). The bill, based on a 2015 proposal by the Brennan Center for Justice at NYU School of Law, is widely-backed by civil rights advocacy groups and supporters of criminal justice reform.

The bill is essentially the reverse of the incentives provided in the “1994 Crime Bill.” Instead of incentivizing states to increase prison populations, the legislation would pay states to decrease them, while keeping down crime. “The Reverse Mass Incarceration Act would do the opposite—it would encourage states to reduce their prison populations and invest money in evidence-based practices proven to reduce crime and recidivism. Our bill recognizes the simple fact that locking more people up does little to make our streets safer. Instead, it costs us billions annually, tears families apart, and disproportionately drives poverty in minority communities,” said Senator Cory Booker.

MARC H. MORIAL
President & CEO National Urban League

“Senators Cory Booker and Richard Blumenthal have developed a creative policy proposal that would serve as a powerful tool to accelerate state efforts in reversing the damaging impact of mass incarceration,” said Marc H. Morial, president and CEO of the National Urban League.

More information, including the bill, can be found at ***http://nul.iamempowered.com/content/national-urban-league-supports-new-senate-bill-create-incentives-reduce-mass-incarceration.***

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