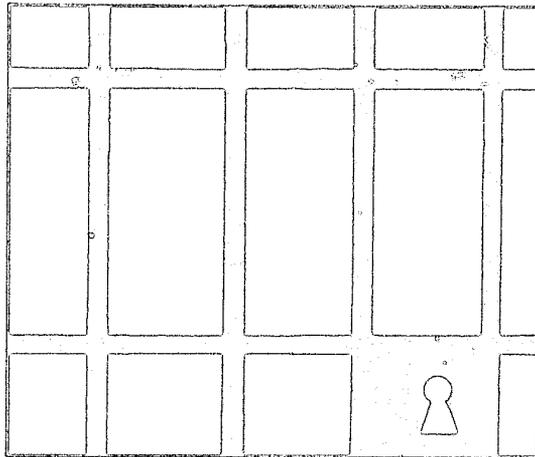


# PROCEEDINGS

## 2nd National Conference on Medical Care and Health Services in Correctional Institutions



Palmer House Hotel  
Chicago, Illinois  
October 27-28, 1978

Sponsored by  
American Medical Association

58532  
58547

AMA Pilot Program To Improve Medical Care and Health Services in Correctional Institutions, supported by a grant from the Law Enforcement Assistance Administration, U.S. Department of Justice (Grant No. 78 ED-AX 0023) under the Omnibus Crime Control and Safe Streets Act of 1968.

PRISON HEALTH CARE -- MEDICAL STUDENT OPPORTUNITIES\*

I've been invited here today to talk about the role medical and other health science students can play in prison and jail health care systems.

Prison and jail populations remain one of the most medically underserved groups in the United States. I do not need to repeat the results of numerous studies which have demonstrated the high incidence of drug addiction, mental and emotional disorders, alcoholism, T.B., venereal disease and physical trauma in our country's jails and prisons.

This situation results from the life histories of inmates - many being poor and coming from minority, inner city and other medically neglected groups -- as well as from the often overcrowded and unhealthy conditions present in correctional institutions. This situation is further complicated by the lack of adequate health facilities and personnel.

The 1972 study by the AMA and AMA found that 17% of jails had no medical facilities, 31% had no arrangements by which a prisoner could see a doctor and only 38% had doctors available on a regularly scheduled basis.

In recent years there have been several court cases which have established the right of prisoners to adequate health care. Prison authorities have the legal responsibility to provide health care including the maintenance of an environment which will reasonably safeguard the overall health of the prison or jail population.

There has also been recent interest by the medical profession, and the federal government in improving the standards of health care in jails and prisons. The AMA project, support by LEAA, is an example of this interest. These efforts are much needed. However, the majority of these efforts are aimed at health care facilities. The next area which needs attention is that which relates to adequate health care personnel.

The unattractiveness of prison health care to health practitioners remains a major obstacle which prevents improvement in prison health care. This lack of appeal often leads to situations where the competence of prison physicians may be of concern. Many states allow physicians who are not fully licensed to be employed in state institutions such as prisons and mental hospitals.

One of the major problems which must be addressed in order to change this situation is the lack of exposure to, and resulting lack of understanding about, prison health care among health science students. The mention of prison health care often brings to mind experimentation and cruel and inhumane treatment and is reacted to negatively by idealistic students.

It is my belief that all people deserve the best possible health care.

---

\*Presented by Douglas Outcalt, Past President, American Medical Student Association, College of Medicine, University of Arizona.

It is also my belief that medical schools should assume some of the responsibility for addressing the problems relating to medically underserved populations. I think it is quite appropriate for medical schools and correctional facilities to work together to improve the health service available and to offer learning experiences for medical and other health science students and housestaff physicians inside jails and prisons.

If medical and other health science students could experience model prison health care systems and work with concerned, competent practitioners it would allow them to see that prison health care can be provided in a humane manner while at the same time exposing them to the harsh realities of institutional care. When students realize that positive change is possible and that creating such change can be a rewarding professional experience, the possibility of a future career in the field of prison health will be greatly enhanced. The AMSA has been placing health science students in underserved areas around the country for over 10 years. Through these experiences we've learned that an early exposure to the needs existing in such areas helps develop understanding and a commitment to return and serve. This approach has worked in rural and urban underserved areas, in Appalachia and on Indian reservations. There is no reason why it can't work in prisons as well.

What do I mean when I talk about learning experiences inside prisons and jails? I am referring to clinical externships, where students can spend an extended period of time, four to eight weeks, inside a prison or jail setting, working with and being taught by prison health practitioners. Optimally, housestaff physicians would also be able to participate in similar experiences. The learning opportunities should include both the clinical and non-clinical aspects of prison health care. Non-clinical aspects -- how a prison is run, the logistics of prison health services, prison financing, lines of authority, the role of the prison environment in disease, etc. -- are essential to help students understand and feel comfortable with institutional health care.

Such a cooperative arrangement between medical schools and correctional facilities can benefit all those involved. For those who are prison or jail administrators such an arrangement offers the following:

1. An enthusiastic, energetic and free work force.  
Students can help out with the clinical tasks as well as conduct special projects such as screening for T.B., V.D., drug abuse; establishing links to community agencies for released inmates; and determining the need for patient education.
2. Links to medical school faculty and housestaff programs.  
Teaching will not only stimulate prison physicians to provide better medical care (nothing helps to learn medicine better than to teach it) but will also prove to be a challenging and welcome activity. It will decrease the isolation often felt by practitioners inside prisons. The medical school faculty can also

serve as a resource for research on the prison health services.

3. The creation of a future pool of prison practitioners.
4. Increased medical professional awareness of health problems inside prisons.

The medical profession can be a powerful political ally when going to funding sources for support. Even if not all students who experience prison health care return to practice, they will become aware of the problems and needs of health departments in correctional settings and will contribute to an involved awareness in the profession.

For medical schools prison externships offer:

1. A population group with an immense amount of physical and social pathology.

The diseases seen frequently in prisons (drug abuse, V.D., alcoholism) are often neglected in medical school, yet are some of the most common diseases in society.

2. For altruistic academicians, a chance to become involved in a pressing social need.

For medical students prison externships offer a change to become involved in social issues, see first hand the role played by environment on health, learn about common communicable diseases and to experience first hand the practical aspects of applied idealism.

Inmates will gain improved medical care. It has been my experience that when medical and other health science students are involved in learning and providing health services with proper supervision, the level of the care provided is generally higher than if they were not involved.

Prison externships should not be undertaken by every medical school, every person or every medical student. There are requirements which must be met in every learning situation in order for it to be a positive experience. The facilities should be adequate, there must be appropriate supervision by competent practitioners, students should be taught and allowed to learn and should not be used as simply a cheap source of labor, clinical and non-clinical learning should be available.

For those interested in establishing prison or jail externships, what resources are available? Almost all medical schools have departments of family and community medicine. They will probably be the faculty most interested in working to establish a link to a prison or jail.

The American Medical Association is attempting to establish a national program which will involve working with medical schools and correctional

facilities to establish prison/jail externships. We are currently seeking funding for this program. AMSA also has chapters at almost every medical school, allopathic and osteopathic, in the country. We can probably get you in touch with active students.

Finally, there are those who have already established such programs. Dr. Kaufman, Dr. Jay Harness and others are very willing to assist anyone in establishing these types of externships.

I would like to conclude by saying that I believe the improvement of health care in prisons and jails involves two aspects. One is the improvement of facilities, the other is the attainment of competent medical personnel. One cannot be addressed without the other if success is to be the result. One way to address the personnel issue is to expose health science students to positive learning experiences inside prisons during their medical training.

**END**