HEALTHCARE BEHIND BARS

ADDRESSING THE ORANGE JUMPSUIT STIGMA

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INTRODUCTION

The "Orange Jumpsuit" stigma reflects many complex issues found at the intersection of criminal justice and healthcare[1] It represents the widespread prejudice and discrimination faced by incarcerated peoples, particularly regarding their access to adequate healthcare.[2] In prisons, healthcare is often perceived as a secondary concern to societies, overshadowed by the punitive aspects of imprisonment.[3] This stigma can lead to significant health disparities as a consequence of poor quality care, as seen by the increased onset of mental and physical illnesses. This is particularly seen in the case of Alzheimer's disease and cardiovascular disease within incarcerated populations.[3]

The Orange Jumpsuit stigma has serious impacts in medical and societal contexts. Adequate prison healthcare is not just a matter of human rights, but is instrumental to the successful reintegration of incarcerated peoples into society.[4] By ensuring that standard medical care, mental health support, and rehabilitation services are received, prisons can facilitate smoother transitions for incarcerated people post-release, thereby reducing recidivism and enhancing community safety.[5]

This article aims to explore the health disparities fostered by the Orange Jumpsuit stigma and examine the ongoing efforts to mitigate these challenges. It seeks to provide an understanding of the current state of prison healthcare, the obstacles incarcerated peoples encounter when accessing healthcare, and the initiatives being undertaken to bridge these gaps, addressing the overarching stigma associated with incarceration.

SOCIAL DISFAVOUR AND THE ORANGE JUMPSUIT STIGMA

The origin of the Orange Jumpsuit stigma is deeply rooted in societal attitudes towards incarcerated peoples.[6] These attitudes are often shaped by a mix of fear, misunderstanding, and a punitive mindset that portrays incarceration as a means of retribution rather than rehabilitation.[7] This perception feeds into a cycle where prisoners are dehumanised, and their basic needs, including healthcare, are overlooked by society.[6] The stigma is further perpetuated by media portrayals that often depict incarcerated peoples as irredeemable, thereby reinforcing harmful stereotypes and public indifference toward their well-being.[6] This stigma has a profound impact on healthcare policies within correctional facilities. It often leads to policies that are more focused on security and control rather than the health and rehabilitation of inmates.[3] Consequently, healthcare services in prisons are frequently underfunded, understaffed, and inadequately equipped to address the complex health needs of incarcerated peoples.[7] The neglect of healthcare services in prisons not only compromises the well-being of those incarcerated but also poses a significant public health risk. The exacerbation of communicable diseases within these confined settings can lead to outbreaks that extend beyond prison walls, threatening the wider community.[8] This oversight underscores the interconnectedness of prison health with overall public health, emphasizing the need for comprehensive healthcare strategies in correctional facilities.

Neglecting healthcare in prisons is counterproductive for societal reintegration. A majority of incarcerated peoples will eventually return to society, and their state of health can have substantial repercussions on public safety and health. Inadequate healthcare in prisons often leads to the worsening of chronic conditions and mental health issues, making reintegration more challenging.[3] Without routine check-ups, treatment for acute and chronic conditions, vaccinations, and management of health issues, people are more likely to struggle with employment, housing, and social relationships post-release, increasing the likelihood of recidivism.[3] Therefore, providing comprehensive healthcare in correctional facilities is an investment in the well-being of the incarcerated and a strategic measure to ensure safer and more inclusive communities.[3]

HEALTH IMPLICATIONS OF INADEQUATE HEALTHCARE

ALZHEIMER'S

Roughly 50% of incarcerated peoples in the U.S. were found to have some form of mental disorder, compared to 10% in non-incarcerated peoples.[9] The prison environment, characterised by poor diets, sanitation issues, and a lack of neurodegeneration treatment facilities, may accelerate cognitive decline. Once behind bars, a lack of stimulation and an overall poor quality of life can exacerbate these issues.[10]

A 2023 study by Tanksley et al. found that incarceration and the APOE-ε4 genotype, the chief genetic risk factor for Alzheimer's disease, both constituted significant risk factors for cognitive impairment.[10] However, these effects were mutually independent, suggesting that the risks associated with incarceration and the APOE-ε4 genotype operate across different risk pathways. Further research is required to determine potential genetic changes associated with incarceration and the onset of Alzheimer's disease.

The stigma surrounding incarcerated peoples often leads to deprioritization of interventions targeted at those who are incarcerated that suffer from Alzheimer's, demonstrated by the lack of research funding given to incarcerated peoples.

More specifically, a study by Boch et al. revealed that less than 0.1% of National Institutes of Health grants focused on Alzheimer's research for incarcerated peoples.[11] Prisons must incorporate special care for these inmates, as it was found that

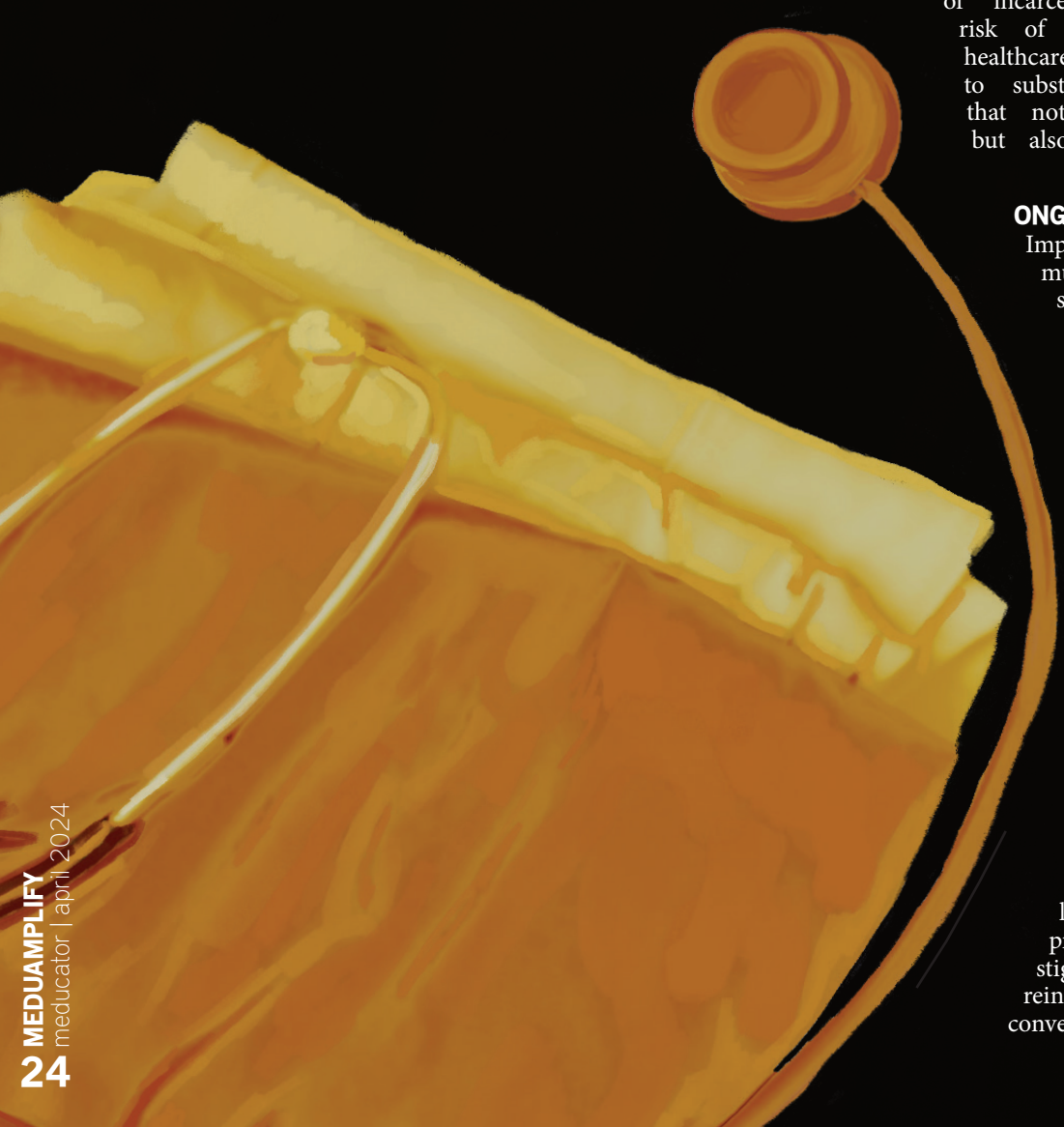
by 2030, between 70,341 and 211,020 prisoners globally would be diagnosed with Alzheimer's Disease and Alzheimer-related dementias.[11] Inadequate care can exacerbate the progression of these conditions, leading to a decline in the quality of life.[12]

Individuals who have experienced a decline in health due to poorly managed or untreated conditions such as Alzheimer's disease encounter difficulties when reintegrating into society, particularly within incarcerated peoples.[13] It was found that the odds of being employed 3 months post-incarceration when faced with a neurodegenerative health limitation, such as Alzheimer's disease, were reduced by 44%.[14] Additionally, 9-months post-incarceration, those with neurodegenerative health issues developed in prisons were 26% more likely to face financial difficulties compared to those released without health problems. The presence of a health condition like Alzheimer's also reduced the likelihood of marriage and family formation by 24% 9-months post-incarceration.[14] The compromised health status of people post-release, as aforementioned, is linked to an increased chance of recidivism, as these disparities have been found to heighten the risk of reoffending.[5]

CARDIOVASCULAR DISEASE

Incarceration influences the incidence of cardiovascular disease (CVD), often heightening the risk and severity of these conditions. A study highlighted that within two years of prison entry, individuals tend to gain a significant amount of weight, approximately 5.3kg, leading to a higher body mass index and escalated CVD risk.[15] Incidence of CVD risk factors, such as hypertension and obesity, have been shown to increase during incarceration and post-release.[16] In 2015, it was reported that CVD incidence in male inmates was 12% compared to 3% in non-incarcerated peoples matched for age, race, and gender, highlighting the disparities between these environments.[17,18] CVD continues to be a leading cause of death among incarcerated peoples. Additionally, those recently released from correctional facilities have a higher risk of being hospitalized and dying of CVD compared to the general populations, even after accounting for differences in racial identity and socioeconomic status.[16] Although studies which adjust for these socioeconomic and sociodemographic factors suggest an association between incarceration and elevated CVD risk factors, it still remains challenging to isolate the specific impact of incarceration on CVD.[19,20]

However, the stigma associated with incarceration significantly hampers the prioritization, funding, and implementation of effective CVD management and prevention strategies within prisons. The compounded effect of restricted access to medication and healthcare, dietary inadequacies, physical inactivity, stress, and the psychological burden of incarceration synergistically increase the risk of CVD.[20,21] Inadequate cardiovascular healthcare for incarcerated peoples contributes to substantial health needs upon release that not only strain individual well-being but also burden existing health systems.[21]



ONGOING PROJECTS AND MOVEMENTS

Improving inmate healthcare presents a multifaceted challenge whose solution stems from addressing systemic issues by implementing targeted health programs within prisons and improving community reintegration. The first step begins with tackling the Orange Jumpsuit Stigma. So far, small movements such as the Jumpsuit Project, created by artist Sherrill Roland, have tried to challenge the stigma associated with incarceration and reintegration.[22] After experiencing a wrongful conviction, Roland started wearing an orange jumpsuit around the University of North Carolina at Greensboro, where he taught. Although a short-lived movement, he aimed to raise awareness by encouraging public discourse about incarceration-related issues, such as improper healthcare and reintegration.[22,23] Ultimately, a long-term solution to this complex problem will require not only tackling the stigma associated with incarceration and reintegration but also initiating meaningful conversations that can lead to systemic change

and better support for those that are affected by it. Advocacy efforts surrounding healthcare equity, accessibility, and continuity are also underway to align prison health standards with public health standards. A 2021 position paper by the Ontario Medical Students Association brought to attention that federal inmates in Ontario remain excluded from healthcare coverage under the Canada Health Act, urging the Ministry of Health to include them in healthcare reforms.[24] This would follow suit behind other provinces like Nova Scotia, Alberta, and British Columbia, where all inmates–provincial and federal–are covered by the province's healthcare system.[24] The gradual shift of responsibility of prisoners' health care from correctional institutions to governmental health authorities is not only occurring in Canada, but also in other countries such as the United Kingdom, Finland, Norway, and France.[25] This trend reflects a consensus that correctional health is an integral part of public health systems. [25]

Although rich connections exist between the Orange Jumpsuit stigma and its negative effect on healthcare, very few studies have directly investigated this issue.[26] Furthermore, inadequate financial resources, complex health problems, and correctional policies that disrupt medical care are all impediments to providing sufficient healthcare in prisons.[3] Certain institutions, such as the Federal Medical Center Devens in Massachusetts, which opened an overcapacitated and underfunded dementia ward in 2019, demonstrates that adding new wards in prisons does not equate to adequate rehabilitation.[27] This highlights a larger issue: prisons are not properly equipped for comprehensive healthcare because historically, the wellbeing of the incarcerated has not been a priority for correctional systems.[27] This is counterproductive, as addressing the healthcare needs of prisoners is essential for their successful reintegration, and the overall safety of society.[27]

CONCLUSION

Ultimately, the critical need to address healthcare disparities and the stigma toward incarcerated peoples cannot be understated. Equitable healthcare can be achieved only through sustained efforts into research-driven policy reform. Future endeavours should focus on creating robust, evidence-based strategies that reform correctional health policy, address fundamental issues such as stigma, and promote a more rehabilitative approach to incarceration. Such initiatives are vital in addressing the deep-rooted biases and systemic shortcomings that unfairly impact prison healthcare access and equity, echoing the broader societal prejudices often symbolised by the image of the orange jumpsuit. Having this direct and focused approach to address these challenges may not only minimise recidivism, but also contribute to a more just and equitable healthcare system that benefits the entire population.

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