

# Society must pay attention to inmate health

By Gail C. Christopher  
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The fight to end health disparities in the United States won't succeed unless local, state and federal leaders place more emphasis on improving the healthcare available to inmates in the nation's jails and correctional facilities.

The current situation is appalling. There are nearly 1 million African-Americans in jails and prisons today, comprising 44 percent of the 2.2 million prison population. The inadequate healthcare that they receive while incarcerated contributes to the health disparities that are causing African-American men, women and children around the country to be disproportionately diagnosed with a wide range of diseases.

Poor health of prisoners and ex-felons adversely af-

fects our communities in significant ways.

Data recently released by the Commission on Safety and Abuse in America's Prisons shows that experts conservatively estimate that between 300,000 and 400,000 inmates across the country suffer from some mental illness. They get little treatment while incarcerated, thus they are returned to their communities with mental conditions that are likely to contribute to undesirable behavior.

Moreover, the commission's report also found that 1.5 million prisoners are released each year with life threatening, infectious diseases. That means people with HIV, tuberculosis, staph infections and Hepatitis are also returned to their communities where contagious diseases are passed on.

Clearly, our nation has

turned its back on the healthcare of prisoners, failing to recognize that most inmates eventually get released, and then bring their health issues back to their families and communities. There are a series of policies in place that are a major hindrance to allowing prisoners to receive proper healthcare.

For instance, it is counterproductive for inmates to lose their Medicare and Medicaid benefits after they are incarcerated.

A major hurdle for prison wardens is that even if jails and prisons want to make a vast improvement in healthcare services for prisoners, most lack the resources to do so.

The federal government exasperates the problem by taking away Medicare and Medicaid benefits, reimbursements that could be used by jails and prisons to

bolster their healthcare services.

Furthermore, this is a shortsighted policy by the government. In many instances, if prisoners received treatment for some of these diseases while they are incarcerated, it would actually reduce the costs associated with their health once they are released. Take Hepatitis C, for instance. Many prisoners don't receive any treatments for this disease. Years later, when they are back in their communities, they may need liver transplants, which will cost the government far more than the treatments.

The commission's extensive report also noted another source of healthcare problems. Many prisons have adopted inmate co-payment systems. The inmates must pay between \$2 and \$15 to visit the doctor. Such plans were implemented to curtail

inmates from making unnecessary doctor requests. But it also has another impact: those who need to see a doctor often don't because they have no funds in their prisoner accounts.

This type of system doesn't seem fair when inmates have little control over whether they get chosen for wage paying jobs while incarcerated. Some have to depend on their families to deposit money in their prison accounts. But many inmates come from low-income environments where that is not possible, so they go without healthcare.

Another indication of how our society feels about inmate healthcare is demonstrated by states that issue special licenses for physicians who can only work in jails or prisons. These doctors have failed to display a level of skill and competence

that would allow them to treat the general public, yet they are allowed to work on inmates. The commission report notes that every six or seven days last year, a prisoner died in a California correctional facility from malpractice or inadequate healthcare.

The commission report discloses evidence of gross neglect regarding healthcare for prisoners. African-Americans must realize that with nearly 1 million Blacks behind bars we must advocate for prison reform. Building new correctional facilities should not be a priority; providing humane conditions, including adequate healthcare, should be at the top of the public policy agenda for prisons.

Gail C. Christopher is a V.P.-Dir. at the Joint Center for Political and Economic Studies.

## Terrorists

(Continued from Page 4) thereof" by committing acts of violence, including blowing up the Sears Tower and destroying the FBI building in Miami.

U.S. Attorney R. Alexander Acosta of the Southern District of Florida said, "...the group had the intent and took several steps toward fulfilling their plan of blowing up the Sears Tower and the Miami FBI building. They were never able to obtain, however, the explosives or access needed to implement their plan."

However, an article appearing in *Time* magazine suggests the group's ringleader never asked the informant/faux al-Qaeda operative for explosives.

Instead, *Time* said, the group requested "...\$50,000, radios, uniforms and steel-toed boots. Was the plan to blow up the Sears Tower or kick it down?"

By their own accounts, law enforcement officials have characterized the Miami Seven as the proverbial "gang that couldn't shoot straight," an inept bunch who were not positioned financially, logistically or tactically to pull off anything resembling a real act of terror.

FBI deputy director John Pistole called the group "more aspirational than operational."

Powers said the Miami Seven conspirators were not in any sense an al-Qaeda sleeper cell.

"This is a publicity case,"

said Powers. "Essentially, they have a group of guys having a conversation. But once you take one step toward bringing an act to fruition, you can be charged.

"The problem with the case is, (the group) never had any contact with an al-Qaeda official," Powers said.

"The big catch is not seven guys in Florida, it is seven guys in Florida having a conversation with an al-Qaeda official. An informant doesn't count. At best, you have criminal conspiracy, and the FBI knows it.

"These guys' mission," he continued, "was rhetorical."

Powers said that under the present "pre-emptive" philosophy of criminal justice, there are a lot of groups and organizations that could be charged criminally.

Powers added that any group contemplating civil disobedience could now be placed in the FBI's files.

An official at the FBI office in Miami said he had no further comment on the matter beyond the indictment handed down by the U.S. Attorney General's office last Thursday.

However, the U.S. Department of Justice was not reticent to talk about it at all.

"We're not in the position to rate the seriousness of the threat," said Justice Department spokesman Brian Sierra. "Our job is to address criminal conduct. ...The defendants conspired to provide their services and material support to al-Qaeda. If

there are persons conspiring to co-operate with al-Qaeda, that is a crime," Sierra said. "If the facts bear out there was a crime, it doesn't matter if their fingers were on the trigger. In fact, if that's the case, it's often too late."

Greg Miller, a former federal prosecutor, said he believed there were questionable issues attendant to the raid and subsequent arrests.

"Some things struck me as odd," Miller said. "(Seas of David) didn't appear to have taken significant steps to further the alleged plot. There are many people who are around friends who grumble and say a lot of things about their disenchantment with government policies. We have to be concerned with the investigative policies of the government that when people are blowing off steam, it is turned into a crime."

Miller said the Miami Seven defense will likely allege entrapment, but it will be difficult to prove.

"The government will try to show predisposition to commit a crime. But in our efforts to ferret out terrorists, we have to be careful not to overreact and abridge the people's Constitutional rights. Those rights cannot be stepped on in order to fight terrorism," said Miller.

"If this case boils down to a bunch of people sitting around complaining," he concluded, "then the system has a problem."

Wendell P. Simpson writes for the Philadelphia Tribune.

## Black light smokers quit best through education

Special to Sentinel-Voice

MINNEAPOLIS (NNPA) - The first clinical trial to focus on light smokers shows that African-Americans are motivated to quit more by completing health education than by using nicotine gum.

Dr. Jasjit S. Ahluwalia, professor and researcher with the University of Minnesota Medical School and Cancer Center, and executive director of the university's Office of Clinical Research, led the research team on this study. The findings are published in the June issue of the *Journal of Addiction*.

"Our results highlight the positive impact that directed health education and advice-oriented counseling has on helping African-American light smokers quit," Ahluwalia said. "We hope our study provides impetus for more studies that assess other intervention methods that may be successfully used to improve quit rates

among African-American light smokers."

Researchers define light smokers as people who smoke 10 or fewer cigarettes a day.

Ahluwalia noted that while the prevalence of cigarette smoking has decreased in the United States over the past few decades, the number of people who maintain a low level of cigarette use, or light smokers, is increasing. He said this is particularly evident among teens, college students, women and ethnic minority groups.

"The phenomenon of light smoking is not entirely understood," Ahluwalia said. "For some, light smoking is a transitional state leading to heavier smoking or cessation. For others, light smoking is a pattern of low cigarette use that is maintained for years."

Approximately 50 percent of African-American smokers are light smokers. By

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