

May 21, 2020

Nicole C. English
Assistant Director
Health Services Division
Federal Bureau of Prisons
320 First Street, NW
Washington, DC 20534

Dear Assistant Director English:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to highlight the need for hygienic conditions and health literacy information among both inmates and staff in federal correctional facilities. As explained further below, this is particularly important during the current COVID-19 pandemic. The [most recent Bureau of Justice Statistics data](#) on medical problems confirms that prisoners bear a disproportionate burden of illness compared to the broader U.S. population. Nearly one half of state and federal prisoners reported ever having a chronic condition, while fewer than 1 in 3 in the general population reported the same.

In concrete terms, [prisoners](#) were 50 percent more likely to report ever having diabetes, asthma, or high blood pressure than the U.S. population at large. Many reported multiple chronic conditions, while women and older prisoners faced even steeper rates of chronic disease than their counterparts. Similarly, prisoners were more likely to report ever having infectious diseases such as tuberculosis, hepatitis B and C, as well as various sexually transmitted diseases.

Furthermore, Federal Bureau of Prisons (BOP) [inmates overrepresent marginalized and minoritized groups](#) such as blacks by nearly three-fold relative to their share of the U.S. population, as well as Native Americans and Hispanics by nearly two-fold due to the disparate impact of, for example, socioeconomic disparity and inequitable sentencing laws.

Thus, the BOP not only functions to imprison inmates in its 110 facilities, but further [maintains the significant responsibility](#) for assuring “facilities that are safe [and] humane” for 167,803 inmates who are more sick and vulnerable than the population at large. In addition, BOP remains obliged to provide safe and healthy conditions for its 36,774 employees.

As a leading organization committed to the betterment of public health and the advancement of health equity, AMA has long advocated for quality health care services, humane treatment, and healthy environments for justice-involved populations. Providing inmates and staff with greater information related to health literacy and hygiene in federal prisons represents a set of critical tools in BOP’s achievement of such goals.

The U.S. Department of Justice (DOJ) Office of the Inspector General’s (OIG) 2018 report entitled, “[Top management and Performance Challenges Facing the Department of Justice – 2018](#)” highlighted resource limitations, overcrowding, staffing shortages, and aging infrastructure as among BOP’s chief issues. Overcrowding is highlighted as a particularly longstanding barrier—BOP facilities currently exceed total capacity by 14 to 24 percent on average—to ensuring the care and safety of BOP inmates and

staff. Watchdog reports and DOJ efforts for over a decade have failed to address overcrowding, and, as [reported by the Government Accountability Office in 2012](#), has led to inmates being double and triple bunked and facing increased wait times for drug treatment programs. In addition, the OIG raised safety concerns related to efforts to transfer low security inmates to private prisons and meet the unique needs of female inmates.

It has been well established that overcrowded and resource-limited conditions, such as those evident in prisons, often increase risk of communicable disease transmission. For instance, the current [COVID-19 pandemic](#) has led to 2319 cases and 56 deaths among BOP inmates and 284 cases among staff, and significant safety concerns have been raised despite agency efforts.

Over a broader timespan, the U.S. Centers for Disease Control and Prevention (CDC) has demonstrated a nearly [seven-fold risk of food-related illness among correctional inmates](#) relative to the general population, leading to over 20,000 illnesses from 1998-2014. In the face of limited adherence to basic food safety guidelines, the CDC recommended provision of food safety education as a strategy to protect inmates as well as prepare them to eventually enter the workforce.

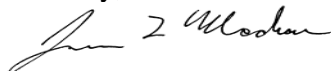
However, other diseases are similarly amenable to educational interventions. Methicillin-resistant *Staphylococcus aureus* (MRSA) outbreaks, for instance, have occurred at several correctional facilities. Various guidance documents from BOP and CDC have advocated handwashing and increased hand hygiene in prison, an evidence-based means of significantly reducing risk of MRSA spread or acquisition. Similarly, health education and promotion efforts as well as appropriate medical care, may serve as potent tools in addressing health issues such as HIV/AIDS, mental health, and oral health—a known contributor to overall health—among inmates and staff at BOP facilities.

The U.S. population in general faces significant challenges related to health literacy. The U.S. Department of Health and Human Services defines health literacy as “the degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.” Limited health literacy is a barrier to improved health outcomes. For decades, the AMA has supported efforts to increase health literacy and culturally appropriate health education.

However, stark disparities in educational attainment exist between formerly incarcerated individuals and the general public, as do gaps in health literacy among incarcerated individuals. Paired with the increased prevalence of disease among inmates and challenges related to prison conditions, the AMA believes information sessions for inmates and staff targeted to improve health literacy and hygiene are an essential strategy to improve and protect the health of those under BOP’s care. It is further necessary to apply best practices in health communications and health literacy improvement, such as CDC guidance, such that sessions are both effective and appropriate for intended audiences.

The AMA thanks you for your consideration of these strategies to improve the health of BOP inmates and staff. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at margaret.garikes@ama-assn.org or (202) 789-7409.

Sincerely,



James L. Madara, MD