The health of prisoners

Seena Fazel and Jacques Baillargeon (March 12, p 956)[1] have produced a high-quality Review on the health needs of prisoners. After reading this paper, it is difficult to understand how the health of prisoners could not be a government priority. If prison is intended to punish and protect society, it also has the task of reintegration, including within the health-care system.

The example of addiction is especially informative. Addictions largely affect the prison population, and the link between addiction and violence has been described.[2,3] Treatment of addiction could help to promote reintegration and to fight against recidivism. Unfortunately, health professionals are too few to meet the needs of prisoners in this respect.[4]

Many reports increasingly show that the means fall short of the need. In France, a report by the Court of Auditors,[5] which is known for its criticism of irrelevant government spending, recommended a "better budget for future health care costs of prisoners". France has already been criticised by the European Court of Human Rights and the Committee for the Prevention of Torture of the Council of Europe for its detention conditions and poor access to health care in prison. Despite these reports, the horizon does not seem to brighten.

Access to care in prison is a human right. Unfortunately, the health of prisoners is a public health priority confronted by the principles of realpolitik.

I declare that I have no conflicts of interest.

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Seena Fazel and Jacques Baillargeon,[1] in their important Review on the health of prisoners, emphasise the increased prevalence, susceptibility to, and transmission of, various infectious diseases in prisoners. They focus on HIV infection, hepatitis B and C, and tuberculosis. Prisoners are also more susceptible to acute respiratory infections, sexually transmitted diseases, skin infections, and diarrhoeal diseases.[2]

The appalling prison conditions described by Fazel and Baillargeon are not restricted to resource-poor countries. They are prevalent in prisons in the UK, Europe, and the USA. In the UK today, the prevalence of tuberculosis in prisoners is 208 per 100 000, which is almost 14 times greater than the prevalence in the general population.[3] Prisons in the countries of the former Soviet Union have the highest prevalence of tuberculosis anywhere in the world.[4]

Although crowded and poorly ventilated prison cells facilitate microbial transmission, it is the stress, poor nutrition, smoking, drugs, and HIV that have a profound effect on the immune system, resulting in high prisoner morbidity and mortality. As Louis Pasteur acknowledged on his deathbed, in reference to Claude Bernard's belief that disease was not caused by microbes alone, but rather by an imbalance of the body's "terrain", "Le terrain est tout, le microbe n'est rien" (the terrain is everything, the microbe is nothing).

Prisoners, by default, lose their dignity, liberty, autonomy, and privacy, and are commonly accorded inadequate accommodation and health care. Basic ethical practice requires observation of the UN charter on human rights[5] for prisoners by all governments. Urgent measures must be taken to rectify the prison conditions that underlie the disturbance of prisoners' body "terrain" and homoeostatic mechanisms.

We declare that we have no conflicts of interest.

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We applaud Seena Fazel and Jacques Baillargeon[1] for their excellent Review on prisoner health and the attention paid to post-release outcomes. We would only add that, in many countries, there are large racial and ethnic disparities in incarceration rates, raising concerns about how these disparities might translate to racial disparities in health.

In the USA, for instance, African Americans are seven times more likely than whites to be imprisoned. Fazel and Baillargeon note that mortality rates are generally lower during incarceration, before skyrocketing in the weeks and months after release. Importantly, the negative health consequences of incarceration (which are related to the stress of imprisonment, exposure to infectious diseases while in prison, and numerous other factors before and after release) seem to outweigh the protective effects of incarceration on health.[2] As a result, vast racial disparities in incarceration rates between African

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