

# Preface

This is a book of *what ifs*. What if we discovered a vast and untapped resource, a resource that could yield improved population health status and lower social costs? What if we could harness the energy in this mine toward public health benefit? What if this lode was right before our eyes and easier to tap than nutrition, exercise, air quality and global climate change? This book is a map to the mother lode of correctional health care.

Although it hasn't been kept as a secret, this mother lode has been hidden from public consciousness. What does it take to unlock the gates and find the rich veins of potential public health benefits? I have spent 20 years on this quest. Communication is an ongoing challenge in public health and medical care. To my knowledge, there has been no book written about the nexus of public health and criminal justice, until now.

Two years ago, in a fit of introspection, I began to think of how to leave a legacy. I asked myself how I could catalogue the public health opportunities that can be seized through medical care behind bars. "Would it make any difference?" I thought. "Of course it would make a difference," I said. All I had to do was to find the right prism through which others could see how to make this difference.

As a result of my internal dialogue, I took yet another turn in my professional direction. I enhanced my voice in public policy discussions, published more articles in journals, joined the faculty at John Jay College of Criminal Justice, and focused on trying to find a few novitiates in correctional medicine to mentor. Next, I got a call from Springer in the spring of 2006 asking me if I might be interested in editing a text at the nexus of criminal justice and public health. It took me about ten seconds to decide. I thought about the *what ifs* and was awestruck with the possibilities.

Who would be the audience for such a work? Public policy makers? Correctional administrators? Correctional health care practitioners? Inmate and patient advocates? Lawyers? Educators? Students? Public health scholars and practitioners? The answer was "yes" to each of these.

This text is the product of thinking about the *what ifs* and *for whom*. It is intended to be a guide to the mother lode of resources, resources that are untapped because of ignorance, attitudinal bias, and misallocated public resources. Through the prism of public health and public policy this book explores prevention opportunities in the criminal justice system and reentry process.

I hope the readers find answers to the following question: *as a rational society, what can we do for public benefit through attention to our captive population, a population that is disproportionately minority, under-educated, with a high burden of risk and illness?* Most of this burden of risk and illness is amenable to amelioration or remedy, if not cure. The book is about how we identify opportunities and how we can craft remedies that work toward improving the health of our free-world communities, the communities to which most prisoners return.

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Alas (I might get away with using this word in the preface), this book is broad in scope, too broad for me to have written it myself. And why should I try, with so many experts who were eager to write a chapter within their expertise? We included the traditional categorical attention to communicable disease and we attend more broadly to prevention in a population at risk for, or with extant, dental, mental, addiction, age, and gender related illness. And this population is a captive one. The book addresses using the law to promote prisoner health care, information technology, international comparisons, innovative programs and research opportunities.

But the book is incomplete. We publish it without hubris. There is a paucity of research on efficacy with captive populations. Should we succeed with this venture, the next edition of this book should have sections on preventing transmission of skin infections, sanitation, performance measurement, outcome studies, cost-effectiveness, analyses of the effects of regulation, and more: How do we teach states and counties to specify intended outcomes for their correctional health programs? How do we measure and report health outcomes of interventions behind bars? How can we learn from our botches and mishaps? What are the pitfalls of various interventions? What do we need to know and how do we develop the resources to find out? Perhaps we will address these topics in the next edition or a Volume II.

As in other human work, there must be errors and omissions in ours. I apologize, in advance, and I invite constructive criticism to make subsequent editions more provocative and helpful.

So many people inspired me toward my work behind bars, some of them unknowingly. My mentors include some notables in public health and criminal justice; I am indebted to David Axelrod, Martin Cherkasky, Nancy Dubler, Richard Grossman, David Jones, Ross Kessel, Victor Sidel, Steve Spencer, Jeremy Travis and Harold Wise, among others. I am especially honored that David Satcher agreed to write the foreword. If I may borrow from the 2007 vernacular of youth, I *so appreciate* my editors at Springer, Khristine Queja and Bill Tucker for giving me opportunity, guidance and latitude. I thank the associate editors of this text, Joe Bick and Joe Goldenson, for turning their brains and hearts toward this work. Forty-nine authors contributed to this book, without tangible compensation. They did the most work and I applaud them foremost, although several of these authors managed to shake my equanimity with their tardiness, wreathing me with anxiety at times. Many of the academic authors are new colleagues for me. I appreciate their thoughtfulness, provocative analysis and responsiveness. The practitioners among the authors, those who work behind bars, labored the hardest. Although less experienced as writers, their voice is critical because of their exposure over time to the real world of medicine behind bars.

I've had substantial support from my wide-range of clients and colleagues in correctional medicine. While they go un-named, they are each appreciated, individually. You know who you are. Never wavering, my strongest support and inspiration comes from my nuclear family, Maura Bluestone, Rena Greifinger and Liza Greifinger.

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