

April 15th, 2021

MN Department of Corrections
1450 Energy Park Dr
St Paul, MN 55108

Dear Commissioner Paul Schnell,

We are a group of undergraduate students at the University of Minnesota-Twin Cities who are currently enrolled in a class titled GCC 3042: *Just Education: The Role of Higher Education in Disrupting Mass Incarceration*. The focus of the course is to learn more about mass incarceration and higher education. To learn about these two topics, we listened to numerous speakers discuss their experiences in prison. The final project for this class is to write a proposal to help improve our current prison system. Therefore, we are writing this letter to propose a mutually beneficial partnership between the Minnesota Department of Corrections and the University of Minnesota Medical School. We plan for this partnership to start with a state prison, preferably in close proximity to the University of Minnesota- Twin Cities campus, and depending on the outcome, eventually extend to more facilities.

The vision of the Minnesota Department of Corrections is “[to] reduce recidivism by promoting offender change through proven strategies during safe and secure incarceration and effective community supervision.”¹ In order to provide a more safe and secure incarceration as well as to reduce recidivism, it is necessary for healthcare needs to be met. This can be done through a partnership with the University of Minnesota Medical School. This partnership would consist of third and fourth year medical students supplying supervised care to those in correctional facilities. Care would be provided in a number of specialties including primary care, infectious disease, addiction and psychiatric care, as well as in other areas of medicine. Upon successful implementation of the program, health outcomes for the incarcerated population would be improved; further, medical students would be prepared to address the unique health challenges facing incarcerated patients more effectively.

Collaboration between academic medicine and correctional healthcare is mutually beneficial in that it provides notable advantages for both incarcerated individuals and the correctional facilities. In Texas, for instance, two medical schools assumed the responsibility for delivery and oversight of the medical care provided to those incarcerated under the jurisdiction of the Texas Department of Criminal Justice. This resulted in improvements regarding structured delivery of health care services using evidence-based medicine, greater access to subspecialists (particularly through telehealth), improved clinical outcomes for chronic illnesses, and cost savings.² The partnership is mutually rewarding in that those incarcerated with complicated medical conditions are able to gain access to subspecialists through telehealth, without leaving the confines of prison, while university medical professionals are able to gain valuable experience managing a subset of patients not readily encountered in many academic centers. Finally, increased efforts by universities to support and evaluate correctional health care could also promote general public health, as nearly all incarcerated individuals return to their communities and many, subsequently, return to prison.

New prison mortality data from the Bureau of Justice Statistics has shown that chronic conditions like cancer, heart disease, liver disease, and respiratory diseases are among the most frequent causes of death in correctional facilities. This is a reflection of how difficult it is to provide adequate treatment for these

1. <https://mn.gov/doc/about/agency-background-history/vision-mission-values/>

2. doi:10.1001/jama.292.4.501

3. <https://www.cidrap.umn.edu/news-perspective/2021/04/studies-detail-large-covid-outbreaks-us-prisons-jails>

conditions in the correctional facility environment. Due to a phenomenon known as "accelerated physiological aging," a growing number of individuals are also becoming susceptible to these serious illnesses at a much younger age. In order to provide care that is able to support this growing population, it is critical to enlist the wide range of clinical and hospital services provided by the University of Minnesota Medical School. Access to adequate healthcare can also serve to foster trust between prisoners and healthcare providers. According to a report by the University of Minnesota Center for Infectious Disease Research and Policy, 45 percent of incarcerated individuals would outright refuse to be vaccinated against COVID-19, citing distrust of the healthcare system and corrections or government staff or institutions as the main reasons.³ This distrust can be improved by providing additional healthcare and fostering trust with the incarcerated population. This can serve to limit future outbreaks of infectious diseases and prevent correctional facilities from facilitating their spread.

In addition to the more visible, immediate benefits of a partnership between the University of Minnesota Medical School and the Minnesota Department of Corrections, collaboration between the two institutions can also be used to address broader policy-level health concerns of the DOC such as: What infection control strategies best protect correctional workers and inmates? How can drug abuse treatment strategies be improved to reduce inmate relapse and recidivism? A greater investment by academic medicine in evaluating questions such as these would advance public health by guiding policy development, programming, and resource allocation both inside and outside of jails and prisons. Furthermore, real time collaboration would be helpful in better understanding evolving public health issues of mutual concern, such as current Coronavirus outbreaks that are affecting university hospitals, communities, and correctional systems.

Thank you for your time and consideration. We look forward to hearing from you.

Respectfully,



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