Aging in prison: A look at prison health care facilities

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Want to learn more about how an aging inmate population is affecting health care in New York’s prison system? Pick up a copy of the print edition today to read Part 1 of Amy Neff Roth’s two-day series on the issue.

Inmates in the New York prison system must receive health care in line with the “community standard of care.” Such care is required by the Constitution’s Eighth Amendment prohibition against cruel and unusual punishment, said Peter Cutler, director of public information for the New York Department of Corrections and Community Supervision. As part of that care, prisoners receive preventive health care, such as physicals every five year until age 50 and every two years after that. Here’s a primer on how the corrections department handles sick prisoners from Dr. Carl Koenigsmann, deputy commissioner/chief medical officer, and other corrections staff:

INFIRMARIES: Every prison either has an infirmary or shares one with a sister facility. Infirmaries offer short-term care with 24-hour nursing. Typical patients might include a surgical patient who has to be cleared to return to the general population or a patient who needs a short course of IV antibiotics. The infirmaries also have negative pressure respiratory isolation rooms to prevent the spread of infectious disease such as tuberculosis or chicken pox. Although infirmaries are designed for short-term care, patients might sometimes linger while they wait for a bed to open up in a regional medical unit.

REGIONAL MEDICAL UNITS: These five units scattered across the state offer care equivalent to that in a skilled nursing facility. Except for the unit in Bedford Hills Correctional Facility, a women’s prison, these units are full with waiting lists. Most patients in these units remain for the long term, leaving only when they’re released or dead. Patients’ conditions run the gamut from hepatitis C and AIDS to terminal cancer and chronic lung disease. All together, these units offer 742 beds, but an expansion at the Walsh Medical Unit in Rome will add 38 beds in 2014. Half the beds in the 60-bed unit at Fishkill Correctional Facility have been dedicated to the nation’s first prison dementia unit. And three of the units offer hospice care to terminally ill patients. The other two offer palliative care, which places a similar emphasis on holistic, pain-controlling care, but is not limited to the dying.

HOSPITAL/COMMUNITY CARE: Sometimes, inmates are too sick to be treated in the infirmaries or medical units or they need services that aren’t offered within the prisons – surgery, radiation, chemotherapy or certain diagnostic procedures. So, they must be transported to hospitals or other medical offices beyond the prison. SUNY Upstate University Hospital in Syracuse has a secure, 10-bed ward set aside for prison inmates and staffed by prison security. The state has agreements with seven counties who can send their prisoners to the unit when it is not full of state inmates. In 2011, 1,927 New York inmates were scheduled for care at SUNY Upstate University Hospital. In the last fiscal year, the state spent $103.3 million providing health care to inmates outside of prison. But the state is working on getting Medicaid coverage for inmates’ inpatient stays, which would shift half the cost to the federal government.

SPECIALIST CARE: Some of the regional medical units include hub medical centers, where inmates can see specialists. Security is cheaper when patients can be seen inside a prison even if it’s not the prison in which they’re incarcerated. Mobile MRIs and other strategies to bring care to prisoners also save money. But sometimes good care demands expensive care. The state has budgeted money to provide a new hepatitis C treatment to inmates. The current treatment costs around $20,000, but is only effective 40 to 50 percent of the time. The new treatment will cost $60,000, but has a 70 to 80 percent cure rate. Untreated hepatitis leads to advanced liver disease and, eventually, the need for a transplant.
The first line of this article is wrong, 'community standard'. I work in a prison. A prisoner can go to sick call' emergency room' every weekday morning. Their is no co-pay. If a prisoner wants emergency sick call, on off hours, he goes. If a prisoner has cancer every appointment he is transported out to Syracuse for treatment. There is so much more that I could say. I guess if this is the community standard, most of us are under the standard.