ADVOCACY FOR PATIENTS IN CUSTODY
DFA HEALTH JUSTICE & EQUITY
DECRIMINALIZATION & LIBERATION

Dr. Anjali Niyogi
Dr. William Weber
Dr. Duron Aldredge

Moderator: Maya McCoy
SESSION TAKEAWAYS

● Understand how incarcerated patients are differentially treated in carceral settings
● Advocate for improved access to and quality of care for incarcerated patients
● Identify conditions that uniquely affect the incarcerated patient
● Leverage the DFA Carceral Health Toolkit in order to effectuate positive change for incarcerated patients
INTRODUCTIONS

PANELIST
WILLIAM WEBER

PANELIST
ANJALI NIYOGI

PANELIST
DURON ALDREDGE
INCARCERATION AFFECTS HEALTH

1.8 million people are incarcerated in America

8th amendment right

3000+ annual deaths from medical conditions in the Bureau of Prisons
PERSONAL STORIES: ISSUES OF CARE IN PRISON
CARE BEHIND BARS: UNIQUE ISSUES

Understaffing
No second opinions
Medical copays
Difficulty getting medications
For-profit prisons
Licensure issues for providers
Figure 1

Overview of Types of Correctional Facilities

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Prisons</th>
<th>Jails</th>
<th>Community Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offender Status</td>
<td>Federal or State</td>
<td>Local (Sheriff’s Office)</td>
<td>State, Federal, Local</td>
</tr>
<tr>
<td></td>
<td>Convicted of a felony</td>
<td>Pre-trial or convicted of a misdemeanor</td>
<td>In lieu of or post-incarceration</td>
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<tr>
<td>Length of Stay</td>
<td>More than one year</td>
<td>Less than one year</td>
<td>Varies</td>
</tr>
<tr>
<td>Health System:</td>
<td>More robust health facilities (including PCP, specialty care)</td>
<td>Often only ER/urgent care facilities</td>
<td>Utilize community clinics</td>
</tr>
</tbody>
</table>
OUR TOOLKIT FOR ADVOCACY

HEALTH JUSTICE AND EQUITY

Doctors for America members work to make our health care system more just and equitable for all, acting to erase inequities.
OUR TOOLKIT FOR ADVOCACY

A CALL FOR HEALTH FOR ALL
ACCESS RESOURCE

ACCELERATED APPROVAL REFORMS VIDEO
ACCESS RESOURCE

ACTION ALERT FOR REPRODUCTIVE JUSTICE — ANDREA CONTRERAS
ACCESS RESOURCE

ANTI-RACISM TOOLKIT
DOWNLOAD RESOURCE

CANNABIS STATEMENT
DOWNLOAD RESOURCE

CARCERAL TOOLKIT
ACCESS RESOURCE

CDC SUPPORT STATEMENT
DOWNLOAD RESOURCE

DFA DINING CLUB DIGITAL TOOLKIT
DOWNLOAD RESOURCE

DFA OP-ED GUIDELINES TOOLKIT
ACCESS RESOURCE
THE FINE LINE BETWEEN COMFORT AND MEDICAL NECESSITY
ADVOCACY IN CLINICAL SPACES
RETHINKING RESTRAINTS

Safety

Medical vs Administrative

Least restrictive to allow safety

Should not hamper exam
DISCHARGE

Will they have paper instructions?

Will they have medications/food?

FOLLOW-UP

Details are imperative

Prescribe medications, even over-the-counter
BACKGROUND ON MJA

39 states and territories where we have cases

+370 cases

+4X national average rate of release
WHAT IS EXPERT WITNESS TESTIMONY?
Types of Cases

- Medical parole
- Standard of care
- Accommodations for housing, specialty care, etc.
- Systemic deficiencies within facilities
- Medical forensic exams
MOCK CASE
**Medical Records for McGill, Ulysses**

**Sex:** M  /  **DOB:** 09/02/1948

**Progress note** (6/18/22): pt submitted sick call, complaining of dizziness and double vision, vision exam 20/50 and 20/100, will put in request for ophtho - NP Jan

PMH: CKD, DM2, hypothyroidism, L THA

Meds: levothyroxine, metformin

VS: HR: 86 / BP: 145/103 / RR: 16 / Sat: 99% / Ht: 72in

**Progress note** (6/25/22): pt c/o SOB with walking, no cough, no FC/NVD, likely deconditioning

Order: albuterol 1 puff PRN SOB

**Progress note** (7/8/22): pt fell leaving his top bunk this morning, c/o HA, bruising over L temple, moving all extremities, neuro: nl, ambulatory with cane - NP Linda

Order: ibuprofen 800mg x 1 day PRN pain

VS: HR: 72 / BP: 138/98 / RR: 16 / Sat: 97% / Ht: 97in

**Med request** (7/11/22): pt’s chronic L headache still there, phoned provider who refilled ibuprofen - RN Paul

Order: ibuprofen 800mg 4x daily PRN pain

VS: HR: 78 / BP: 145/103 / RR: 16 / Sat: 97% / Ht: 97in

**Administrative note** (7/12/22): pt submitted note to corrections officer about worsening HA, this is incorrect protocol, advised to submit sick call instead

**Nursing note** (7/15/22): pt laying in bed, urinated on himself, gave pt depends and advised him how to wear them. Notified PA who placed order - RN Joan

Order: adult diaper

VS: HR: 102 / BP: 145/103 / RR: 16 / Sat: 96% / Ht: 97in

**Nursing note** (7/16/22): pt again urinated in bed, not using his depends, I warned him that if he chose to not follow instructions, he would receive a ticket - RN Paul

**Progress note** (7/17/22): pt sullen about receiving ticket, refusing to eat or participate in activities, laying in bed, mumbling under his breath at me. Will place consult for psych - MD Alex

**Officer note** (7/17/22): pt attempted to hit RN when taking vitals, moved to segregation unit, ticket issued


**Psych note** (7/21/22): pt has been acting out this week, more agitated with staff, refusing to speak with me during exam, concern for sundowning vs schizophrenia vs bipolar, will f/u 1 week

Order: risperidone 2mg daily
Hyperlipidemia: the patient’s LDL is 190mg/dL and the facility should consider a statin to avoid morbidity from worsening atherosclerosis and risk of cerebrovascular accident and myocardial infarction.

High cholesterol: the patient’s cholesterol level is elevated and the facility should consider starting a cholesterol-lowering medication (such as a statin) to lower the risk of developing a stroke or heart attack.
WHY YOU ARE CRITICAL

Your training gives you experience in the medical field

You can identify medical issues and explain them to a lay audience

We can impact individual lives AND advocate for systemic change
Tangible Next Steps

1. Download the DFA Carceral Health Toolkit
2. Learn more about MJA: MedicalJusticeAlliance.org
3. Sign up as a volunteer expert witness: tinyurl.com/MJAVolunteer
4. Share what you learned today with one other colleague/co-worker
5. Attend our National Leadership Conference