

ADVOCACY FOR PATIENTS IN CUSTODY

DFA HEALTH JUSTICE & EQUITY

DECRIMINALIZATION & LIBERATION

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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

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

OUR TOOLKIT FOR ADVOCACY



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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

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IMPACT AREA RESOURCES

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?

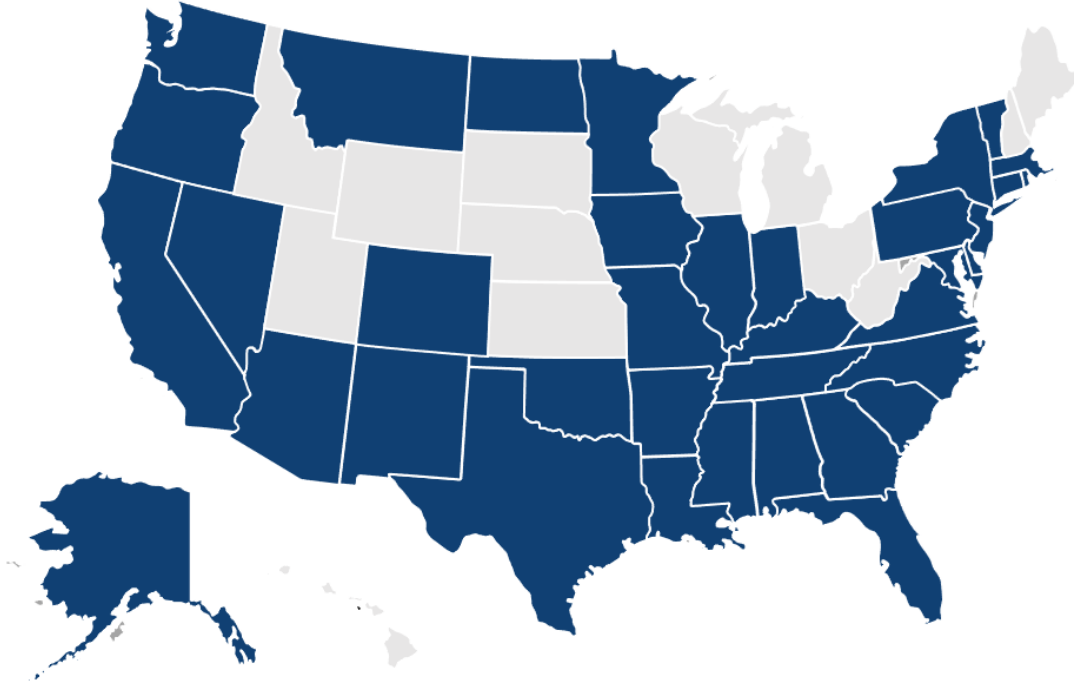
Will they have medications/food?

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

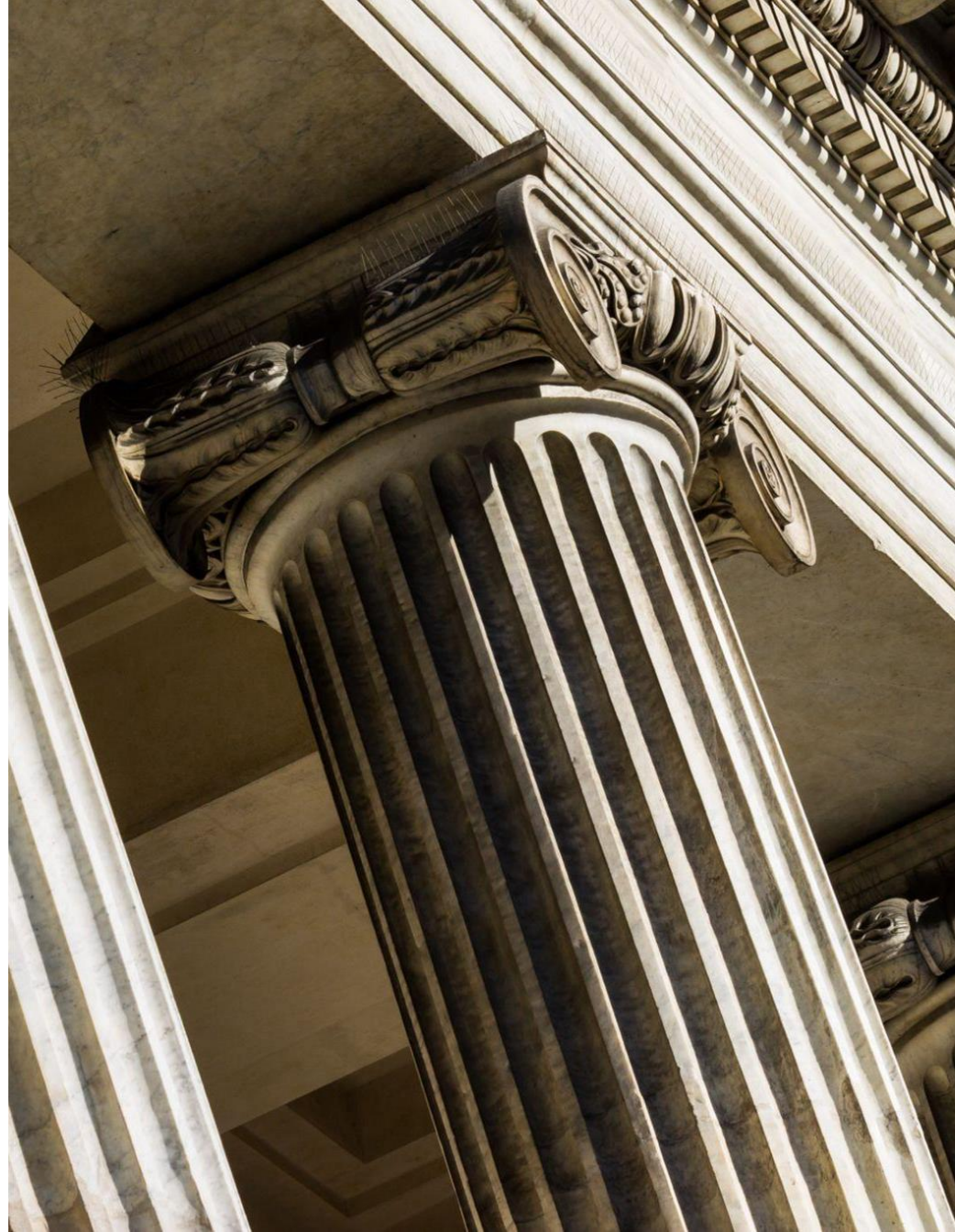
WHAT IS EXPERT WITNESS TESTIMONY?



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

Medical Records for McGill, Ulysses

Sex: M / DOB: 09/02/1948

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
VS: HR: 108 / BP: 178/116 / RR: 16 / Sat: 99% / Ht: 97in

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

TRANSLATING RECORDS INTO REGULAR ENGLISH

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



Q&A