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Health Care and Older Adults Inside the Carceral Setting

Image: Council of Europe: https://a1plus.am/en/article/120851#google_vignette

Disclosures

I have served as a consultant to state prison systems, and in legal cases related to prison conditions of confinement.

I am a volunteer advisory board member for Federal Judge Tigar (overseeing the California Prison healthcare receivership), and a Co-Chair of Governor Newsom's San Quentin Transformation Advisory Council.

I do not believe these experiences pose a conflict of interest with the material I will present today.



**The US has created
the most expansive
and punitive prison
system in modern
history**



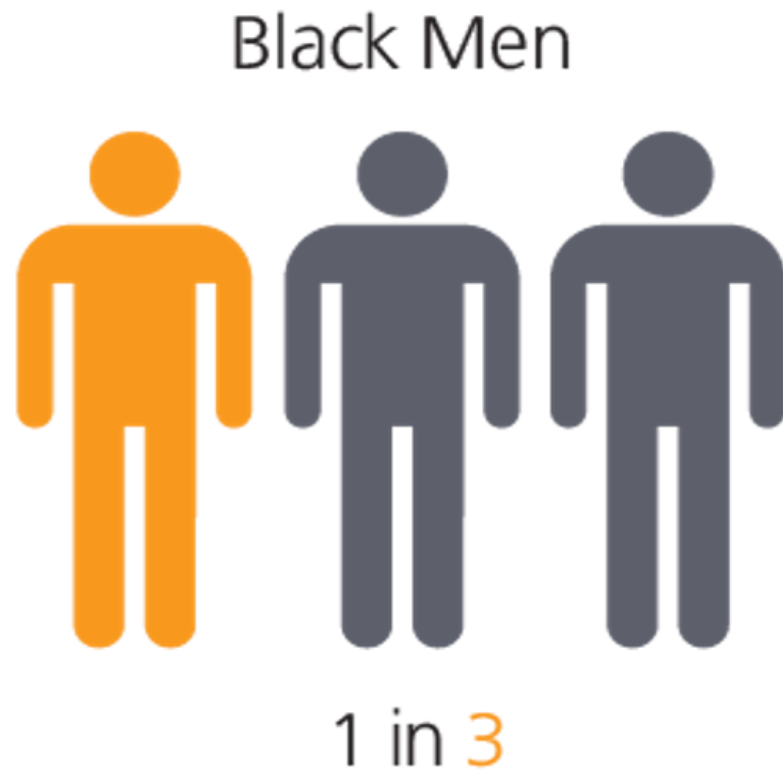
1.9 million Americans are incarcerated
~10.6 million cycle through jails each year

“Mass Incarceration”

Prison Policy Initiative “Mass Incarceration: The Whole Pie 2022”; BOP website, Juvenile Residential Facility Census (2018), Census of Jails 2005-2019, Immigration and Customs Enforcement Facility List, Jails in Indian Country, the Impact of COVID-19 on Tribal Jail Population; Bureau of Justice Statistics; image from A Plague of Prisons: The Epidemiology of Mass Incarceration in America (Ernest Drucker)

Mass Incarceration is rife with racism & racial violence

Lifetime risk of incarceration:

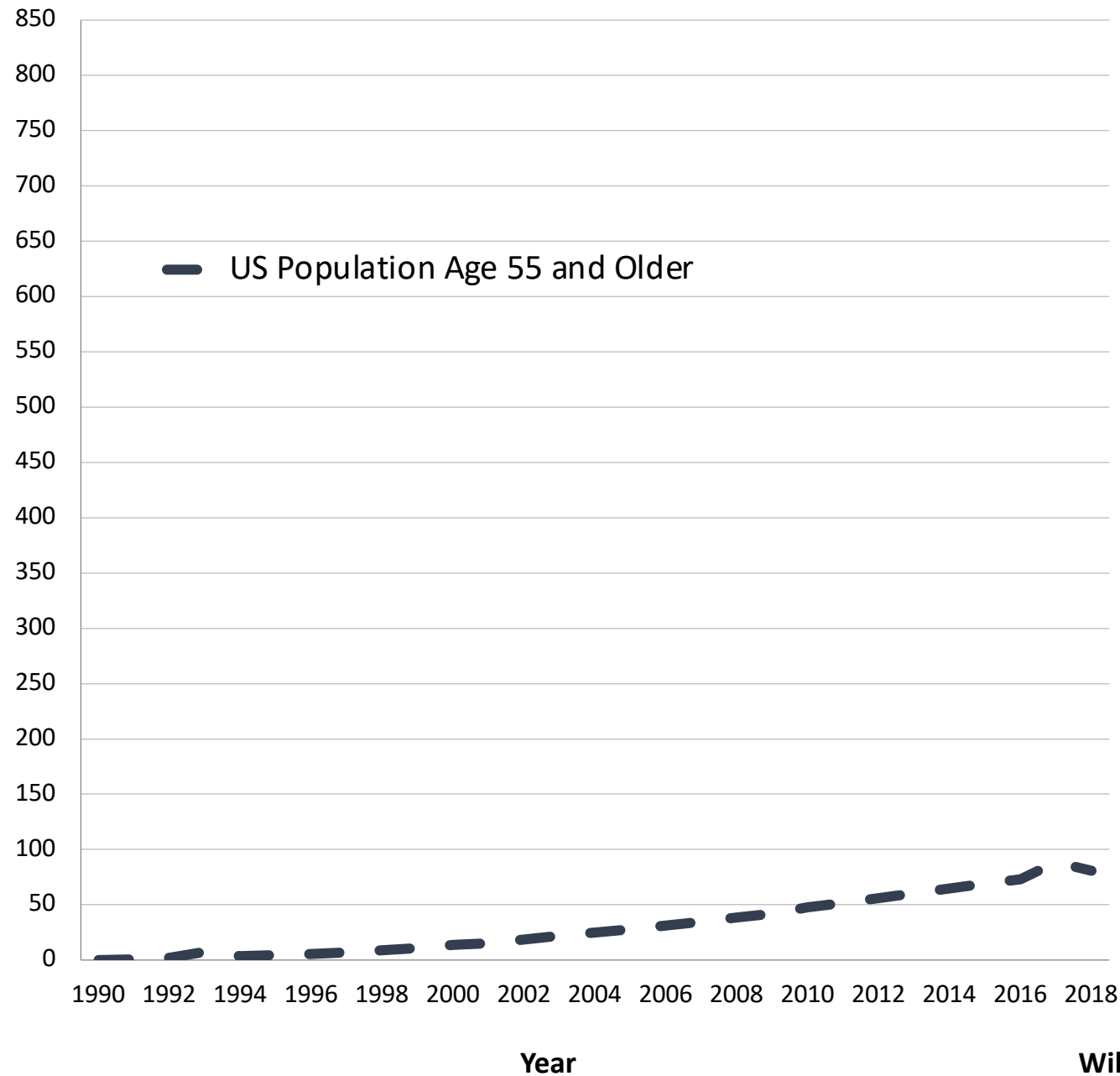




**Populations in carceral settings
are aging and dying**

Photo: Tim Gruber

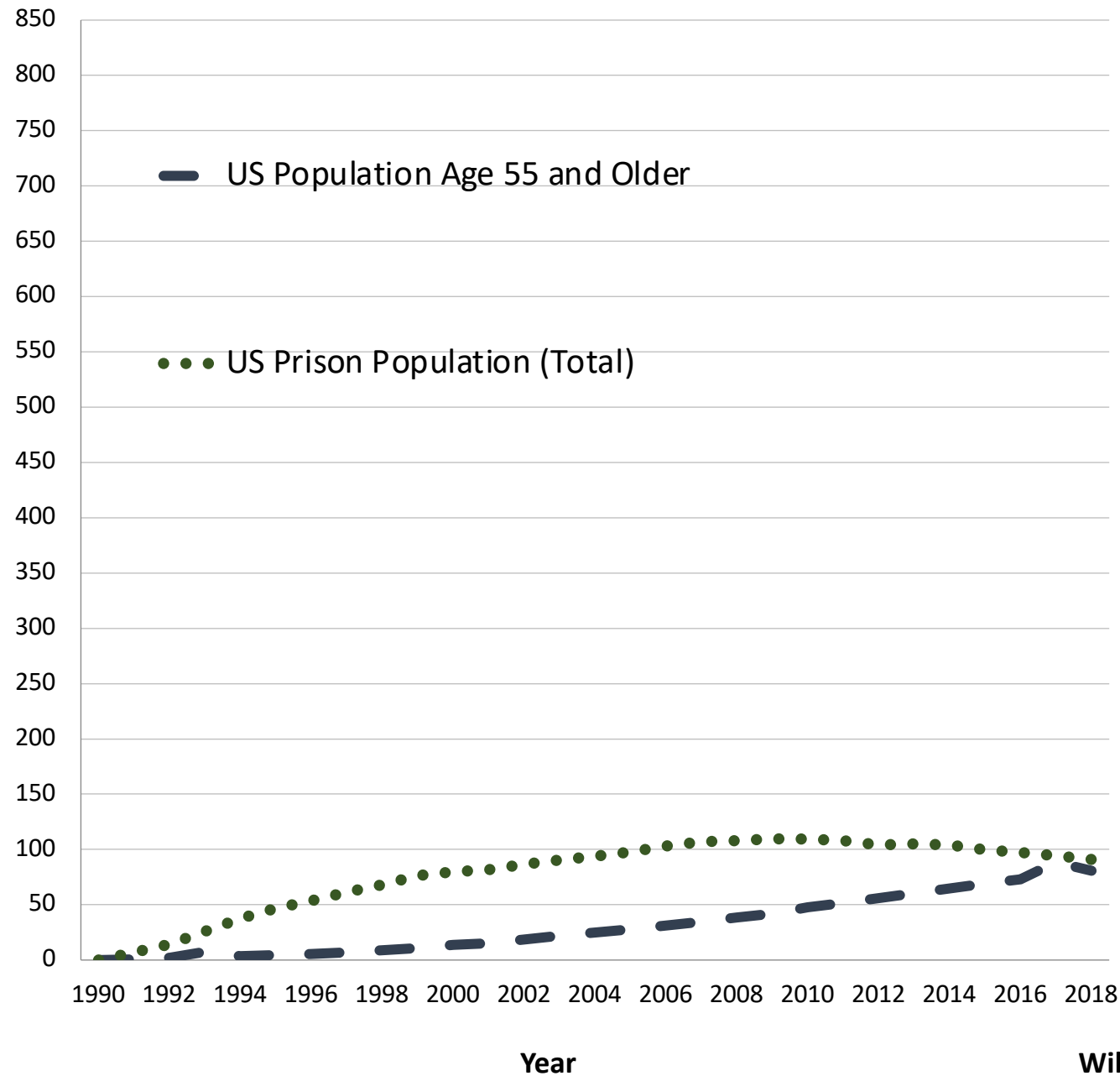
% Growth from 1990 Populations



The number of older adults in the US has grown ~100% over the past 3 decades

Williams BA, Goodwin JS, Ahalt C, Walter LC. Addressing the Aging Crisis in U.S. Criminal Justice Health Care. J Am Geri Soc, 2012; Bureau of Justice Statistics 2020

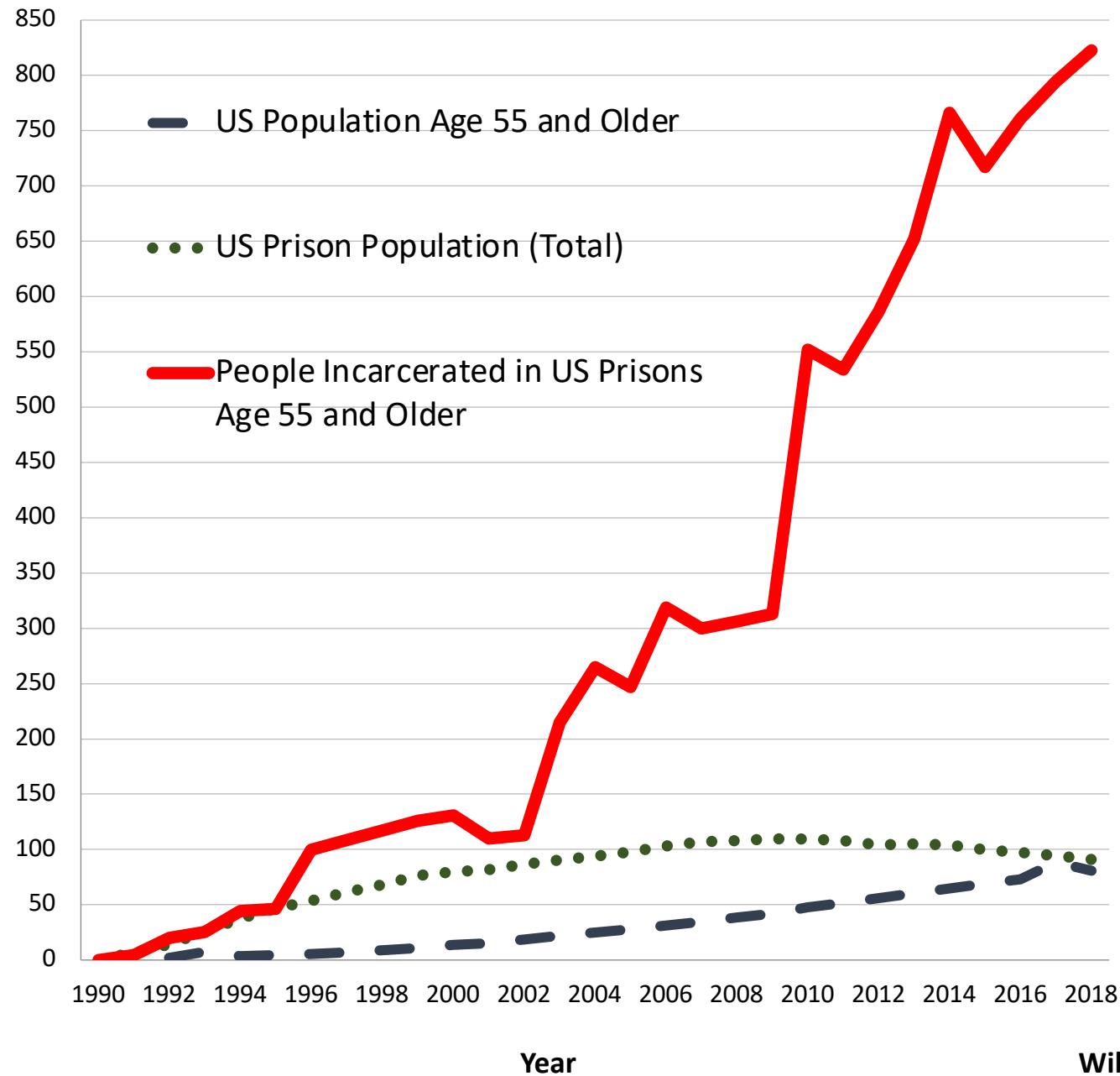
% Growth from 1990 Populations



The **total population in US prisons** has also grown about the same amount

Williams BA, Goodwin JS, Ahalt C, Walter LC. Addressing the Aging Crisis in U.S. Criminal Justice Health Care. J Am Geri Soc, 2012; Bureau of Justice Statistics 2020

% Growth from 1990 Populations



Neither of these trends accounts for the dramatic growth in the number of older adults incarcerated in US prisons

Williams BA, Goodwin JS, Ahalt C, Walter LC. Addressing the Aging Crisis in U.S. Criminal Justice Health Care. J Am Geri Soc, 2012; Bureau of Justice Statistics 2020

**Incarcerated people
of advanced age /
serious illness pose
unique challenges for
carceral facilities**



63 year old man in prison

Fell off his top bunk and broke his hip

Clerical error – back on top bunk, fell again

71 year old woman with dementia

Released after 15 years to Sacramento...

Got off bus in San Francisco, went to police station looking for parole officer, was sent back to prison for a 1-year mandatory sentence

75 year woman “strange” in jail

Arrested elder neglect of demented husband

During trial – diagnosed frontal lobe brain tumor



1976 - Estelle vs. Gamble

People who are incarcerated have a constitutional right to “*community standard*” (adequate) healthcare

- Geriatrics is the standard of care for older adults
- Palliative Care is the standard of care for the seriously ill

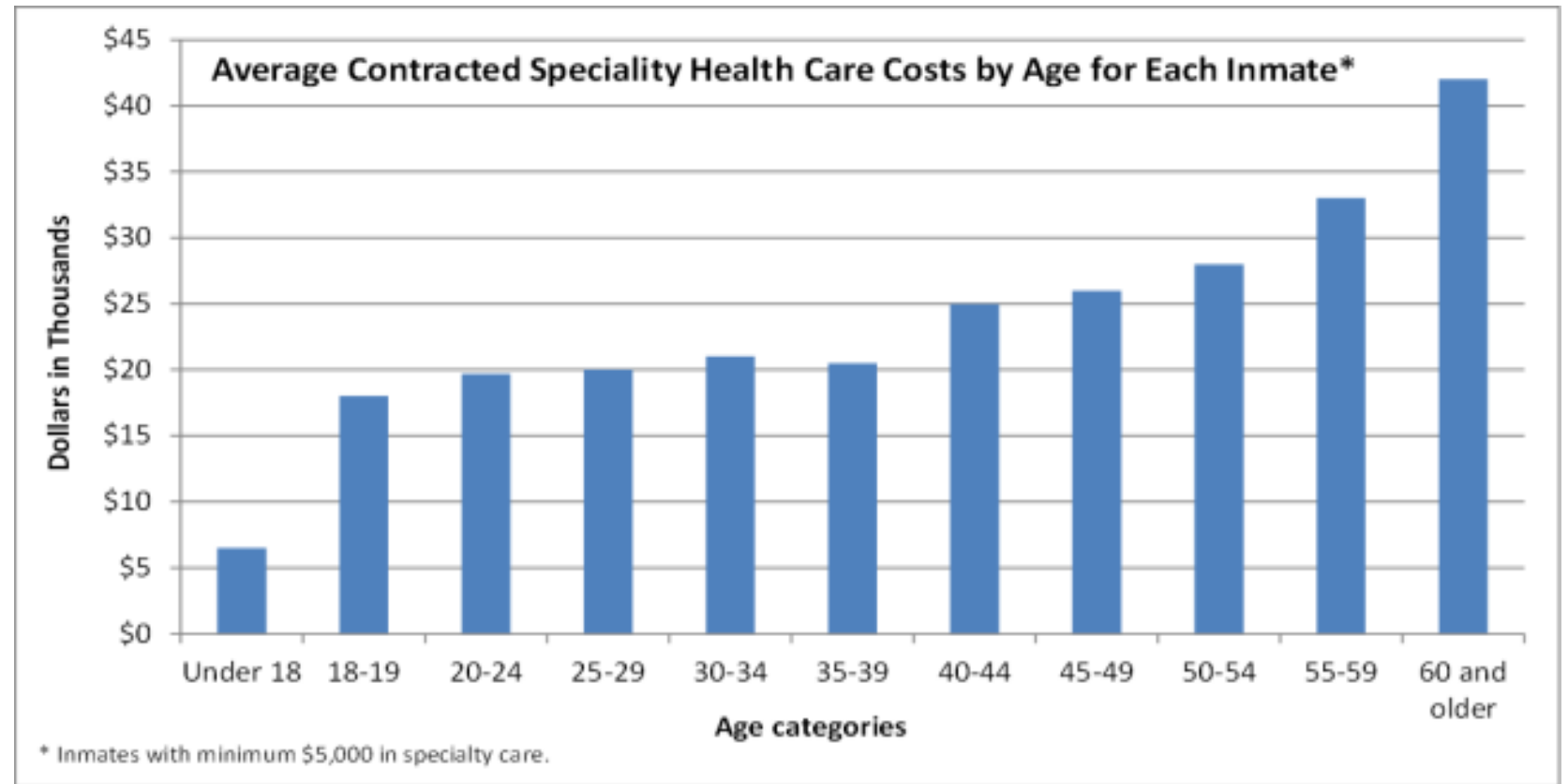
The Problem: Few specialists in geriatrics or palliative care work in prisons or jails

Older adults at the root of a cost crisis facing carceral facilities

Annual state
correctional
spending ~ \$82
billion

- Healthcare costs
comprise ~\$12.5
billion

Older adults are
3.8 - 9x the cost of
younger adults to
incarcerate



How do we define “older” in carceral settings?

No uniform age cut-off

- Often 50 or 55 yrs
- The U.S. Bureau of Justice Statistics uses age 55



Photo: Ron Levine/Prisoners of Age



Photo: Dale Emch/Toledo Blade



Photo: Tim Gruber

“Accelerated Aging”

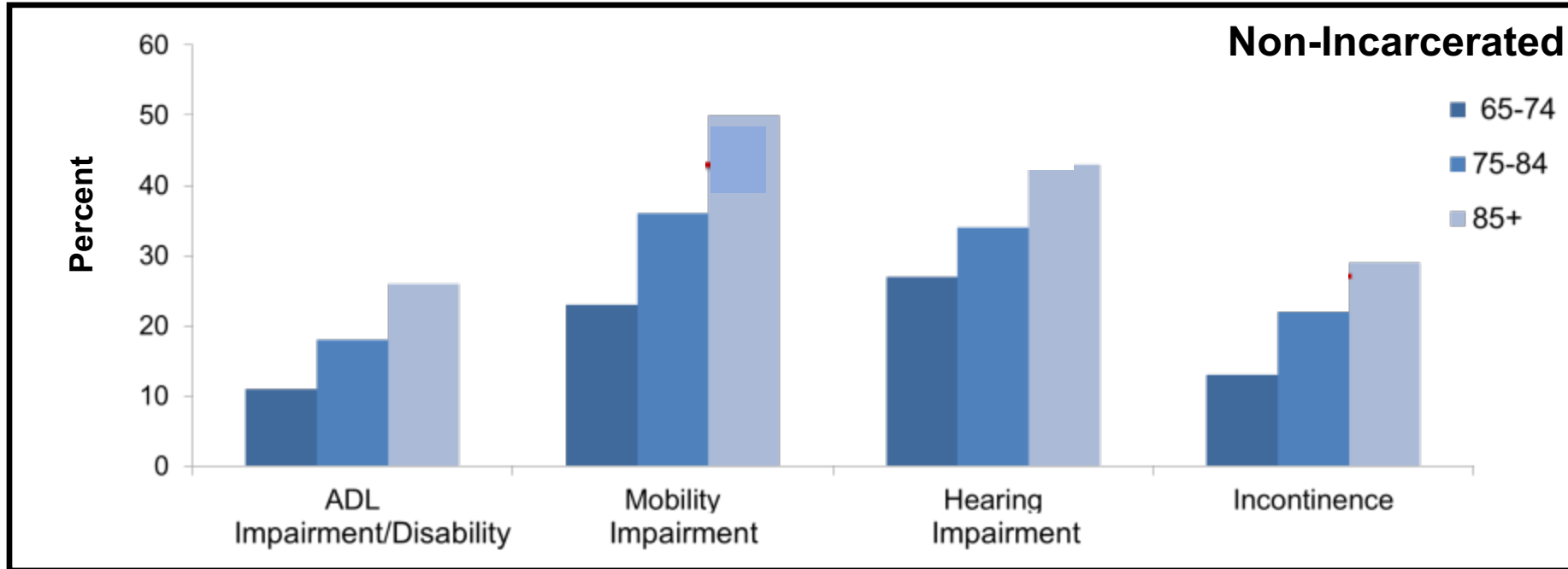
Takes into account the high prevalence of risk factors for poor health common in this population

- Substance use, TBI, limited education, low socioeconomic status, etc.

Physiologic age 10 -15 years older than chronologic age

Greene M, Williams B. et al. Older adults in jail: high rates and early onset of geriatric conditions. *Health & Justice*.

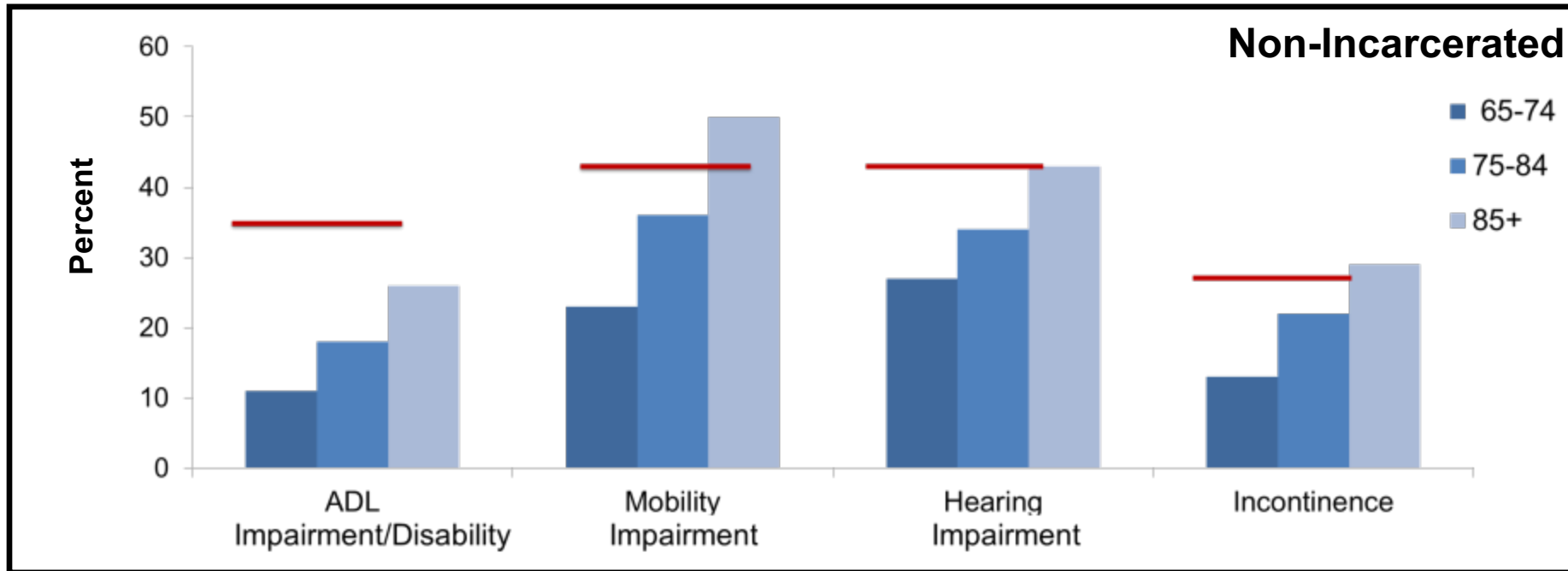
Evidence of accelerated aging



Greene M, Williams B, et al. Older adults in jail: high rates and early onset of geriatric conditions. *Health & Justice*.

Evidence of accelerated aging

Prevalence of geriatric conditions in incarcerated adults (average age 60) is similar to that found in much older non-incarcerated adults

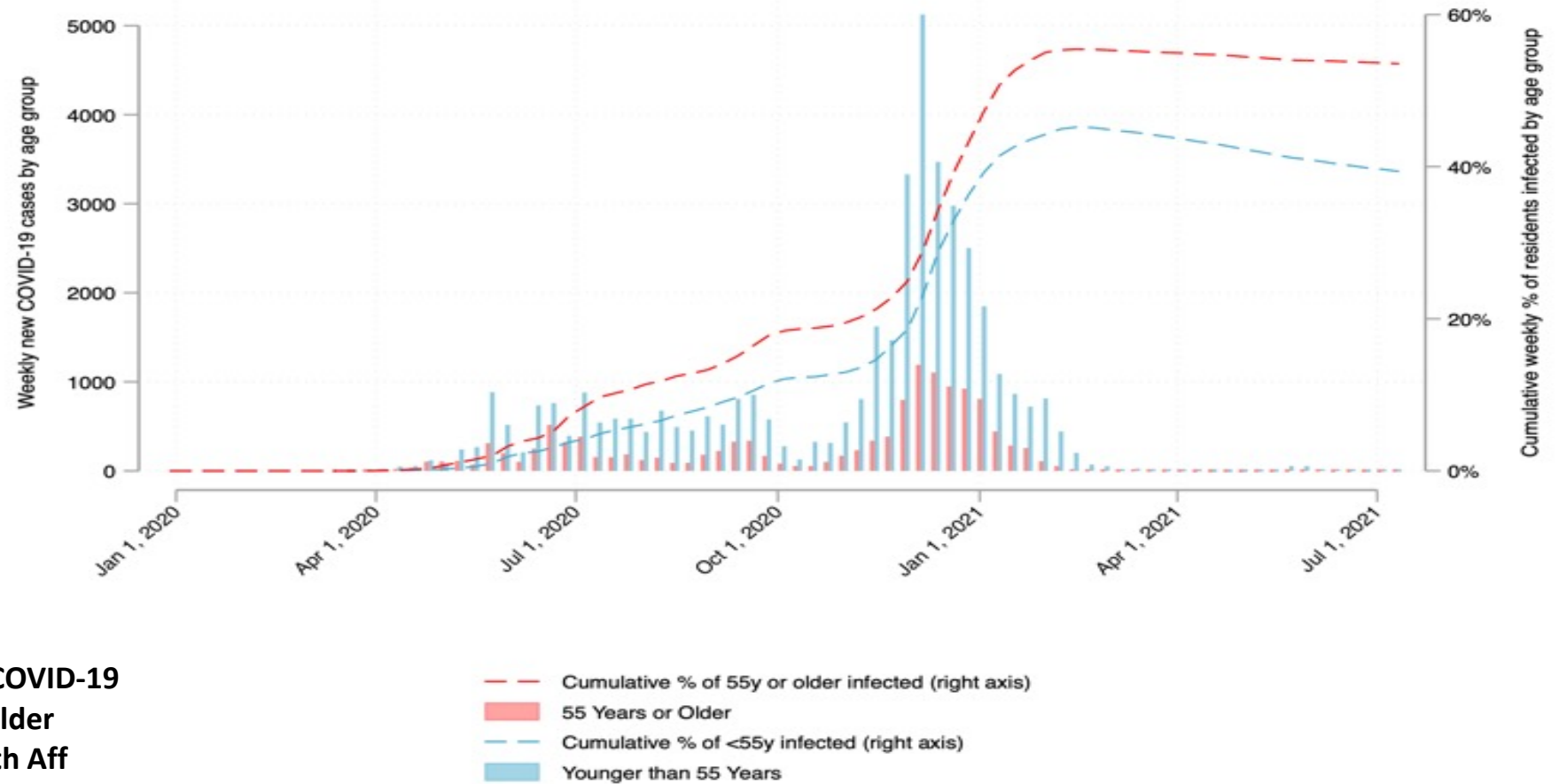


— Percentage of adults age 55 or older in a county jail with each geriatric condition

People who are incarcerated are in poorer health than those who are not incarcerated

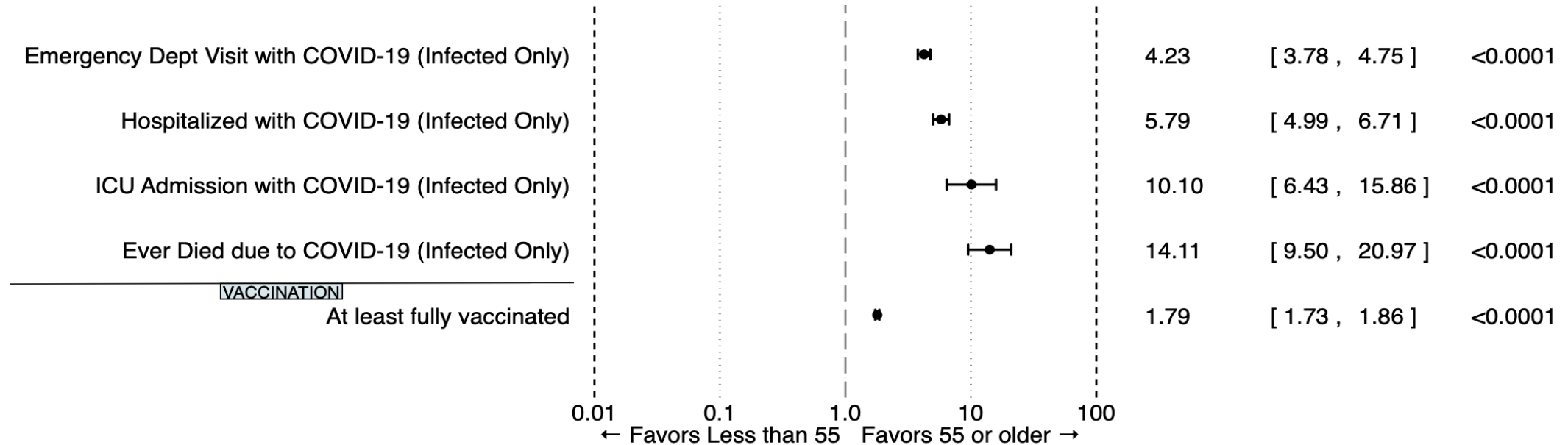
Condition	Population in State/Federal Prisons	Population in Jails	US Population
Hypertension	30.2	26.3	18.1
Heart-Related Problems	9.8	10.4	2.9
Diabetes	9.0	7.2	6.5
Asthma	14.9	20.1	10.2
Stroke	1.8	2.3	0.7
Any Chronic Condition	43.9	44.7	31.0
Values are %. On the basis of data from the National Inmate Survey 2011 to 2013 (NIS-3), a survey of randomly selected people incarcerated in state prisons (N=3,833) and jails (N=5,494). General population estimates are from a community-based survey, the National Survey on Drug Use and Health, 2009 to 2012.			

More incarcerated older adults developed COVID



Kwan, Williams. The Impact Of COVID-19
on The Health Of Incarcerated Older
Adults in CA State Prisons. Health Aff
2022

Incarcerated older adults who develop COVID have worse outcomes than incarcerated younger adults – ED use, community hospitalization, ICU, death



Poor health persists following release to the community, particularly for older adults

- Mortality rate 12x higher among all ages than population norms
- ED use and hospitalization among older adults during reentry similar to patients in the last year of life
- Cognitive impairment risk factor for reincarceration (jail)



Adverse health impacts of incarceration continue throughout the lifespan



Original Investigation | Geriatrics

History of Incarceration and Its Association With Geriatric and Chronic Health Outcomes in Older Adulthood

Ilana R. Garcia-Grossman, MD; Irena Cenzer, PhD; Michael A. Steinman, MD; Brie A. Williams, MD, MS

Cross-sectional, population-based study of Health and Retirement Study data (US community-dwelling adults aged 50 years or older) who self-reported history of incarceration

1. At least 1 in 15 older US adults reported a history of incarceration in their lifetime
2. Any incarceration history (even of short duration) was associated with a 20% to 80% increased risk of common geriatric syndromes among older adults, even after accounting for socioeconomic factors

Inside carceral facilities, common age-related conditions can pose special challenges for older adults



Hearing impairment

- Can't hear other incarcerated people: Risk of arguments and physical confrontation
- Can't hear staff orders: Risk of rule violation charges

Urinary incontinence

- Safety risk when housed in small cells/close quarters with cellmates

Dementia & cognitive impairment is a rapidly growing concern – an area of recent research



- 3.3% of Medicare-eligible veterans had diagnosis of dementia (2.5%) or MCI (0.8%) before their most recent incarceration
- Those returning to the community had 32% higher prevalence of dementia than non-incarcerated population

Profound mismatch between functional abilities and the environment



Photo: California Department of Corrections and Rehabilitation

Functional impairment is a critical geriatric measure

- **Red flag**: Loss of any ADL can be a harbinger of major medical/psychosocial problems
- **Prognosis (life expectancy)**: Functional ability >> individual diseases
- **Resource Planning**: Projecting future long-term care needs, hospitalization, cost, mortality



Functional impairment is assessed by measuring Activities of Daily Living & Instrumental Activities of Daily Living

ADLs

- Feeding
- Bathing
- Dressing
- Transfers
- Toileting
- Ambulation

IADLs

- 
- Medications
 - Money
 - Shopping
 - Cooking
 - Housework
 - Telephone
 - Transportation

Daily prison tasks differ from those in the outside world



Daily prison tasks differ from those in the outside world



Image: John Bazemore/AP

Daily prison tasks differ from those in the outside world



Daily prison tasks differ from those in the outside world



Photo: africa-research.org

Daily prison tasks differ from those in the outside world



Photo: Justin Tallis/Getty

Daily prison tasks differ from those in the outside world



Photo: Justin Tallis/Getty

Daily prison tasks differ from those in the outside world



Image: California Dept. of Corrections & Rehabilitation

Daily prison tasks differ from those in the outside world



Image: California Dept. of Corrections & Rehabilitation

Extreme environmental differences require a new list of activities that affect independence in each housing unit

Activities of Daily Living for Prison (ADL-P)

- Dropping to the floor for alarms
- Standing for head count
- Getting to the dining hall for meals
- Hearing orders from staff
- Climbing on and off assigned bed



A unique list of ADL-Prison should be created for each housing unit that identifies activities needed for independence in that unit

Use ADL-P:

- In housing considerations for older adults
- To identify those in need of additional assistance or supervision



Emerging Areas of Research

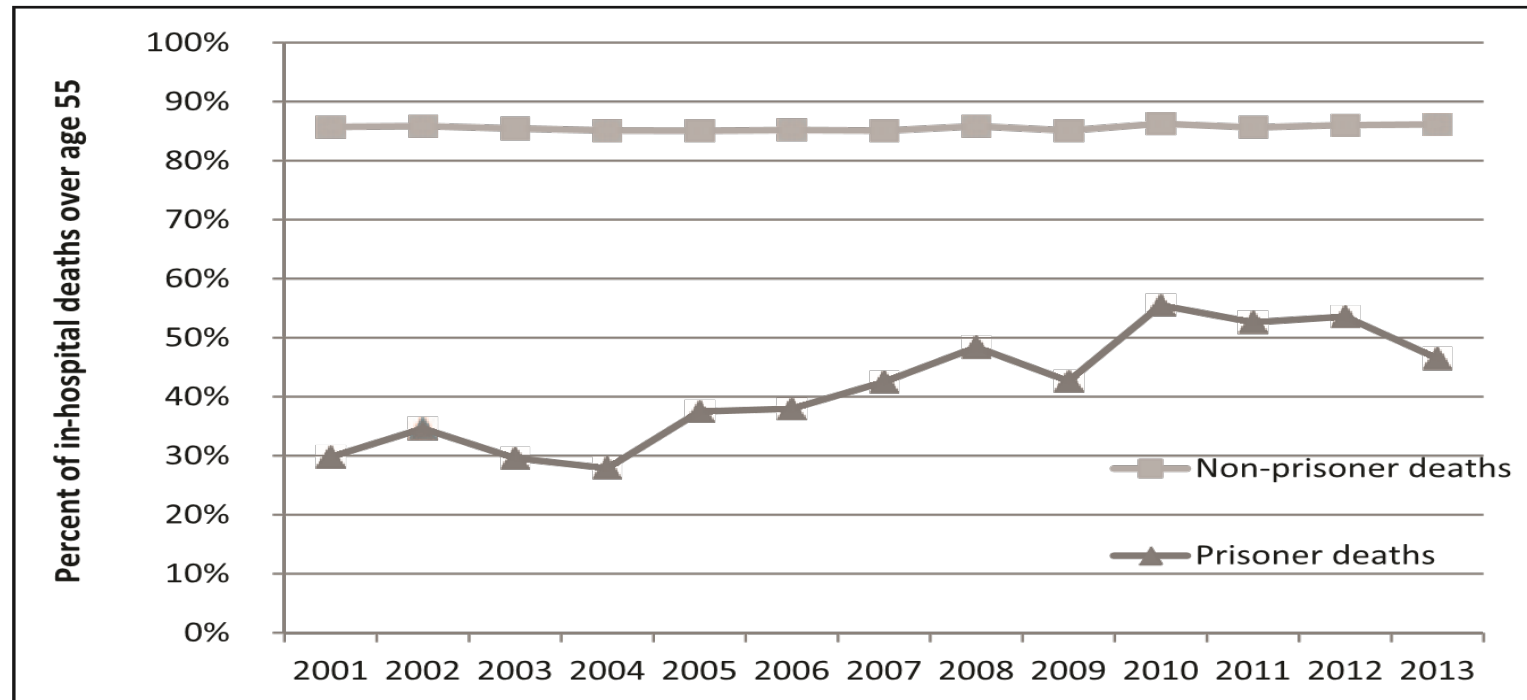
Training in aging-related health for police and correctional officers

"I learned about the conditions and hardships of aging. I plan to give elderly subjects and suspects more time. This will be very helpful on the street."



Aging of the carceral population also affects community hospitals since patients transfer to the community for serious illness

The age of incarcerated patients dying in community hospitals is rising... and there are increasing numbers of incarcerated patients in community hospitals



Studies are beginning to define and question differential care practices for incarcerated patients in community hospitals

IDEAS AND OPINIONS

Annals of Internal Medicine

Hospitalized While Incarcerated: Incarceration-Specific Care Practices

Farah Acher Kaiksow, MD, MPP; Brie A. Williams, MD, MS; and Lawrence A. Haber, MD

Journal of
Hospital Medicine

shm.
Society of Hospital Medicine

PERSPECTIVES IN HOSPITAL MEDICINE

Hospital care while incarcerated: A tale of two policies

Lawrence A. Haber MD ✉, Farah A. Kaiksow MD, MPP, Brie A. Williams MD, MS, Johanna T. Crane PhD

One focus: pervasive shackling of incarcerated patients in community hospitals and risk of “shackling ulcers”



- Clarify the difference between shackles and restraints
- Call to eliminate shackles for seriously ill patients just as they are in pregnancy

[J Gen Intern Med.](#) 2021 Jul; 36(7): 2146.

Published online 2021 Feb 24. doi: [10.1007/s11606-021-06654-3](https://doi.org/10.1007/s11606-021-06654-3)

Shackling Ulcer: an Upper Extremity Ulcer Secondary to Handcuffs

[Lawrence A. Haber](#), MD¹ and [Meghan O'Brien](#), MD, MBE

Shackling in the Hospital

Lawrence A. Haber, MD¹, Lisa A. Pratt, MD, MPH², Hans P. Erickson, JD³, and Brie A. Williams, MD, MS⁴

¹Division of Hospital Medicine, Department of Medicine, Priscilla Chan and Mark Zuckerberg San Francisco General Hospital and Trauma Center, University of California, 1001 Potrero Ave, Building 5, San Francisco, CA, USA; ²Department of Public Health, Jail Health Services, San Francisco, CA, USA; ³San Francisco General Hospital, San Francisco, CA, USA; ⁴San Francisco General Hospital, San Francisco, CA, USA



Emerging articles and studies offering guidance for ethical care of hospitalized, incarcerated patients

Ethical Care for Incarcerated Patients

1. SELF-DETERMINATION

Ability to choose what medical interventions they do or do not want

2. NAMING A PROXY

Ability to name a family member or friend as a medical proxy decision maker in the event they cannot make the decision themselves

3. COMMUNICATION

Ability to say goodbye to loved ones at end of life (e.g. video conference, phone call)

Guidelines for hospitalists on the ethical care of seriously ill patients in community hospitals

Rorvig L. Providing Ethical and Humane Care to Hospitalized, Incarcerated Patients With COVID-19. Am J Hosp Palliat Care. 2021 Jun

With population aging, death rates are increasing

People aged 55 or older account for:

- **12%** of state prison population
- **62%** of all state prison deaths* (2018 – pre-C19)

As of July 2023, COVID-19 alone accounted for 2,933 deaths**

Repeal of the Death in Custody Reporting Act: These are the last death data we will get for a while...

* Data from Bureau of Justice Statistics

**Data from The COVID Prison Project

Compassionate Release:

A policy response to rising deaths in prisons

Rooted in the ethical justifications for imprisonment:

- Punishment
- Rehabilitation
- Protection of the public
- Deterrence

These justifications may be undermined for patients:

- too ill / cognitively impaired to be aware of punishment
- too sick to participate in rehabilitation
- too functionally impaired to pose a risk to public safety

In 1984 (height of AIDS epidemic in prisons):

- U.S. Congress adopted compassionate release program
- Reduce sentences for those with “extraordinary and compelling circumstances,” (e.g., onset terminal illness)
- All state prison systems have done the same

Balancing Punishment and Compassion for Seriously Ill Prisoners

Brie A. Williams, MD; Rebecca L. Sudore, MD; Robert Greifinger, MD; and R. Sean Morrison, MD

Compassionate release is a program that allows some eligible, seriously ill prisoners to die outside of prison before sentence com-

passionate release because of many factors, such as an aging prison population, overcrowding, the increasing deaths in custody,

Despite its availability, compassionate release is **infrequently** used

some eligible, seriously ill prisoners are able to die outside of prison before sentence completion. The program functions on 2 premises: It is ethically and legally justifiable to release a subset of prisoners with life-limiting illnesses, and the financial costs to society of continuing to incarcerate such persons outweigh the benefits. The U.S. Federal Bureau of Prisons and most state systems have a compassionate- or medical-release program (1, 2). Due to increasing numbers of older prisoners, overcrowding, increasing numbers of in-prison deaths, and the soaring medical costs of the criminal justice system, correctional and public policy experts are calling for broader use of compassionate release (2–4).

Compassionate release consists of 2 entwined but dis-

tinguishing medical conditions, a condition that cannot be appropriately cared for within the prison, and a prisoner who poses no threat to society (4, 11).

Compassionate release was established under the premise that changes in health status may alter the justification for incarceration. Incarceration is based on the following 4 principles (4, 12): *retribution* through deprivation of liberty when other punishment is deemed insufficient, *rehabilitation* through drug treatment or educational programs, *deterrence* to committing future criminal acts, and *incapacitation* through separating prisoners from society to enhance public safety. These justifications may be substantially undermined for prisoners who are too ill or cognitively impaired to be aware of punishment, too sick to

Studies show profound knowledge barriers to successful use of compassionate release

Knowledge Barriers to Compassionate Release

Incarcerated people with life-limiting illness:

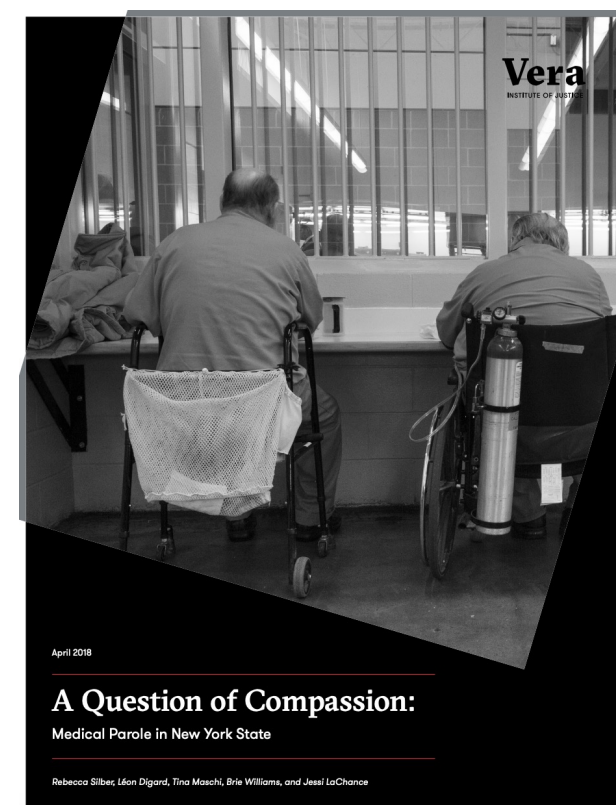
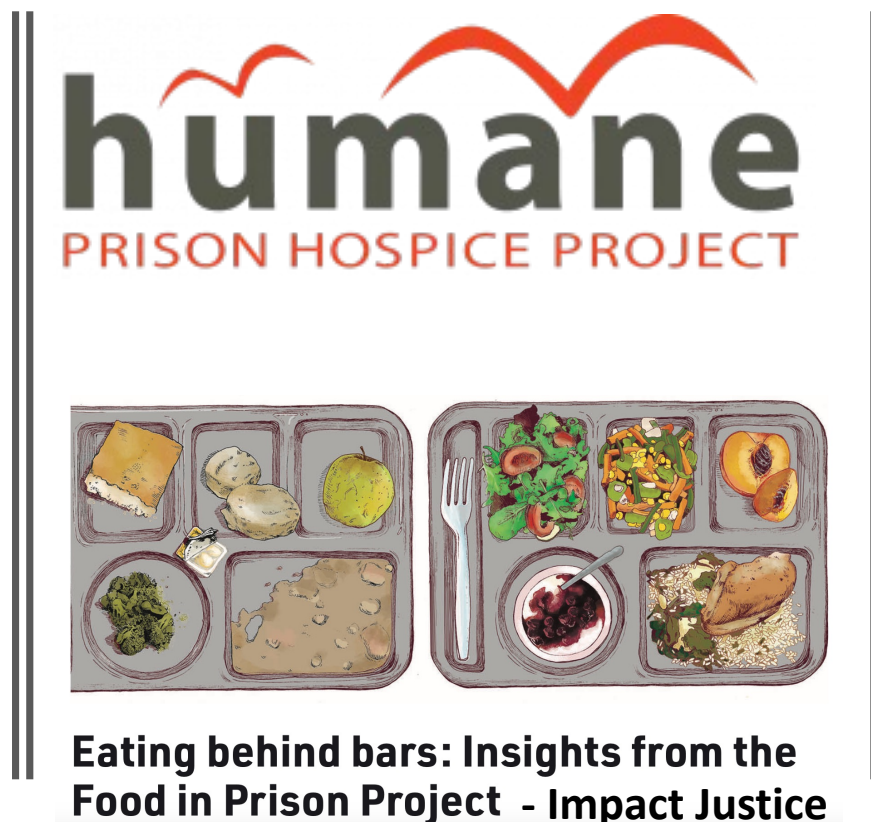
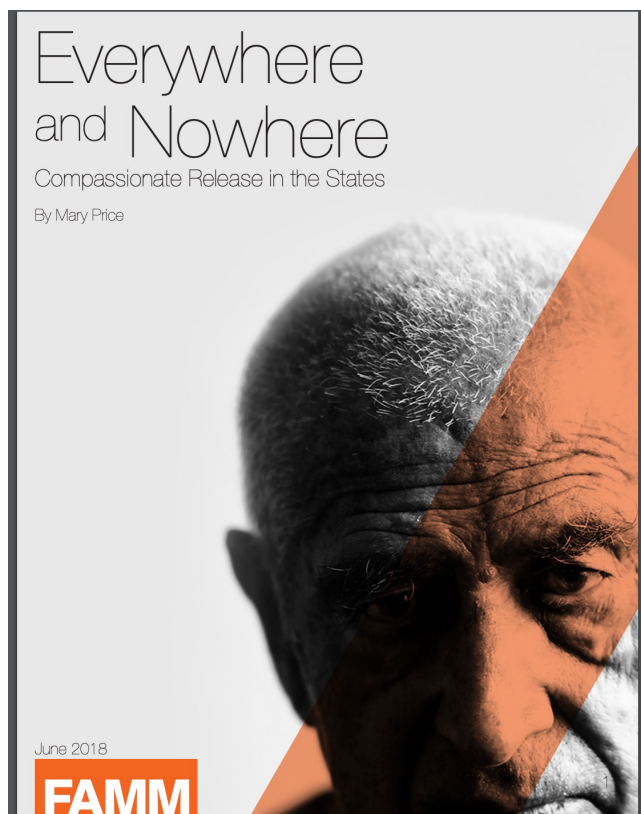
- 57% patients did not know enough about policies to request them
- 40% health care professionals had never referred a patient



Need for understanding the troubling, unique challenges of delivering high quality palliative care in prisons

"I've heard people say if someone is sentenced to, say, five years for a crime, then it's the physician's responsibility to ensure the person serves those five years - they would say 'we can't make you DNR because it's our responsibility to ensure you serve the five years you owe the state'."

"They see me as an agent of the state, and if I'm not more thoughtful in the way I present this [ACP], it sounds like the state wants to rub you out. 'We'd really like to give you less care, can you sign here'?"



Increasing numbers of academic healthcare research partnerships with community-based organizations and state governments

The ARCH Network (NIA - R24)

(Aging Research in Criminal Justice Health)

- **To bring together researchers from diverse fields** dedicated to studying healthcare needs & experiences of justice-involved older adults and people with life-limiting serious illness and the drivers of health disparities in this population
- **To support new and established researchers** through:
 1. Mentorship for junior investigators &/or those new to the field,
 2. Funding for pilot and exploratory research,
 3. Opportunities for multidisciplinary /community research partnerships

ARCH Executive Committee & Program Managers



Lisa C. Barry, PhD, MPH.
Associate Professor of Psychiatry
UConn Center On Aging



Jennifer James, PhD, MS, MSW
Assistant Professor
University of California, SF



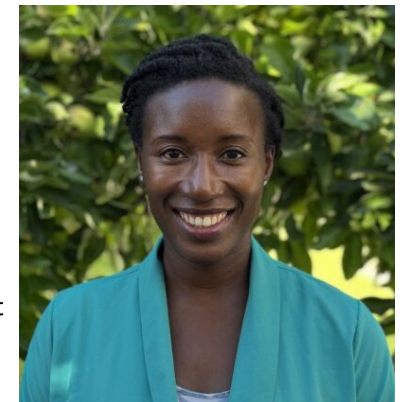
Duke Han, PhD
Professor of Family Medicine and Gerontology.
University of Southern California



Fernando Murillo
Training Manager
Palliative Care Initiative at the
Humane Prison Hospice Project



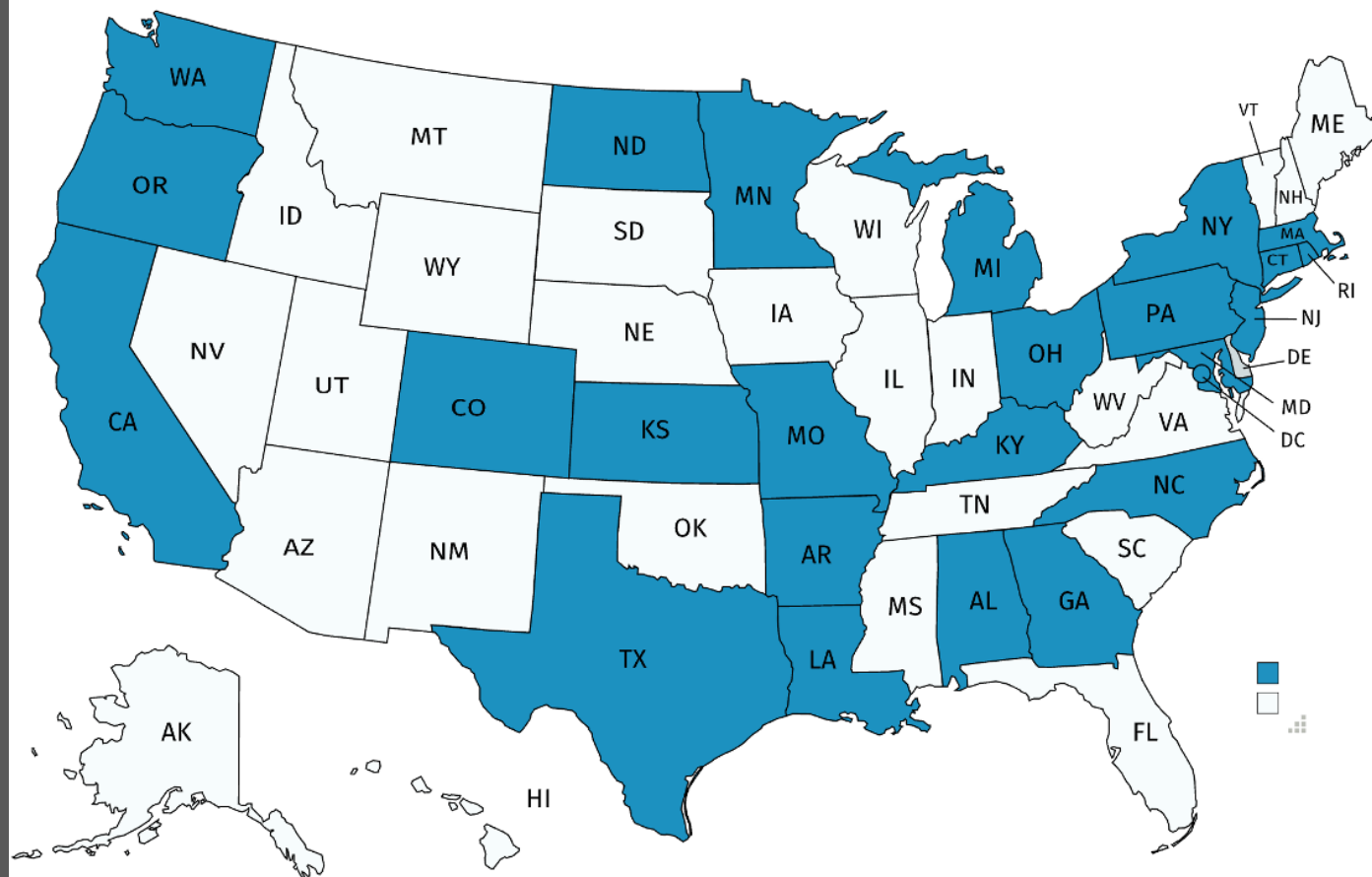
Shoka Marefat



Jamila Henderson

The ARCH Network (NIA - R24)

Who we are



- **288 Network Members**
(& growing!)
- **93 Affiliations**
- **Additional representation from 8 countries** (Australia, Belgium, Canada, England, France, Ireland, Japan, and Switzerland)



**An Aging and Seriously Ill Patient Population is
an End-Stage Symptom of Mass incarceration**

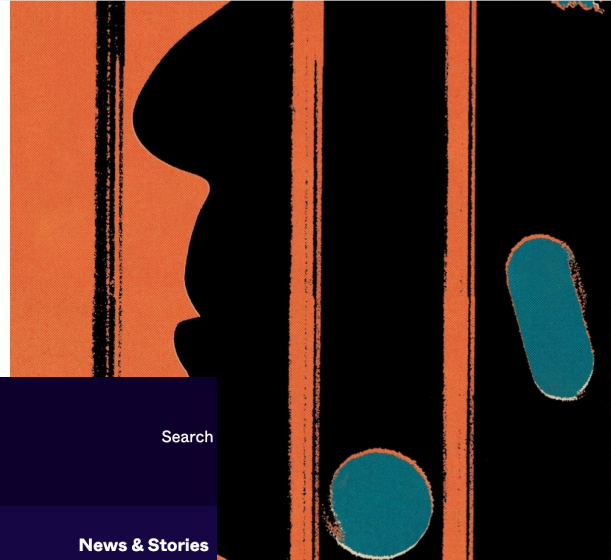
**There is a critical need for research investment
in this area**

My dad was ill. Could he survive the prison health-care system?



Perspective by [Hope Corrigan](#)
Editorial Initiatives Manager

January 27, 2024 at 7:00 a.m. EST



NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH



Shots HEALTH NEWS FROM NPR

POLICY-ISH

Death and redemption in an American prison

FEBRUARY 19, 2024 · 7:17 AM ET

FROM **KFF** HealthNews

By Markian Hawryluk



NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

INVESTIGATIONS

There is little scrutiny of 'natural' deaths behind bars

JANUARY 2, 2024 · 5:00 AM ET

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Vera

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No One Should Be Sentenced to Die in Prison



NEWSLETTERS SIGN IN

Incarcerating elders advance public safety

[Marta Nelson](#) Director of Sentencing Reform // [Erica B](#)

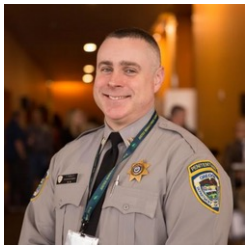
Jan 17, 2024

NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

NATIONAL

The U.S. prison population is rapidly graying. Prisons aren't built for what's coming

MARCH 11, 2024 · 5:12 AM ET



Many thanks to our funders & the ARCH Network and Amend teams



CURRENT FUNDERS

The Jacob & Valeria Langeloth Foundation

The Schusterman Family Foundation

Arnold Ventures

The National Institute on Aging

Individual Donors

Program manager support from CDCR, WA DOC, OR DOC



PAST FUNDERS

The National Palliative Care Research Center

The University of California Office of the President

CAMBIA Health Foundation

The Emerson Collective Fellowship

California Health Care Foundation

