The Importance of Caring for Aging Inmates

By David Young

Health care is a major topic of discussion for those working in corrections. Of most importance is the fact that inmate health care costs are primary drivers of state and local corrections budgets, with 9 to 30 percent of corrections costs associated with health care. As the prison population ages, health care costs will continue to increase. A report by the American Civil Liberties Union (ACLU) found that it costs $68,270 per year to house an inmate age 50 or older, compared to $34,135 per year to house any inmate on average.¹ The ACLU, along with other experts, criminologists and the National Institute of Corrections, considers the age of 50 as the age when an inmate becomes “elderly.”² Due to a number of factors associated with the prison environment, inmates age much more rapidly than civilians — an estimated 10 to 15 years ahead of their chronological age.³ Of additional importance regarding health care costs is the fact that compared to the general population, the majority of inmates have a disproportionately higher incidence of chronic health conditions, infectious diseases, sexually transmitted infections, addictive behaviors and medical and mental health comorbidity.

Correctional chaplains are seeing an increasing demand for their spiritual and compassionate care services as the U.S. prison population ages at an exponential rate. Between 2007 and 2010, the number of state and federal inmates ages 65 or older grew 94 times faster than the overall prison population.⁴ Experts project that by the year 2030, the number of elderly inmates will exceed 400,000, amounting to more than one-third of the total U.S. prison population.⁵ More elderly inmates are requiring personal and spiritual care assistance as they deal with chronic health conditions — arthritis, cancer, dementia, Alzheimer’s disease, cardiovascular disease, diabetes and other terminal illnesses. The need for geriatric care in correctional facilities mirrors our nation’s need as a whole. Beginning in January 2011, the “baby boomer” generation in the U.S. began turning 65 at the rate of 10,000 individuals per day, and will remain at that rate until 2030.⁶ As our nation ages, currently four in 10 adults are caring for a sick or elderly family member with a chronic illness.⁷

Correctional Chaplains and Hospice Care

The philosophy of hospice care is “holistic” in the sense of providing physical, emotional, social, mental and spiritual care and support during the final days of an inmate’s life. Whereas hospice care focuses on holistic care for those expected to die within six months, palliative care focuses on relieving and preventing pain and suffering by controlling symptoms and improving quality of life. The modern hospice movement began in the 1960s in England, and the first hospice in the U.S., Connecticut Hospice, was established in Branford, Conn., in 1974.⁸

Correctional chaplains are increasingly becoming more fully-engaged members of hospice/palliative care teams, working with frail, disabled and terminally-ill inmates. The first prison hospice programs began in the 1980s in the California Medical Facility in Vacaville, Calif., and the U.S. Medical Center for Federal Prisoners in Springfield, Mo. During the 1990s, several states launched correctional hospice and palliative care programs in collaboration with local community hospice agencies. By 2009, more than 75 prisons in 41 states had launched hospice and palliative care programs.⁹ One of the more notable hospice programs was established in January 1998 at the Louisiana State Penitentiary — the largest maximum-security correctional institution in the U.S.¹⁰ Approximately half of the more than 5,000 inmates at the Louisiana State Penitentiary are serving life sentences, and it is estimated that 85 percent of them will die while in prison.¹¹

One of the fastest-growing and underreported conditions of aging inmates is dementia — a condition that prisons are ill-prepared to handle. Prisons were never designed to be geriatric care facilities; however, some are establishing geriatric units. On Jan. 1, 2013, the Jefferson City Correctional Center in Jefferson City, Mo., opened a 36-bed geriatric wing to serve as a nursing home where elderly inmates in wheelchairs, on oxygen tanks or struggling with dementia can be isolated from the general prison population.
have produced guidelines for the
care of terminally-ill inmates.\(^2\) NPHA underscores the need to allow for
self-directed care at the end of life
because it is an essential component
of human dignity. Many prison hospice
programs use community hospice
volunteers in the same way that
they use other volunteers who have
been screened and oriented to appro-
priate security procedures. Some
prison hospice programs use trained
inmate volunteers as caretakers to
assist ailing inmates with some of the
more personal and intimate tasks —
such as showering, shaving, applying
lotions and deodorant, or dressing
and changing adult diapers.

In addition to providing spiritual
care and comfort to ailing inmates,
correctional chaplains are in
a unique position to be a key liaison
with family members, friends, hos-
pice volunteers and spiritual leaders
in the community. Correctional
chaplains need to be involved in every
step of the process of health care
planning for end-of-life, including
advance directives, living wills, burial
choices, do-not-resuscitate orders
and notification of death. On many
occasions involving the death of an
inmate while in prison, correctional
chaplains are called upon to assist
with funeral/memorial services and
to provide follow-up bereavement
care with correctional staff and other
inmates.

Caring matters most when
inmates are suffering and cannot care
for themselves, and when they are at
the end of their lives. According to
author Joe E. Pennel Jr., “Physical
presence, silence and sincerity are of
the utmost importance as we reach
out to those who suffer. The use of
these three elements can communicate
genuine care and concern. They
also can demonstrate an openness to
the pain of others.”\(^3\) Correctional
chaplains are called on to be “the
ministry of presence, silence and
sincerity” during an inmate’s final
days and hours.

ENDNOTES

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applying methods that are most suited
to their unique situations. Corrections
administrators and staff may often
have a vital role to play in support-
ing these individuals as they go
through the convoluted process of
seeking exoneration.

Understanding the causes of
wrongful convictions may help correc-
tional officers focus on such
cases and become more willing to
assist in exonerations, thus eventually
saving their agencies money in
reduced housing costs. Correctional
facilities become the end result (the
repository) for the wrongfully con-
victed. Correctional officers may now
be called upon to help bring justic-
to these wrongfully convicted
individuals. They may be able to pro-
vide input from a correctional per-
pective that can help streamline the
exoneration process and save their
facilities money.

ENDNOTES

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prosecutor under the fifth and 14th
amendments has a duty to disclose favor-
able evidence to defendants upon
request, if the evidence is “material” to
either guilt or punishment.

3 Researchers at Development Services
Group Inc., of Bethesda, Md., and Old
Dominion University in Norfolk, Va.,
conducted the study of California parolees.
To read their final report to NIJ titled
Monitoring High-Risk Sex Offenders
With GPS Technology: An Evaluation of the
California Supervision Program, visit
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