

[My dad was ill. Could he survive the prison health-care system?](#)

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



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(Vartika Sharma for the Washington Post)

In the moments after a Florida judge sentenced my 71-year-old father to nearly three years in prison, my mother held his face in her hands while the bailiff handcuffed him, and my sister and I sobbed as we pressed our faces to his shoulders. We promised to take care of him from afar and that he would come home safe and sound, a promise that grew increasingly hard to keep over the course of his sentence.

My father, a lawyer, was sentenced to almost three years in a Florida state prison, the maximum outlined under a plea agreement for racketeering. He had been charged with mishandling his law firm's money; he pleaded no contest and we avoided a public trial.

By the time of his sentencing, my dad was not a healthy man — he had a manageable but serious blood cancer that increased his risk of stroke and heart attack, and an autoimmune disorder that weakened one side of his body.

What we didn't know as he entered prison was that navigating the maddening world of corrections health care might not be enough to keep him healthy, and that even a short prison term can easily turn into a death sentence — a reality the [more than 1.2 million](#) people in U.S. correctional facilities face every day.

Shortened life spans, chronic needs

Every year in prison takes two years off a person's life expectancy, [according to research cited by the Prison Policy Initiative](#), a nonprofit organization that opposes mass incarceration. "Incarcerated people face enormous obstacles to achieving and maintaining good health," Prison Policy Initiative officials wrote in the 2022 report "[Chronic Punishment: The unmet health needs of people in state prisons.](#)"

Meanwhile, the Centers for Disease Control and Prevention notes that incarcerated people have higher rates of several chronic conditions, including HIV, hepatitis B and tuberculosis. Substance use and mental health disorders are also disproportionately high among prison populations, according to numerous sources. Yet a 2023 study from

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In many prisons, including my father's, inmates must request health-care services through corrections officers who have no medical training, and who often decide whether an issue is worthy of medical care. This means that even minor and nonfatal health issues that aren't life-threatening often result in needless suffering.

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There is a significant difference between U.S. prison health care and the services in other developed countries, according to Brie Williams, a geriatrics physician and professor of medicine in the University of California at San Francisco's Center for Vulnerable Populations. Williams has seen this firsthand in her work facilitating exchange programs between prison staff in Norway and the United States.

"Over the past 10 years, again and again, we are met with shock and confusion on the part of the correctional staff, security-level staff and leaders in Norway when they realize how many people are experiencing serious illness and dying in U.S. prisons," Williams said. To incarcerate someone until they die or to accept that one should die of a life-threatening illness in prison is "absolutely not the norm" in Norwegian prisons, she said.

Gnawing fears, troubling stories

In the first few months of my father's incarceration, I obsessively read prison forums and Facebook groups for family members of people in prison. Everything I read confirmed a gnawing fear that he was standing on a precipice between life and death — one correctional officer who denied a medical request, one nurse who ignored a plea for help or one day too long with a treatable illness could take him away from us forever.

My fear was not unfounded. Larry McCollum, a man in Texas who was incarcerated for writing a bad check, died of heat stroke during his 11-month sentence, the Texas Tribune reported. Walter Jordan, who was serving a life sentence in an Arizona prison, died from skin cancer that he might have survived with competent medical treatment, according to the ACLU.

Reason magazine investigated the case of an Alabama woman named Hazel McGary, who experienced high blood pressure and chest pain, was denied medical care and later collapsed in her cell in a federal prison. (The report said McGary's daughters desperately tried to contact prison officials to intervene in their mother's worsening health to no avail.)

Over the course of my father's incarceration, he would use a walker, be unable to sleep on top bunks, have trouble climbing stairs, and as many older people do, move slowly, which doesn't square with the militaristic pace of prison.

The summer after my father’s sentencing, [the Miami Herald reported a story](#) that terrified me: A woman named Cheryl Weimar alleged that Florida prison guards beat her and left her permanently paralyzed, after she said she couldn’t perform a task — scrubbing toilets — because of a hip condition. (Weimar’s attorney sued the state on her

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could have been easily prevented with compassionate care.

My father’s first health crisis

Three weeks into my father’s sentence, my sister called me while I was at work. “Dad is in the ICU. He’s stable and alive, but he had a serious ruptured stomach ulcer,” she said. Later, he told us he had been shackled to his hospital bed and under 24-hour guard while in the hospital.

In many cases, families are not alerted when an incarcerated relative is sent to a community hospital. We were warned by a family friend to refrain from calling local hospitals to find him because prison officials might move him to a different hospital if they heard we were trying to locate him.

When my father was finally released from the hospital, he was transferred to a prison hospital, one of a few across the state that have expanded services for medical care. (There is also a [prison nursing home](#) near Tampa that houses mostly elderly prisoners and those in hospice.)

“There is a constant and consistent fear that if you push too much, if you advocate too much, somehow there will be an equal and opposite force that harms your loved one.”

— Brie Williams, geriatrics physician and professor of medicine in the UCSF Center for Vulnerable Populations

When we visited him for the first time after his hospitalization, his blue prison uniform hung loose on his frail body as he pushed a walker. His hands and wrists were covered in abrasions from the shackles used during transport, and his feet and ankles were swollen and stuffed into a pair of shoes.

He slowly regained his health, eating mostly commissary food we paid for — and moving as much as he could. He became friends with a man on dialysis whom he pushed around in a wheelchair. My mother, sister and I developed a good rapport with the nursing staff, calling almost every day to ask for updates on his recovery and the medications he was taking.

We quickly learned how to thread a delicate needle: be advocates, loud enough that prison officials knew he had family watching and waiting, but not so loud that it seemed like we were asking for special treatment. In prison, the guards and nurses are in control. Be silent and your family member has no advocate. Push too hard and risk retaliation.

“There is a constant and consistent fear that if you push too much, if you advocate too much, somehow there will be an equal and opposite force that harms your loved one,” Williams said.

No air conditioning

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In an email, the Florida Department of Corrections told me the agency places “utmost importance on the healthcare and safety of our inmate population.” According to the corrections department’s 2022 annual [report](#), Florida state prisons housed more than 80,000 inmates. (The number does not include the 60,000 people in Florida’s local [jails](#).)

Just 1 in 4 Florida prison housing units have air conditioning, according to the corrections department. While some newer institutions were built with AC, “many current FDC facilities were constructed prior to air-conditioning being commonplace and were instead designed to facilitate airflow to provide natural cooling within them,” the department’s email said.

Staffing problems, long waits

Once, during a particularly bad bout of food poisoning, my father called us in pain, telling us the nursing staff refused him medication and that a staffer said his violent stomach problems were “because he’s old.” Over the phone, my father told us that the prison staff ordered him to stop calling us and saying he was sick. He received care only after we called the warden to complain.

Over the course of his incarceration, we heard about scabies outbreaks, dental issues, sleep deprivation and spells of bronchitis — problem after problem that could be fixed or avoided entirely with adequate care. We could see for ourselves my father’s decline when we visited every weekend — his swollen ankles, shuffling walk and rasping cough.

My father told us he would wait days, or even weeks, to see a doctor or receive care; he said a visit to a prison doctor sometimes involved sitting for six or seven hours on a bench outside the office. In an interview, a corrections industry official pointed to staffing levels as the top problem in prison health care.

“We know that when family members stay engaged, like when kids are still close to their moms or dads who are incarcerated, when there is a family support system when people return home or even when they’re inside, that the health of

“Remote areas are specifically challenged,” said Amy Panagopoulos, vice president of accreditation for the National Commission on Correctional Healthcare, a for-profit organization that provides voluntary accreditation for U.S. prisons and jails.

“They just can’t recruit not only the staff, but they can’t get dentists to come out. They can’t get these people to come and provide the care,” Panagopoulos said. The commission does not publicize its list of accredited facilities; as of now, about 500 facilities have applied for and received accreditation in the United States.

the incarcerated person is better.”

The American Correctional Association declined to comment for this story.

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The spread of covid-19 through Florida’s prisons compounded my family’s already relentless anxiety. Each morning, the number of deceased inmates in Florida ticked up. Visitation was canceled for all of 2020. Each morning I was relieved to hear that my father survived another night, and each night relieved that he had survived another day.

We were not alone in struggling to ensure adequate health care for our loved one in prison. A 2018 [study](#) by Cornell University and FWD.us, a criminal justice advocacy group, [found](#) that 1 in 7 people in the United States has an immediate family member who has been incarcerated for a year or more. Emily Wang, a physician and Yale University professor, said staying engaged with incarcerated loved ones and their care is crucial.

“We know that when family members stay engaged, like when kids are still close to their moms or dads who are incarcerated, when there is a family support system when people return home or even when they’re inside, that the health of the incarcerated person is better,” she said.

Back to the hospital

It took my father becoming even sicker for us to be granted a reprieve.

After another hospital visit, he was diagnosed with congestive heart failure, which would get only more serious without intervention, and would require him to use full-time oxygen.

My mother, sister and I applied for a [conditional medical release](#), a rarely used process that allows the state to release incarcerated people who meet a certain requirements: being extremely ill or incapacitated, generally with six months or less to live.

The terms of conditional, or compassionate, medical release [vary](#) state-by-state. Proponents of medical releases [argue](#) that not only are they the morally correct action, they also free states from the burden of providing expensive care to elderly and sick inmates; a 2012 ACLU report [estimates](#) the savings are over \$66,000 per year per inmate.

The panel granted our request, allowing my father to come home one month early, in September 2021, a crucial amount of time given his worsening health.

We drove him to his regular doctors who started him on medication to control his heart disease. We bought him new glasses and new clothes and made him meals at home. He slept soundly in his own bed for the first time since his sentencing, and sat in silence, finally free of the constant din of a prison dormitory.

In July 2023, almost two years after he was released from prison, my father passed away suddenly at age 75.

Our shock and grief are leavened by gratitude that he died in our care, holding our hands, comfortable and knowing

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A couple of weeks after my father died, I wrote to one of his friends who is still incarcerated to let him know the news. He wrote back: “We both found a comfortable connection of friendship in each other at a time when we both needed a lifeline. It was fortuitous that Jim and I had a common defender — you — and that we became roommates. ... I have no doubt that Jim’s prison sentence hurt his long-term health.”

It’s important, Williams said, to acknowledge that there are health-care professionals working in prisons and jails who care about optimizing care “for people who have been disregarded and have not received the quality health care they needed even in the community.”

My family saw the full spectrum of care in prison health care firsthand, but it took patience, effort and discretion to identify who was willing to help us and who wasn’t, time squeezed in between meetings and before work to do research and make phone calls.

Much of what we did to help my father navigate his health care during his incarceration was underwritten by privilege — time, money, race and education. Everyone should be able to fight for their incarcerated loved one to come home safely, but no one should have to.