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Aging inmates strain prisons' resources

North Carolina's sentencing practices produce soaring costs and pressing space needs

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RAEFORD - At 87, where Woodrow Williams wanders, his oxygen tube and tank follow.

Not that he's going far. Williams is a state prisoner and will likely spend the rest of his life at McCain Correctional Hospital paying for crimes he said he committed decades ago as an agile, reckless young man.

"Looks like they mean for me to give out in here," Williams said last week, tugging at the suspenders that keep his prison-issue pants from falling off his frail frame. "I sure would like to go home, but I get it."

Williams is a rapist. His 80-year-old arthritic roommate killed a man. Down the hall at McCain Correctional Hospital, a 59-year-old drunken driver is dying of cirrhosis of the liver.

Over the past decade, the number of inmates over 50 has tripled to nearly 3,500, accounting for nearly 10 percent of all prisoners. Those numbers are expected to balloon in years to come as judges hand down sentences that ensure that inmates will die in prison.

The state is paying as prison officials scramble to transform prisons into nursing homes and hospital wards. Since 2003, the state Department of Correction's medical budget has jumped more than \$58 million, a 42 percent increase.

"It's not a matter of locking them up and throwing away the key," said Paula Smith, medical director for the Correction Department. "We've got people like granny and granddaddy in here, and we must take care of them."

It's easy to pinpoint the reason for the ballooning elderly prison population.

North Carolina legislators did away with parole in 1994 and established hard and fast prison terms for every crime. Inmates sentenced since 1994 serve their entire terms, and those committed for life will die in prison.

Prison officials must nurse them through their geriatric years. Two years ago, prison officials turned a dorm at Randolph Correctional Center in Asheboro into a nursing home; nearly 100 inmates are on a waiting list to get there. Nurses hand out morning pills and make sure Alzheimer's patients don't wander.

In the 1980s, state leaders turned an abandoned tuberculosis sanitarium in Raeford, in Hoke County about 75 miles southwest of Raleigh, into McCain Correctional Hospital to help treat sick inmates. There's another hospital and mental health facility at Central Prison in Raleigh.

This month, the department will break ground on a \$152 million hospital and mental health facility at Central Prison. The facility will add 120 more inpatient beds and double the capacity of the mental hospital to 216.

The costs of care

The new hospital is supposed to ease the number of ill inmates sent out to private hospitals, which accounted for the biggest jump in prison medical costs. In the year ended June 30, 2006, the state racked up more than \$50 million in bills from private hospitals commissioned to take care of the sickest prisoners. To add to the cost, a correctional officer must guard them 24 hours a day while they stay at hospitals such as WakeMed or Duke.

That cost won't go away completely. The Department of Correction won't ever handle the sickest inmates at its prisons. Intensive care patients must be handled at community hospitals. From 2004 through 2006, the state paid a \$650,000 bill for an inmate's treatment for respiratory failure and personality disorder.

There's not much prison officials can do to tackle the problem. Inmates enter their system already prone to breaking down. They've often lived hard -- abusing drugs and their bodies -- and had inconsistent access to doctors.

"Many of them have never had health care before coming to us," Smith said. "They know they've neglected their bodies when they've been living on the street."

Prisoners age fast. Doctors who treat inmates expect to find their bodies declining 10 years ahead of their age.

Archie Miller, 63, had his first heart attack a year before a judge ordered him to prison for 20 years. He was 52.

An adulthood spent driving tractor-trailers has landed him in a wheelchair, a bulging disk and pinched nerve robbing his legs of feeling most days. Since he has been in prison, the ailments are piling on. He has diabetes. He has an aneurysm in his abdomen. His sight is going, too.

"I guess I was never too good to myself on the outside," said Miller, who was convicted of a

first-degree sex offense in Rowan County.

Dying at home is rare

Prison officials sometimes allow inmates to die at home but only in rare circumstances. They are still considered prisoners but are allowed to finish serving their sentence at home. The release happens only at the behest of the medical director. The state secretary of crime control and public safety can, and does, veto the release of some of these inmates.

This year, senators debated a bill that would allow more sick inmates to go home to die. They would be relieved of the rest of their sentences and allowed to spend their final days with family.

It made sense from a financial standpoint. Some senators, however, didn't like the idea of letting criminals go early, despite their bad health, said state Sen. Tony Rand, a Fayetteville Democrat and sponsor of the bill.

"Most everybody seemed to think it was a good idea," Rand said. "But when you're involved with 'gotcha' politics and people are judged in 30-second sound bites, it takes a lot longer to get things done."

Rand said the Senate will take up the bill again next session.

Miller, the inmate, fears any kind of relief will be too late for him. He doubts he'll survive the 10 years left on his sentence to make it to the other side of McCain's barbed-wire fence.

(News researcher Denise Jones contributed to this report.)

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