

# VERMONTJUSTJUSTICE

Presentation to Joint Legislative Justice Oversight Committee

Tuesday August 8, 2023

# Who we are and why we are here

- Group of people with family members incarcerated, formerly incarcerated, and community members in solidarity
- Focus on healthcare given the many recent deaths, especially after David Mitchell's tragic death in April
- In our experience, DOC will not share the truth of what people are experiencing, so we need to provide that transparency ourselves
- We collected anonymous stories documenting people's experiences with healthcare in Vermont prisons and submitted them to this committee

# Takeaways from collecting stories

- Comprehensive lack of mental health services
- Lack of skill and resources among healthcare workers in prisons
- Many barriers preventing action to address urgent medical needs
- Changes to protocols when people become incarcerated
- Deaths soon after release, in addition to those during incarceration, due to lack of care in prison
- DOC culture and structure make it difficult for incarcerated people to get the care they need and have their grievances addressed

# “Older and Sicker”

- DOC uses this line to blame the victims, but it obscures the fact that these dynamics are created by prison environments and sentencing policies
- Prison makes people sicker
  - Incarcerated Population: Anxiety 73%, Depression 71%, PTSD 53%, Overweight or Obese 38%, High Blood Pressure 26%, Alcohol or Substance Use Disorder 16%
  - Corrections Staff: Anxiety 59%, Depression 44%, PTSD 41%, Overweight or Obese 41%, High Blood Pressure 43%, Alcohol or Substance Use Disorder 24%
  - [\(Data from most recent PRIN survey at SSCF\)](#)
- Older population created by longer sentences
  - Sentencing reform can address aging population
  - If people are so old and sick, they probably don't present a threat to the community

## Responding to questions this committee asked in July

- Nutrition
  - What are people given? What is available to purchase?
- Suicide Protocols
  - Coercive or supportive?
- Mental Health Treatment %
  - What does mental health care in prison actually entail?
- Turnaround time for sick slips
  - What is the goal? When do people get the treatment they need?

# Healthcare in Prison vs. in the Community

- In Vermont Prisons
  - File a sick slip. Will there be a timely response? Will a medical professional ever see the sick slip, let alone see the individual who needs treatment?
  - If seen by a provider it most likely will not be that day and will be telehealth, with no hands on care
  - Treatment only to suppress symptoms, with little attempt to address the root cause of the health issue. No follow up appointment until another sick slip is filed.
  - Unable to phone provider for advice. A case has to be grieved to the Defender General's office to litigate for out of prison care.
  - Does not move beyond initial treatment until there is an emergency. Treatable ailments become serious issues and serious issues become chronic or fatal.
- In the Community
  - In-person appointment
  - Hands on assessment
  - Conservative, evidence-based treatment implemented with appropriate tests or treatments to identify and address root of problem, not just minimize symptoms
  - Follow up appointment
  - Freedom to call doctors and directly voice concerns
  - At next appointment, there will be a referral to specialist if situation was not resolved

# The gap between the community and corrections

- People are left behind both going into incarceration and when they return to the community
- Going in
  - Disrupts relationships with providers in community
  - Prescriptions and protocols changed without consent
- Coming out
  - Not covered by private insurance or registered for Medicaid
  - Vulnerable time without crucial medications and treatments

# Concerns about Wellpath

- Recent history of many for-profit companies providing similar care in Vermont
  - Change in who makes the profit, while staff, practices, and shortcomings remain the same
- [Wellpath has an extensive list of scandals and criticism](#)
  - “Wellpath continues to be mired in regulatory and reputational risk related to conditions that have endangered and harmed patients under its care”
  - “Recent investigations indicate that Wellpath facilities are characterized by poor intake and screening; difficulty accessing care; and inconsistent medication management practices”
  - “Inadequate staffing at Wellpath facilities has contributed to concerns about access to care; psychiatric staff are given caseloads in excess of what is reasonably manageable”



# Changes we hope to see

We need better healthcare for people in prison

- Independent medical oversight by a Vermont non-DOC provider on a weekly basis
- Maintain continuity of care prescribed by community provider
- Evidence-based practices equivalent to Vermont Medicaid which is the minimal accepted community standard of care.

But we realize the barriers to consensual care in prisons, so we also need to focus on getting people out

- Detainees
- Sentencing Reform
  - Good Time for all
  - Second look
  - End LWOP
- No new prison - invest in communities, not cages

# Recommendations for Wellpath

- The job requirements for your RN's, LPN's, PA's, NP's, and MD's list CPR certification only. With the recent deaths and multiple emergency room visits, we recommend that your healthcare staff become ACLS certified.
- We recommend increasing your staffing in the medical department so that sick slips can be answered every time one is filed and that there is follow up in writing to each request.
- We recommend following the care a person was provided in the community.
- We recommend that every nurse has the basic skill and training to start an IV in an emergency.
- We recommend that an individual held in the infirmary is cared for by a nurse who is trained to read a cardiac monitor, interpret vital signs, and operate emergency equipment.

# Questions for Wellpath

- What menu of services are available? What is your approach to preventive care?
- How much mental health treatment is available? What range of options? What therapy is provided? In what forms? What theories are used?
- How is treatment documented? How can you remove any barriers that exist to allow for records to be audited?

## Questions for Commissioner Deml

- At the July meeting you mentioned more than 300 ED visits. Those records need to be reviewed by a medical professional.
- What was the diagnosis and what was the outcome?
  - Knowing the details of these visits can help inform a preventative model going forward. This will also help us see if medical issues were ignored until they met an emergency threshold.
  - This should be done in the following 8 weeks to prevent further deaths and serious exacerbations of illnesses and reported back to this legislative committee.