

## TOP STORY ■■■

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## States expand videoconferencing in prisons

By John Gramlich, Stateline.org Staff Writer

Faced with the high costs of transporting and escorting sick inmates to the doctor, states are expanding their use of videoconferencing to provide health consultations to prisoners without resorting to costly — and sometimes dangerous — off-site trips.

Illinois is considering joining at least 26 other states that use “telemedicine” to help sick prisoners get advice from doctors, according to Derek Schnapp, a spokesman with the state Department of Corrections. State prison officials recently met with their counterparts from Texas — which has been using telemedicine for years and is considered a national leader — to discuss whether it should be introduced in Illinois, Schnapp said.

Elsewhere, videoconferencing in prisons and jails is replacing inmates’ in-person trips to the courtroom or parole board, and even the way family members visit.

Supporters say the technology saves money when few states have funds to spare; Arizona, for instance, saved \$237,000 in 2008 by using telemedicine at nine correctional facilities, according to the state Department of Corrections. But some have criticized the expansion of videoconferencing.

Relying on technology to keep inmates behind bars makes them “disappear more and more from the public consciousness, and I think there’s a (negative) long-term consequence of that,” said Nancy Stoller, a professor at the University of California-Santa Cruz and the coordinator of a jail and prison task force at the American Public Health Association.

Telemedicine is not a new invention, but experts say the recession could drive more states to consider it. Many of those that already rely on telemedicine, meanwhile, are using it for a wider range of purposes.

In Georgia, about 700 of the state prison system’s 1,000 monthly videoconference consultations between doctors and inmates are for psychiatric — not physical — problems, said Alan Adams, director of the Office of Health Services for the Georgia Department of Corrections.

Adams said he is surprised at how popular “telepsychiatry” — as the practice is called — has proven among doctors and inmates alike. Prisoners who might otherwise have reservations about face-to-face psychiatric evaluations, Adams said, tend to speak more openly when they are connected to doctors through a video link.

“It takes some of the personal nature of the contact away and allows the inmate to be more open and free,” Adams said, predicting that more states will use telepsychiatry.

Telemedicine and telepsychiatry work by letting inmates and doctors communicate with each other using interactive, real-time audio and video links.

The practice — which has been praised by the [U.S. Department of Justice](#) and the National Commission on Correctional Health Care — is most often used for consultation, not treatment. Doctors, for example, can check up on inmates after they have had surgery and recommend further action. On-site nurses usually assist the doctors by employing stethoscopes, taking

inmates' blood pressure and carrying out other in-person tasks.

Cost savings can be especially significant when inmates are located in rural prisons that can be hundreds of miles away from specialists. A 2006 [California legislative audit](#), meanwhile, noted that telemedicine also can save taxpayer money because it allows a larger pool of medical providers — not just those in the vicinity of a state prison — to compete for state contracts.

Many states also are using videoconferencing to avoid transporting prisoners to court for arraignments and other initial appearances, according to Greg Hurley, an analyst with the National Center for State Courts, which researches court trends across the nation. Parole hearings also can be conducted by videoconference.

Connecticut last year finished installing videoconferencing equipment at all 18 of its state correctional facilities and the state's court system is studying ways to expand the practice. The state's corrections commissioner, Theresa Lantz, noted that videoconferencing saves the state money it would otherwise have to spend on vehicles, gasoline, correctional officers and overtime.

Illinois and other states also are looking at videoconferencing to let prisoners talk with family members who might not be able to make the trip to visit them in person.

Four states — Florida, Texas, Utah and Wisconsin — recently have changed their laws to allow so-called “[virtual visitation](#)” as an option in family court, allowing some divorced parents to “visit” their children using Skype and other video communications programs. Now, there is a growing push among prisoner advocates to allow virtual visitation for those behind bars as well.

The Pennsylvania Prison Society, a nonprofit advocacy group, has [partnered](#) with the state Department of Corrections since 2001 to allow inmates' families to come to the organization's offices and speak on a video link with their loved ones serving time. A 55-minute session costs the family \$20, according to the group's Web site.

While virtual visitation has primarily been hailed for making visitations between inmates and their families easier, some state officials see savings for the taxpayer as well.

When family members don't come to visit inmates in prison, “that's one less person that has to be searched. That's one less person you need to use full-time staff to keep an eye on during visitation,” said Michael Nail, deputy director of the corrections division for the Georgia Department of Corrections. In addition, Nail said, videoconferencing reduces the possibility that contraband material — such as drugs or weapons — will find its way into prison.

Indeed, concerns about public safety have played a major role in the expansion of videoconferencing behind bars. That is particularly true in states that have seen correctional officers, medical professionals or others assaulted — or even killed — during inmate trips away from prison.

In June 2007, for example, a 27-year-old white supremacist doing time at the Utah State Prison stole a gun from a 60-year-old correctional officer who was overseeing him during a trip to a Salt Lake City medical center for an MRI. The inmate, Curtis Allgier, killed the officer before being tracked down and arrested by the authorities at a city fast-food restaurant.

The incident — which rocked Utah and made national headlines — resulted in a series of changes in the Utah's correctional facilities, said Angie Welling, a spokeswoman with the state corrections department. Utah State Prison now offers MRIs and dialysis on site, and the state

has expanded its use of telemedicine to cover specialized areas of medicine: cardiology, dermatology, obstetrics and orthopedics. The aim is to cut down on potentially deadly trips to the hospital.

“It’s sad to think that something of that tragic nature is necessary to kick-start some of these initiatives,” Welling said.

But the proliferation of videoconferencing equipment in prisons and jails has not come without criticism.

The American Federation of State, County and Municipal Employees, a state workers’ union, has criticized Illinois officials for considering using telemedicine — which may cut down on the need for correctional officers in some settings. “At face value, we don’t believe telemedicine in prison settings is a good idea,” an AFSCME spokesman [told the \*Quad-City Times\*](#).

Others have questioned the long-term implications of using videoconferencing for health care and other purposes. Stoller, the University of California-Santa Cruz professor, questioned whether the quality of care offered through telemedicine consultations compares to seeing a doctor in person.

Expanded videoconferencing could have long-term consequences on prisoners’ mental health and their ability to interact effectively with others, she said.

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