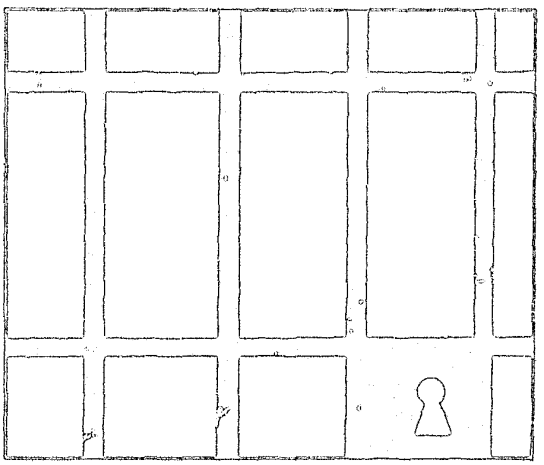
# PROCEEDINGS

# 2nd National Conference on Medical Care and Health Services in Correctional Institutions



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# JAIL AND PRISON DEATHS: *

## A FIVE-YEAR STATEWIDE SURVEY OF 223 DEATHS IN POLICE CUSTODY

## NORTH CAROLINA 1972-1976

One goal of the North Carolina Medical Examiner System is reduction of homicides, suicides, accidental deaths, and untimely natural deaths. To this end we directed an analysis and evaluation of deaths in custody. We assumed we might not only demonstrat specific problems but also identify characteristics among the victims and the circumstances of their deaths that would facilitate problem solution. This is a short report of our project.

By statute and by custom all deaths in police custody in North Carolina are investigated by medical examiners. Policy requires autopsy for each victim. Our data are derived from medical examiner, autopsy and toxicology reports plus information from jail and prison authorities whom we found interested and cooperative. During the five year scope of the study, 1972 through 1976, the North Carolina population was approximately 5.4 million persons living in small cities and towns and on small farms. The racial proportions were about 75% white, 24% black and 1% American Indian.

We distinguished between deaths of inmates or patients in the jails and those in the prison system in several categories. The approximately 110 jails are primarily county and municipal facilities and house new arrestees, prisoners awaiting trial and those serving misdemeanor sentences of usually less than six months. This system had about 200,000 admissions per year with an average daily census of about 28,000. Although the daily census indicates approximately equal numbers of whites and non-whites, the admission rate is about 3:2, white:non-white. The state's Department of Corrections operates over 80 prison units comprising a variety of facilities including Central Prison with its hospital which provides definitive medical and surgical care for the entire prison system and jails. The prison inmates are convicted persons serving sentences for felonies and the more serious misdemeanors. They number about 12,000 including about 1200 at Central Prison. The sex and race proportions are as illustrated.

So called natural disease processes accounted for nearly one-half (102) of the 223 deaths. Seventy suicides were a third of the total. Accidents and homicides comprised a tenth each, but nearly half of the latter resulted

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from a single act of arson. In four instances, less than two percent, the manner remained obscure although the causes were evident.

In the natural category, we attributed death to that common but medically poorly understood process, alcohol withdrawal syndrome in 30 prisoners, typically middle aged alcoholics. "Fatty liver" and "DT's" are terms also frequently used for this entity. Most of these deaths occurred within the first three days of incarceration. It was clear in our review that several known alcoholics were jailed on public drunk charges when their problem was alcohol withdrawal or delerium tremens, not intoxication. Various manifestations of arteriosclerotic coronary heart disease accounted for thirty-five deaths. The period of incarceration varied from hours to many years. A wide variety of other diseases accounted for death in the remaining one-third of the natural deaths.

Three types of accidents accounted for 18 of the 25 fatal accidents. The five acute drug abuse deaths involved pentazocine (Talwin) in Central Prison, barbiturate in prison camp, Freon (antiperspirant) and tetrachlorethane (Nu-Type) in prison youth centers and heroin in a county jail. The five falls were alcohol and/or seizure-disorder related and closely followed admission to county jails. Acute alcohol poisoning killed eight. Each of these victims had been incarcerated a few hours before death on public drunk charges. They continued to absorb recently ingested alcohol from their stomachs and reached fatal alcohol concentrations while their jailors and fellow prisoners assumed they were "sleeping if off." Seven had recently ingested at least a fifth of a gallon of whiskey, one had been drinking methanol. All but one were white and their average age was 60 years (two were 73). The mean blood alcohol concentration of the seven whiskey drinkers was 420 mg/dl or 0.42% by weight.

Suicide was the manner of death for 70 prisoners, a grimly impressive one-third of all deaths in custody. A disproportionate 54 of the 70 suicide victims were white males, predominantly under age 40. Not only were the suicides concentrated in the first day, but more than half of the total suicides occurred in the first twelve hours of incarceration. Twenty-one percent took place in the first three hours! "Post-alcoholic depression," to which some have attributed this phenomenon, appears to be a poor explanation. Of the 34 taking their own lives in the first 12 hours, 85% were intoxicated at the time of death. Their average or mean BAC was 190 mg/dl. The majority of the suicide victims had been booked on alcohol related charges such as "public drunk" and "DUI". It is estimated that over one-half of confinements to jails in North Carolina involve intoxicated persons. Sixty-five of the seventy suicide victims hanged themselves. Twenty-seven of these used a belt. It is still not standard procedure to deprive even the intoxicated jailee of his belt in many of our facilities. One of our jails had in four years five hangings, four of which involved belts. In the two years since policy changed and belts were routinely removed, there have been no successful suicides, despite at least five unsuccessful efforts, four of which were hanging attempts.

Sufficient time was consumed and commotion created in the attempts with non-belt material that the efforts were discovered and thwarted. Not one of those would-be victims has subsequently taken his or her life.

Homicide is a miscellaneous group that includes, in addition to prisoners killing prisoners, one or two receiving a subsequently fatal injury from "friends" prior to arrest, one shot escaping, a shooting by a deputy during booking, one still under investigation wherein the arresting officer may have inflicted the fatal beating, and nine victims of an arson event in a prison camp.

Four deaths were classified "undetermined" manner. One died in renal failure a few days after a DUI arrest with what may have been rhabdomyolytic myoglobinopathy. A delayed death with a barbiturate may as well have been suicide as accidental drug abuse overdose. The victim had been in a prison unit for months. The injury, if any, causing peritonitis in a prisoner soon after jailing was not discovered. A prisoner died with a subdural hematoma of several days development after being in jail less than 24 hours. Origin of the head trauma was not determined.

The next figure refers to the three, possibly four, deaths that occurred during escape or otherwise at the hands of captors.

Only four of the 223 were female. This figure relates their terminal problems.

We note that 97 of the fatalities occurred within the first 24 hours of custody. Most of these victims were arrested on charges directly related to alcohol. Regardless of the arrest, at least 51 of the 97 were intoxicated at the time of death. Among those dying after more than one but less than 30 days in custody, there was strikingly positive correlation between alcohol related arrest and fatty change in the liver, a good marker for alcohol abuse detectable at autopsy.

In conclusion, we strongly believe the toll of avoidable and untimely deaths in our jails and prisons, and yours, can be significantly reduced. Changes can be made that would not only be humanitarian but cost effective. We have identified four problems which not only represent the highest risk to prisoners but which may be those most easily remediable. These are:

1) deaths in jail due to alcohol withdrawal syndrome ("DT's").

2) failure to distinguish features of alcohol withdrawal from intoxication.

3) fatal alcohol overdose.

4) suicide in an obviously high risk group: relatively young, typically white, intoxicated males who have just been jailed.

It is our impression that the community, the citizenry, is generally concerned about investigation of deaths in custody only relative to so-called police brutality. This is ironical as the faults may more fairly be laid upon the community, the citizens, county officials and the medical profession. It is these who provide the handicaps, the guidelines, the constraints with which those who have custody of prisoners must work. Despite the progress of the past, there is great need for change.

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