Louisiana State Penitentiary’s hospice program receives national recognition

By LAURIE SMITH ANDERSON
Advocate staff writer

ANGOLA — “The doctor gave me six months, but I’m a pretty tough old boy. I plan to be around longer,” Barney Guy said with a smile.

Diagnosed with hepatitis C and cirrhosis of the liver, the 58-year-old inmate, serving a 99-year-sentence as a habitual offender, was the first patient to be admitted to Louisiana State Penitentiary’s new hospice program.

“I have good days and bad days but this program works for me,” Guy said as he visited with two fellow inmates who are hospice volunteers. “These guys are like family. They come see me. We play cards and pass the time.”

“And bring you candy,” fellow inmate Elliot David reminded his friend. “Peanut M&Ms. This guy used to cut my hair. He’s a good barber.”

With an aging prison population and illnesses such as HIV and hepatitis C, the hospice program was direly needed to respond to terminally ill inmates, according to Assistant Warden Dwayne McFatter, who oversees the hospice.

“One of the inmates’ biggest fears is that they will die in prison,” he said. “In reality, with so many serving life sentences and so few pardons granted, many will die in prison and we’re going to have to deal with that. In fact, 85 percent of our population is serving sentences of 20 years or more.”

One of 14 prison hospices in the country, Angola has been cited by the National Prison Hospice Foundation as a model program.

“Warden (Burl) Cain contacted us at the end of 1996, saying he wanted to implement a hospice at Angola and asked for our help. We looked around the country for another prison hospice program to model Angola’s program after and we didn’t find one that met all the components or met all the standards of the National Hospice Organization,” said Carol Evans, a New Orleans hospice social worker who acted as a consultant to Angola.

“We worked with the staff at Angola for a year holding training sessions, structuring the program and creating policies to meet hospice standards within a prison environment,” she said. “I am satisfied that all the components are there and this program will, indeed, become a model for others to follow.”

Inmates

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Inmates diagnosed as terminally ill come to hospice to receive “palliative care,” or treatment geared toward achieving a peaceful, comfortable death with dignity, as opposed to curative efforts.

Fellow inmates who volunteered to work with hospice designed a logo to use on a brochure and T-shirt; it reads HOSPICE, which stands for Helping Others Share (Their) Pain Inside Correctional Environment.

Inmates contribute their time, work and resources to the program; some are helping build wooden coffins for burials on site.

Others work with clubs within the prison that support the program in other ways. One of the clubs supplies foods not normally served at Angola; hospice patients can order pizza or fried catfish from them at no cost.

Hospice patients are also allowed more liberal family visitation rights; those whose family can’t come may, if they wish, make a videotape to send.

Another effort is ongoing to build a small chapel right beside the prison hospital, where services and funerals can be held.

The inmate volunteers receive no remuneration for their efforts, not even time off from work. They visit the patients several times a week and, when their time of death comes, sit vigil for the last days.

Normis Henderson is one of the hospice volunteers who visits with Guy. “I used to take care of my grandmother when she was sick. Those of us who’ve been here for a long time become family. Barney and I lived in the same dorm. I’m fortunate to be alive and well, but someday I may be here — as a patient. Nobody wants to live in isolation.”

Nearly two dozen volunteer inmates now work with hospice; another group will undergo training in June, according to Tanya Tillman, the registered nurse who coordinates the volunteers. Henderson will be a peer educator for the new group.

Six patients are currently enrolled in hospice, although numbers are expected to grow.

Wardens from other correctional institutions in the state have been informed that they can transfer their terminally ill patients to Angola’s hospice.

The interdisciplinary team approach uses: doctors, nurses, social workers, chaplains, volunteers, prison administrators and security personnel and others (dietitians, pharmacists, etc.) as needed.

George Fine, 59, found out he was HIV positive six months ago. Soon after, he was also diagnosed with hepatitis C and an aneurysm.

“I don’t know which one will get me first,” Fine said. “You know we’re all terminal. I just thank God that I’m aware of my time and that I have been called to repentance. Next to being free, this is the best place for me to be. You know I seldom think about being terminally ill. My spirits are pretty good.”

Inmate J.D. Parrish said he contributes $50 in personal income to hospice each month. “When you’re in prison for 14 years, you think about dying and it’s an awful feeling to think you might die here and nobody would care. That’s why this is so important.”