

Opinion: Failure to provide insulin to inmate was reckless and deadly

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When a person is arrested, they are denied their liberty, but they should not also be denied life's most basic necessities like food, water or air. It has been said that insulin is "like oxygen" for a person with diabetes. Without it, they can become extremely sick within hours or days with diabetic ketoacidosis (DKA), a potentially life-threatening complication. We were deeply troubled by the [death of Keith Galen Bach](#) who died from diabetic ketoacidosis after being denied his insulin while in custody at the San Diego County Jail. The county's medical examiner ruled his death a homicide based on this denial.

Prior to his arrest, Bach managed his diabetes effectively using an insulin pump, to deliver insulin, and a continuous glucose monitor (CGM), a wearable device that tracks blood glucose levels and provides real-time updates.

He told staff at the jail that he used an insulin pump and glucose monitor, and that the insulin in his pump would be depleted within about one day.

The jail never refilled his pump with insulin.

Without access to insulin, his blood glucose (blood sugar) levels began to rise precipitously. He told staff that he needed insulin. His insulin pump sounded an “empty” alarm. The next day, he was found unresponsive and not breathing in his cell. His blood glucose level was dangerously high.

While the coroner’s ruling on Bach’s death is unique in the strength with which it condemns the jail’s inaction, the circumstances leading up to the tragedy are not.

As legal professionals advocating on behalf of those living with diabetes, we know that too often incarcerated people with diabetes fail to receive adequate medical treatment. We have heard stories of people losing consciousness from untreated low blood glucose levels and people at elevated risk of infections being exposed to unsanitary conditions and poor wound care.

There are around 2.1 million people in U.S. detention facilities at any given time and it’s estimated that 9% of the incarcerated population has diagnosed diabetes. As with any disease, there are unique circumstances to be considered when it comes to diabetes care in detention facilities. By focusing on the basics of modern standards in diabetes care, incarcerated people with diabetes can get the care they need (and to which they are legally entitled).

This year, the American Diabetes Association updated its guidance on the treatment of diabetes in detention settings. The principle is simple: People with diabetes should receive care that meets national standards. Being incarcerated does not change these standards.

Diabetes care should start at the intake medical screening to identify people with diabetes and make sure they are provided appropriate treatment — starting with the development of a diabetes management plan. In many cases, this could be continuing existing medical orders from the person’s primary health care professional regarding glucose monitoring and administering insulin and medication.

Incarcerated people with diabetes should also have access to diabetes management tools, especially when they already use them. Insulin pumps and continuous glucose monitors are effective in helping manage blood glucose levels. There may be instances in a jail or prison where security issues make this impossible, but those should be considered on a case-by-

case basis. Just as an incarcerated person with asthma can be allowed to keep an inhaler with them, a person with diabetes should be allowed to use their diabetes management devices while they are detained.

Snacks with carbohydrates should be readily available to treat hypoglycemia, and meal timing should be coordinated with medication schedules.

When a person in detention is denied the essential tools of diabetes management — like insulin, glucose monitors, prescribed medications or emergency carbohydrates — the harm can come quickly and be deadly, as it was in Bach’s case. At the same time, the ability to properly manage diabetes in a jail, prison or elsewhere contributes to long-term health benefits for the individual, and with it, the avoidance of serious and extraordinarily costly health complications.

We offer our condolences to Bach’s loved ones. Every person with diabetes should have access to the treatment they need. The arrest of a person with diabetes should not be a death sentence.

Sherman is a staff attorney in the ADA’s Legal Advocacy Program and lives in Washington, D.C. Fischer is the chair of the ADA’s Legal Advocacy Subcommittee and one of the lawyers litigating a class-action case against San Diego County that seeks to improve conditions and access to health care in the county’s jail system. He lives in Berkeley. The attorneys are not representing the Bach family.

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