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## A Health Crisis Behind Bars?

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Private health contractors are cutting corners in patient care, with dire consequences, say inmate advocates.

Eighteen-year-old Aleshia Napier didn't have to die the way that she did.

The troubled young African-American woman hanged herself with a bed sheet five years ago in solitary confinement while incarcerated at Broward Correctional Institution in Fort Lauderdale, Fla., her family's lawyer, Randall Berg Jr., executive director of the [Florida Justice Institute](#), told *The Root*. Dogged by omnipotent and omnipresent demons, she had been diagnosed with bipolar disorder and clinical depression with psychotic features.

Her family recently settled a \$500,000 lawsuit over her death with the Florida Department of Corrections as well as [PHS Correctional Healthcare](#) and [MHM Services](#), the private companies contracted to provide medical and mental-health services, respectively, to inmates at the prison, Berg said.

"She was suicidal, and they did not provide her with mental-health services," Berg said. "They took her off suicide watch and put her in solitary confinement. They put her in a cell with all the potential protrusions to help her commit suicide. They gave her a bed sheet instead of a shroud or tear-away clothes. The psychiatrist was deliberately indifferent to her mental health care needs."

Napier's family is not alone. Scores of inmates across the nation are suffering at the hands of medical and mental health care contractors in prisons, where substandard or no treatment at all is received, according to Berg and other prisoner-rights advocates. While this has been a common lament during the more than two decades since the private prison health care industry sprung up, advocates are finding evidence of mounting violence resulting from improper medical care, as well as deaths because providers are understaffed or doctors are underqualified for their positions.

All of this comes at a time when companies across the nation are tightening their belts during one of the most obstinate recessions in recent history.

"If you take the part of HMOs where decisions are made by accountants and correctional services and you merge the two, you have privatized health care," Alex Friedmann, associate editor of [Prison Legal News](#), a prisoner-rights publication, told ***The Root***. "You have companies that are trying to earn a profit by providing as few services as they can because they want to make money. They are not there out of altruism."

Now some of these contractors are at the center of their own legal battles as advocates demand that government agencies and their contractors provide proper health care to inmates, some of whom, like Napier, have died in custody or have suffered permanent disabilities. It is unknown just how many state, federal and county agencies contract out these services because no one group tracks the numbers, Friedmann said, but there are several major providers that have come under intense scrutiny over the years.

Some of these private contractors are the St. Louis, Mo.-based [Correctional Medical Services](#); the Nashville-based companies PHS and [Correct Care Solutions](#); and the Birmingham, Ala.-based [NaphCare](#). PHS came under intense criticism and unwavering condemnation in 2005 following a [yearlong investigation by the New York Times](#) that uncovered abuses more typical of Third World conditions than of elaborate prison systems in a developed country like the United States. Findings included "flawed and sometimes lethal" medical care. One inmate, struggling with Parkinson's disease, died after a jail medical director cut off just a few of his 32 pills.

Private prison health care is a billion-dollar industry. It costs some states as much as \$47,000 to house a single prisoner, according to the ACLU Prison Project. While some elected officials argue that it is cost-efficient to contract out health care services, others say that it is a dangerous game to decrease services. It has gotten so bad that the NAACP has called for an investigation.

"We have asked the Federal Department of Prisons to provide some assessment of prison health care services and how they are being carried out," Hilary Shelton, director of the NAACP's Washington bureau and senior vice president for advocacy and policy, told ***The Root***. "Private contractors must adhere to the same civil rights protections that any government agency is held accountable for."

He said that poor prison health care disproportionately affects African Americans, who accounted for about 40 percent of the total prison and jail population of 7.2 million in 2009, according to the Bureau of Justice Statistics. (Blacks make up about 13 percent of the total U.S. population.)

Some cynics engage in the specious argument that prisoners lose their rights when they commit crimes, but cruel and unusual punishment is not an option, Shelton said. And not all inmates are behind bars for murder or brutal rape and assaults. Some are imprisoned for nonviolent crimes, such as drug possession, stealing and tax evasion.

"Too often we find the punishment outweighs the infraction," he said. "When people argue that we don't have to provide prisoners with basic human services because they bounced checks or used drugs, they're missing the point. If someone commits a crime, they have to pay the debt. But we know of too many cases where the courts have ruled that those who committed crimes have been abused far harsher than the crime they committed. For us to be the land of the free and home of the brave, it sends a disturbing message."

While Berg declined to reveal the nature of Napier's crime that led to her being locked behind bars, he said that prison and medical officials and doctors made a wrong decision in placing her in solitary confinement. They ignored her suicide profile when she was incarcerated on or about Jan. 18, 2006, he said. If doctors had read it, they would have known that Napier had attempted suicide on 12 different occasions, including three in the two years preceding her arrest and incarceration, which resulted in her involuntary psychiatric hospitalization.

The Florida Department of Corrections did not return calls about the case, and neither did either of the for-profit organizations named in the suit.

"She was two months shy of getting released when she hanged herself in solitary confinement on Oct. 31, 2006," Berg said. "The bottom line here is that some of these private correctional companies that provide medical care in jails and prisons don't give you what you need. Inmates have died because companies don't want to pay for the services. If they have to provide the medical care, it's going to affect the profit margin. Something has to change."

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