

CounterPunch

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Thomas Macaulay's perfect colonial subject inverted, as outlined in his 1835 Minutes: "a class of persons Indian in blood and colour, but English in tastes, in opinions, in morals and in intellect". She - and Andrea Smith - are the mimic men of modern American Liberalism: "white in blood and color, but black in tastes, in opinions, in morals and in intellect." As Bhabha points out, they are a disrupting influence—the other who is almost, but not quite. Almost, but can never be. Dolezal and Smith are thus representative of the new face of American racism: the masked face. **CP**

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Par For the Course Medical Care in US Prisons

By Thandisizwe Chimurenga

"Health care in prison would be a good idea," says Bret Grote. Grote is the director of the Abolitionist Law Center. The Center has clients throughout much of the eastern seaboard. Journalist, author and former Black Panther Party member Mumia Abu Jamal is one of Grote's clients.

In March of 2015, Abu Jamal suffered a medical emergency: he was on the verge of slipping into a diabetic coma. His blood sugar level was abnormally high and he was also suffering from a severe case of eczema, which caused discoloration and bleeding on his arms and neck. The response to Abu Jamal's crisis has been typical of medical care in U.S. prisons and jails; his diabetes and skin condition went undiagnosed and untreated for months by officials at the State Correctional Institution at Mahanoy. Due to Abu Jamal's worldwide recognition and the organized response of his supporters however, his condition was stabilized at an outside facility. The struggle to secure the specialists and treatment regimen needed to restore Abu Jamal to full health continues.

The same can be said of Robert Seth Hayes and Russell 'Maroon' Shoatz. Both men, also former members of the Black Panther Party, have health challenges that have been neglected while incarcerated. Supporters of Hayes clamored for attention to his poorly controlled diabetes in early May. Hayes also suffers from Hepatitis C. By late June, he had begun to receive medical intervention for those conditions at Sullivan Correctional Facility in New York. But his supporters also say that Hayes has additional medical concerns that have been ignored by the prison. In an e-mail blast sent out on July 6 they note that Hayes is still suffering from undiagnosed and untreated "chronic bleeding and abdominal growths," and that he has reportedly been "coughing up blood." His supporters state that Hayes has received no response as of yet regarding these other conditions.

Medical officials at Sullivan had not returned calls by the time CounterPunch went to press.

Shoatz, another Pennsylvania-held prisoner, was eventually able to rally his supporters to demand a treatment regimen for his prostate cancer. His condition was diagnosed in late 2013 and his treatment didn't begin until late 2014. "We knew something was wrong about a year and a half, close to two years ago," said Shoatz's son, Russell III. Shoatz had been held in solitary confinement in Pennsylvania prisons for close to 30 years. The Abolitionist Law Center filed suit against the Pennsylvania Department of Corrections challenging the conditions of Shoatz's confinement which was settled in the Spring of 2013. "It was basically a negotiation, your health for some years in solitary confinement," said Shoatz III. "How much 30 years of your life is worth."

All three of these men face the same challenges as others who are confined in receiving decent, timely medical attention and follow-up care. The trio's outcomes however are radically different from the vast majority of those whose lives are now in care of the state.

"For people that aren't relatively well known political prisoners, you're just gonna get sick and its gonna spread further and you'll die sooner," said Grote.

According to Grote, the typical fare for those seeking medical care while imprisoned is that illnesses and symptoms are permitted to go undiagnosed, misdiagnosed or under-treated. This then creates a scenario where people are at much greater risk for catastrophic health problems and death.

On the other side of the country, advocates say that the housing of prisoners in isolation units is not only torture, but a serious form of medical neglect. Prisoners in isolation at various facilities in the California Department of Corrections and Rehabilitation (CDCR) report a variety of conditions that have gone untreated.

Surveys of inmates in solitary confinement in California prisons conducted by Legal Services for Prisoners with Children (LSPC) reported a litany of untreated conditions: enlarged heart, trigeminal neuralgia, fatigue, severe sight problems including becoming legally blind, high blood pressure, stomach problems, back pain, arthritis, asthma, and hearing loss.

The group's report entitled "A Cage within a Cage: A Report on Indeterminate Security Housing Unit (SHU) Confinement and Conditions" was issued in 2012.

"Under regular, normal circumstances in prison it's very, very difficult to get access," said Linda Evans, an organizer with LSPC. "When you're in solitary, healthcare delivery is terrible," Evans said.

Sundiata Acoli is a New Jersey state prisoner currently being held in the federal corrections system. His medical complaints, sent via e-mail, sound very similar to many of the survey respondents in California: "Here are my illnesses: heart arrhythmia, fat in the bloodstream, cataracts that need

removal, need proper eyeglasses, need dental work ... my hearing is rapidly declining so that I need regular ear washing but can't get it often enough."

Acoli also says that "... over half [his] teeth have decayed and fallen out so I have numerous gaps and missing teeth thru out my mouth."

Evans describes dental care in prison as "abominable." "I lost 5 teeth while I was in prison, and I'm not a drug addict. I had relatively good teeth when I went in."

A former member of the Students for a Democratic Society (SDS) and the Weather Underground Organization (WUO), Evans spent 16 years behind bars. She was pardoned by Bill Clinton in 2001. Evans says she and several other women were housed in the Orleans Parish Prison (OPP) in New Orleans for a time as part of a federal interstate agreement. "When I was in Louisiana what they did routinely, routinely, was pull everybody's teeth. Just pull 'em. And then, not give them false teeth. So there were women that had no teeth. That was, like accepted."

Evans also stated that female prisoners with sight problems were denied glasses. The sheriff of the Orleans Parish Prison could not be reached for comment for this article; neither could the jail's Medical Inmate Advocate (MIA) who is reportedly available to answer medical questions about the inmates. According to the prison's website, the MIA "is an experienced Orleans Parish Sheriff's Office nurse who will investigate your concern and call you back."

"Its pretty abysmal. There's nothing good about [healthcare in U.S. Prisons]. It's terrible," said Paul Wright.

Wright is the founder and Executive Director of the Human Rights Defense Center, a Florida-based non-profit that advocates on behalf of the human rights of the incarcerated throughout the U.S. It began as a means to publish *Prison Legal News* (PLN), a newsletter out of the Washington State Penitentiary. PLN is currently a 72-page monthly magazine and is the longest-running independent prisoner rights publication in U.S. history. Wright initially became editor of PLN while imprisoned in Washington State for 17 years.

According to Wright, "four to five thousand prisoners a year" die in American prisons and jails for "medical reasons."

Medical, and economic reasons, would probably be a more accurate diagnosis.

"Florida alone privatized the Department of Corrections' medical care system a few years ago, and deaths went from 35 a year to 400 a year," said Wright.

Healthcare systems at most state prisons have been privatized. The corporations that run these systems are not only private but are also based on "for profit" business models. "This system of healthcare kills people," said Grote.

According to Grote some of the major features in this type of business model are: understaffing; lack of adequate medications; a reluctance to refer people to hospitals or specialists; lack of follow-up on specialist recommendations and, a "bot-

tom-line" approach to healthcare delivery that values saving money over saving lives.

In the words of Grote, "This business structure, combined with the culture of dehumanization that exists within the prison system, results in corpses and lawsuits by the score." He identifies Corizon (formerly Prison Health Services), Wexford Health Services and Correct Care Solutions are some of the biggest "offenders" in his region of the country.

Those just happen to be the same companies – along with a fourth one, MHM Correctional Services – that had a combined annual revenue of \$782 million as of March 2015, according to the website Open Minds.

A November 2014, report by the American Friends Service Committee claims that "subcontracted prisoner mental health and medical care ... is the largest and fastest-growing sector" in what the organization is calling the "Treatment Industrial Complex." The report also claims that state spending on healthcare for "rose from \$4.2 billion in 2001 to \$6.5 billion in 2008 (the last year available for comprehensive review)."

Women are not faring much better than men when it comes to medical care inside prisons and jails.

Paul Wright says his organization does get a fair amount of correspondence from female prisoners but he has less data for long-term health care issues. "Most of them aren't doing that much time in prison," Wright says, therefore "you don't have a big body of women lifer prisoners like you do with male prisoners."

Of course, time is relative. Female prisoners may not be spending the same amount of time as male prisoners, but they are still subjected to horrible medical neglect.

Putting it mildly, "Women prisoners often get overlooked," says Amy Fettig, a senior counsel at the ACLU's National Prison Project. Fettig is quoted in the May 29, 2015 edition of *The Intercept* in a detailed piece written by Erika Eichelberger on death and neglect at New York's Rikers Island jail. Rikers, known for the brutal violence that engulfs its male population, has unleashed a "quiet" violence against its female population – currently around 600 women in the facility – in the form of medical neglect, a gross example of state violence.

Misdiagnoses, unfulfilled prescriptions and the ending of prescriptions are routine occurrences for the women of Rikers.

For many female inmates, lack of personal hygiene products is also a serious concern. While not necessarily considered an issue of medical neglect, the implications of something seemingly so trivial, to women who may not be incarcerated, is huge.

Writing in *The Guardian*, Chandra Bozelko says she has seen women bleed through through their clothing and soiled sanitary napkins fall out on occasion. Since prisons limit the number of pads the women receive, many are sometimes forced to wear soiled pads for several days at a time; as such,

the adhesive on the napkins no longer works.

Far from being merely a social *faux pas*, Bozelko states that the lack of an adequate supply of sanitary napkins actually serves a strategic purpose: “[menstrual] stains on clothes seep into self-esteem and serve as an indelible reminder of one’s powerlessness in prison,” says Bozelko. “Asking for something you need crystallizes the power differential between inmates and guards.”

A letter from a female prisoner echoes Bozelko’s comments on women’s self-esteem. The letter, entitled “Menstruation and Incarceration,” was published on the Committee against Political Repression’s website on Nov. 23, 2012. According to the author, identified as KteeO, calling menstruating in prison unpleasant is an understatement.

“It is an experience that either intentionally works to degrade inmates, or degrades us as a result of cost-saving measures; either way, the results are the same,” KteeO says. “Prison makes us hate a part of our selves; it turns us against our own bodies.”

The California Institute for Women (CIW) and the Central California Women’s Facility (CCWF) are the largest correctional institutions for women in the world. According to Linda Evans mental health care is the current and most pressing need for the women.

“The suicide rate for women is 8 times what it is nationally. The conditions in the prison are driving people to suicide ... and if there were obviously not people in prison, fewer people or better conditions or mental health counseling I think the suicide rate would be lowered, but a lot of these women probably shouldn’t be in there in the first place. It’s a mental health issue but its related to the physical conditions of the prison and the kinds of services and programs that they have,” said Evans.

The California Coalition for Women Prisoners, an organization that challenges the “institutional violence” that is inflicted on the population, began in 1995 after women initiated a lawsuit over the horrific medical care at CCWF (*Shumate v. Wilson*). In a memo to California state legislators in April 2015, members of the organization provided data on the number of attempted suicides at both prisons (23) and actual suicides (3) during the 13-month period of Feb. 2014 – Feb. 2015. The memo also noted that “CIW had more suicides reported by the California Department of Corrections and Rehabilitation than any other CA prison in 2014.”

While suicide and mental health appear to be the most pressing immediate issues, Evans echoes Grote’s comments regarding a tremendous lack of specialists of any kind inside the prisons, as well as the cost-cutting reasons for that reality. “For a long time there wasn’t a gynecologist available,” said Evans. “Access to any kind of specialist is really, really hard because they don’t want to send you out to clinics or to regional hospitals... because it costs so much money for the security.

The federal correctional institution for women in Dublin, CA, practices the same philosophy according to Evans. “The specialist had to be contracted and come in, and they don’t like to do that because it costs too much money,” she said.

A promising development for the health and well-being of women in prison regards the use of “shackling.” In 2012 LSCP was successful in getting legislation prohibiting this practice of restraining pregnant inmates in California prisons and jails. The ACLU described shackling – the use of leg irons, waist chains, and handcuffs behind the body – as a common but “degrading, unnecessary” practice of restraint that can “interfere with appropriate medical care and be detrimental to the health of the mother and her newborn child” during labor, delivery and postpartum recovery.

“When I was in prison,” said Paul Wright, “one of the things they said was ‘prison will make a young man old and an old man dead.’ And I think that’s pretty accurate.”

Bret Grote concurred. “Folks can look forward to an increased mortality rate,” said Grote. “The general population in society that’s 60 and older is considered aging or elderly and the incarcerated population, they cut 10 years off of that.”

Paul Wright notes that even the physical make-up of the prison itself as well as its practices are geared for younger, able-bodied prisoners. “For older prisoners, basically, its death by incarceration.”

Russell Shoatz is 71 years old and Robert Hayes is 66. Sundiata Acoli is 78. Mumia Abu Jamal, who turned 61 in April, spent 30 years on death row and never had so much as a common cold, according to his son Jamal. “He left death row and went to general population and came down with at least three very serious ailments. My son [Mumia’s grandson] asked how’d that happen?,” said Jamal.

Bret Grote believes that, while gains have been made in past decades due to litigation, the current context for medical neglect is also due to legal collusion. He says the U.S. Supreme Court’s *Estelle v Gamble* in 1976 gave constitutional sanction to the crises we are now witnessing throughout the U.S. prison system.

“In order to prove a cruel and unusual punishment claim you have to meet a higher subjective standard than a negligence standard, you have to show something called ‘deliberate indifference’ and this leaves most people who are incarcerated without a remedy whenever they are subjected to horrible medical mistreatment,” said Grote. “The U.S. Supreme Court has a lot of blood on its hands.” **CP**

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