Privatized prison health care and cruelty associated with this

Philosophy

Cruel and Unusual: The Truth of Privatized Prison Health Care

Recently, the controversy about the price of prescription medicine has been splattered across mainstream media. Hundreds of articles have been written on the topic, many criticizing not only Mylan but other large companies for the rising cost of prescription medication in the U. S. Link after link, I clicked my way through information about the cost of medication until an interesting article caught my eye concerning the cost of hepatitis C medication for prisoners.

I had never considered what the rising cost of medication meant for those at the mercy of the state and federal corrections system. Reading more, I learned that many prisons had shifted towards using private companies to supply medication and healthcare to their inmates. Their costs were usually dramatically reduced, but many inmates and prison officials spoke out against the privatization taking place inside the corrections system. They claimed that their medical needs were not being met and that their quality of life was sharply reduced to the point that cases were brought to court claiming eighth amendment violations. This led me to wonder, has the recent trend towards privatization in prison healthcare systems led to a reduction in the quality of care provided to both recently incarcerated and aging inmates?

Initially, I was inclined to form an opinion along the lines of so what if they have terrible health care, they’re terrible people. Upon further reflection, however, I came to understand that although they are criminals and rightfully detained under local, state, or federal law, the U. S. cannot constitutionally deny them the right to adequate health care, lest the country be accused of cruel and unusual punishment by way of deprivation and violate the eighth amendment.

As of 2014, there were 1, 351, 000 total inmates incarcerated between state and federal corrections systems. According to the CDC (Centers for Disease Control and Prevention) the average per capita national health expenditures in 2014 was $9, 523. Multiply this number by 1, 351, 000 inmates and you have a hefty yearly bill of twelve billion, eight hundred sixty five million, five hundred seventy three thousand dollars. Considering the Justice Department lists on its website yearly federal funding totaling $8. 5 billion for all aspects of prisons and detention centers, not just health care, the question must be asked where they are finding this large sum of money to finance their prisoners care. The answer comes through what is known as privatization, which is the process of transferring an enterprise or industry from the public sector to the private sector. The public sector is the part of the economic system that receives federal funding and is run by highly regulated government agencies. The private sector, in term of prisons, is a contract based system that is not directly under government control.

The only real control that the government has over these institutions is the threat to decline the renewal of their contract should issues arise within the prison. They determine the effectiveness of a prison by monitoring it, although great inconsistencies arise with the uniformity of this practice. " The amount of time and labor spent on monitoring privately operated facilities also varied widely, from full-time monitors who spend a substantial proportion of their time on-site to almost no monitoring at all" (29 McDonald, Patten). As evidence has shown, the government officials often ignored claims of abuse and mistreatment from both prisoners and staff as long as the price tag remained lower on the private institutions services than what it would cost to support a public facility. One such case is the award of a $342 million-dollar contract (the largest to date in the country) for health care inside Rikers Island Correctional Facility to St. Barnabas Hospital in the Bronx.

" The choice of St. Barnabas surprised many in the health-care industry, and the hospital's management of services on Rikers Island and at the Manhattan Detention Complex has been a subject of criticism. St. Barnabas officials say their managed-care approach is saving money while providing better care to inmates, but critics have said the hospital is cutting corners to increase profits. And state officials are investigating allegations, first reported in The New York Observer, that two prisoners died after being denied proper treatment by St. Barnabas doctors" (Rohdes 1).

Even with the allegations brought against them, St. Barnabas continues to slack on providing quality care for inmates. Since the initiation of their contract, the number of prisoners sent to hospitals has decreased by 65%. This begs the question, how have they reduced illness requiring hospitalization so sharply in such a short amount of time? Sources within the prison attribute it not to improved care or facilities but rather to extreme cost cutting methods. Two prisoners have died under their care, one of which suffered from a highly treatable heart condition. Isidro Pacheco was twenty-one when he died from a burst aorta. Family lawyer Paul Layton states that " Mr. Pacheco could have been saved if St. Barnabas doctors had correctly diagnosed his condition after he collapsed four times in two weeks." The doctors of this organization were driven solely by potential profit, and failed this young man with their refusal to provide the lifesaving services he desperately required.