SPLC Southern Poverty Law Center

Cruel Confinement

Abuse, Discrimination and Death Within Alabama's Prisons

MEDIA AND GENERAL INQUIRIES

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Executive Summary

An investigation by the Southern Poverty Law Center (SPLC) and Alabama Disabilities Advocacy Program (ADAP) has found that for many people incarcerated in Alabama's state prisons, a sentence is more than a loss of freedom. Prisoners, including those with disabilities

Inadequate Medical Staff Leads to Treatment Delays, Even Death

The Alabama Department of Corrections had 25,055 prisoners in in-house custody as of March 2014. This means the department is responsible for the health and well-being of a population comparable to the Birmingham suburb of Homewood (population: 25,262, according to 2012 U.S. Census estimates).

Yet there are only 15.2 doctors and 12.4 dentists for this city behind bars.[1] A doctor's average caseload is 1,648 patients and a dentist's is more than 2,000 patients.

Overall, Corizon Inc., which has the contract to deliver medical services to these prisoners, provides a medical staff of 493 people (including doctors, nurses, administrative and records staff). The ratio of total medical staff to prisoners is 1:51. Even at the Kilby Correctional Facility in Mt. Meigs, which is home to the ADOC hospital and is where all prisoners go through an intake assessment, doctors are scarce. There is just one full-time and one half-time doctor on staff for more than 2,000 prisoners.

This extraordinary understaffing has led to a multitude of problems. The vast majority are easily predictable: delays, failures to diagnose and treat problems, failure to follow up with patients, errors and decisions to not treat seriously ill prisoners. There should be no doubt that this understaffing is a direct result of the ADOC's bid process for its medical services contract, a process that placed far greater emphasis on cost than any other factor.

Numerous prisoners have complained of symptoms for months without anyone addressing their concerns, only to be diagnosed with advanced stage cancer that is terminal by the time it is diagnosed. In mid-2011, a prisoner who had been treated for prostate cancer in 2006 began showing a dramatic rise in the levels of a protein that is the main indicator of prostate cancer – a sign his cancer had returned. He began vomiting frequently, sometimes even throw-

ing up blood. He was not given necessary tests or diagnosed until a year and a half later: February 2013. By that time, his prostate cancer had spread to his bones. He died

There was also a recent outbreak of scabies, a contagious skin disease, at the Tutwiler, St. Clair and Ventress correctional facilities. Prisoners report

At Bullock Correctional Facility, a prisoner with a seizure disorder found his seizure medication discontinued because he slept through his 4 a.m. pill call a few times. He slept through pill call because his mental health medications make it difficult for him to wake up. He has had two seizures since being taken off the medication.

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Another obstacle for prisoners seeking medical help is the corrections officers. The SPLC and ADAP found many instances where officers delayed or denied

Mental Health Care is a Systematic Failure

More than 3,000 prisoners in Alabama prisons were receiving some form of mental health treatment in March 2013, according to an ADOC mental health report. This population was distributed throughout the prison system's facilities. Other than the Hamilton Aged and Infirmed Center, every medium or maximum security facility housed at least 100 prisoners on the mental health caseload.

Despite the fact that every facility housed a significant number of individuals taking psychiatric medication, the level and quality of staffing at Alabama Department of Corrections facilities is woefully inadequate. There are just 4.7 full-time psychiatrists in the facilities. At many prisons, there is no psychiatrist.

The level of staffing is clearly insufficient. Several prisoners report that, despite being prescribed psychiatric medications, they do not receive periodic check-ups with a psychiatrist. Often, the only contact they have with any mental health professional is when they are acutely mentally ill and exhibiting suicidal ideations or actions.

There are only 5.6 psychologists for the entire system. Only Tutwiler Prison for Women has a full-time psychologist on staff. Psychologists work at just six facilities: Donaldson, Bullock, Limestone, Holman, Kilby and Tutwiler. At all other facilities, no psychologist is available.

This failure by the state to adequately staff its sy(tli

insomnia." MH-3 is for moderate impairments "such as difficulty in social situations and/or poor behavior control." MH-4 is for severe impairments "such as suicidal ideation and/or poor reality testing." MH-5 is used for severe impairments "such as delusions, hallucinations, or inability to function in most areas of daily living." MH-6 – the code for the most acutely mentally ill – is reserved for prisoners who have been committed to a mental hospital.

As of March 2013, just 234 prisoners in ADOC custody – less than 1 percent – were classified at greater than MH-2. In contrast, the Department of Justice study cited above found that, nationally, some 43 percent of state prisoners met the DSM-IV criteria for mania and 15 percent met the criteria for psychotic disorders. It is extremely likely that far more of ADOC's prisoners should have a higher mental health code.

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Another prisoner reports that he refused

promising to tell the correctional officers if he was getting too hot.

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Numerous prisoners report being forced to take medication under circumstances that do not comport with due process requirements. Two prisoners reported being forcibly medicated for years but had no recollection of any proceeding that determined that they could be medicated against their will.

When one of these prisoners told a nurse that he did not want to continue taking medication, he was threatened with segregation. Several prisoners report being sent to segregation until they agree to take the medication. One man was kept in segregation for 15 days for refusing his medication.

One prisoner was forcibly medicated even as he awaited a determination of whether he was seriously mentally ill and could be forced to take medications. In the end, it was determined that he was not seriously mentally ill and could not be medicated against his will. Prisoners at the Bullock Correctional Facility, which maintains a specialized unit for the most severely mentally ill known as the Intensive Stabilization Unit, have reported being forcibly medicated for talking back and other behavior that met with the staff's disapproval. Prisoners reported that this occurs at other facilities as well.

The reality was much different.

During an SPLC and ADAP inspection, the unit was full, which is almost always the case, according

he does not understand certain ADOC policies and cannot participate in any programs offered to communicate.

To make matters worse, staffers often rely on other prison

Endnotes

1 Some facilities do not have full-time doctors or dentists.

2 *See Brown*, 131 S. Ct. at 1933; *Helling v. McKinney*, 509 U.S. 25, 33 (1993); *Hutto v. Finney*, 437 U.S. 678, 683 (1978)

3 *Hutto v. Finney*, 437 U.S. 678, 683 (1978)

4 *Gates v. Cook*, 376 F.3d 323, 341 (5th Cir. 2004)

5 *Newman v. State of Ala.*, 503 F.2d at 1322, 1330 (5th Cir. 1974)

6 *Cook ex rel. Estate of Tessier v. Sheriff of Monroe County, Fla.*, 402 F.3d 1092, 1115 (11th Cir.2005)

7 28 C.F.R. §§ 35.160-164

8 28 C.F.R. § 35.150(a)

9 28 C.F.R. § 35.152(b)(1)

10 28 C.F.R. § 35.130(d)

11 28 C.F.R. § 35.152(b)(2)(i)

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