



Cruel and Usual

**A National Prisoner Survey of Prison
Food and Health Care Quality**

April 2018

Incarcerated Workers Organizing Committee

Research|Action Cooperative



Incarcerated Workers Organizing Committee (IWOC) is a prisoner-led committee of the Industrial Workers of the World (IWW), a prison abolitionist labor union. We strive to support imprisoned IWW members and other prisoners' efforts to better their working and living conditions while also working toward prison abolition as a longer term solution. www.incarceratedworkers.org

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Executive Summary

In 2017, we surveyed 123 imprisoned IWW members from 83 prison facilities in 21 states across the United States to determine their views on prison food and health care quality. The vast majority of surveyed prisoners were men from state prisons.

Overall, the prisoners describe a prison system that routinely provides inadequate food and health care that endangers their health. Unsanitary conditions, small servings of poor quality food, and lack of attention to special diets are common. Disrespect by health care staff, delayed care, and denial of treatment and medications are also common.

Food Quality Issues

- 69% of respondents rated the food quality as poor. 56% didn't know who their food service provider was.
- Nearly 40% indicated that they were only served fresh fruit or vegetables "once in a while" or "never."
- 65% reported that the food made them sick during the last year and 66% reported that they were served food not intended for humans, food with bugs, or moldy/spoiled food during the last year. Many prisoners provided comments about food that was served in unsanitary conditions and was expired, spoiled or moldy, or contained bugs or rocks. Some food containers were labeled not fit for human consumption. Several described getting food poisoning or diarrhea.
- 80% stated that they have been denied meals or given too little food in the last year. Many prisoners commented that their food servings were too small or that they were not given enough time to get food. One prisoner reported being served the prison "food loaf" as a form of punishment. Another reported being charged for food they should receive for free.
- About half reported having special dietary needs, and 70% of them did not have their needs met. Several prisoners reported that they are not given proper religious or vegetarian/vegan diets.

Health Care Quality Issues

- 69% of respondents rated their health care quality as poor. 36% didn't know who their health care provider was.

- 63% reported being denied needed health care during the last year. A number of prisoners commented that they have been denied Hepatitis C treatment. Many prisoners described routine neglect and refusal of treatment for various health care issues. Several prisoners reported being charged excessive fees for care and several described getting inadequate treatment remotely via video conference.
- 54% reported that the health care staff treated them badly in the last year. Many prisoners described routinely rude and disrespectful behavior, lies, denial of care, and poorly trained health care staff.
- Nearly 40% reported having to wait weeks or months to get the care they asked for. 55% reported that they see a nurse first for health care.
- 60% or more reported not having a physical exam, teeth cleaning, or vision exam in the past year.
- 82% reported needing medications, and about 40% of them reported that they either didn't get them or sometimes got them.
- 58% reported that they had received health care outside of prison. This was for a wide variety of issues including various surgeries, to see specialists, have scans done, or for dental work.
- 79% reported having a chronic health condition and about half of them reported not getting adequate treatment. About half of the prisoners reported having health emergencies in the past year, with 60% of them reporting not being treated.
- Only 7% reported not getting mental health services in the past year but 38% reported not getting substance abuse treatment.

Recommendations

Incarcerated Workers Organizing Committee (IWOC) is a prisoner-led committee of the Industrial Workers of the World (IWW), a prison abolitionist labor union. We strive to support imprisoned IWW members and other prisoners' efforts to better their working and living conditions while also working toward prison abolition as a longer term solution. People who are being punished through imprisonment should not also be punished again with inadequate food and health care that could endanger their lives. This callous treatment is often the result of cost-cutting, racism, and an inhumane, punitive approach to imprisonment. A true investment in positive rehabilitation would provide quality food and health care that values prisoners' lives. IWOC demands better treatment for prisoners. Decent quality food and health care is the minimum a prison system should provide.

Introduction

With less than five percent of the world's population, the United States has almost a quarter of the world's total prisoners.¹ With a global-high incarceration rate of 716 people per 100,000, the United States has the largest prison population in the world, however you measure the data.² The carceral system is also highly racialized: while people of color make up only 37 percent of the nation's population, they make up 67 percent of all prisoners.³ The system also has a strong class component, as roughly 80 percent of the nation's prisoners are poor.⁴ Efforts at reforming the criminal justice system have begun to have some effect, including changing sentencing guidelines, encouraging treatment over incarceration for drug users, and removing some of the legal penalties for being formerly incarcerated. While the numbers have decreased since their peak in 2008, incarceration rates still remain incredibly high, with almost 2.1 million people in prisons and jails in 2015.⁵

Every prisoner in the United States relies on the criminal justice system to provide both food and health care. While the U.S. constitution forbids cruel and unusual punishment, the actual implementation of food and health care policies leaves much room for interpretation by jailers, leading to institutional practices that can be harmful to prisoners. This report documents recent survey data of prisoners to illustrate consistent problems with both food and health care, from unsanitary food preparation conditions to routine denial of health care treatment.

The core findings of the report are listed above in the executive summary. After a discussion of methods, we present some background information regarding the status of the U.S. correctional system, with particular emphasis on food, health care, and the challenges prisoners face with issues of affordability. This is followed by an in-depth presentation of the research data, including quantitative metrics and written statements provided by survey respondents. We conclude with a discussion of recommendations.

Survey Methodology

Surveys were designed by IWOC and Research|Action and mailed to 844 imprisoned IWW members in 222 facilities in 40 states. Prisoners were given several months to fill out and mail back the surveys.

- 123 surveys were returned from prisoners in 83 facilities.
- 118 surveys were from State facilities (96%), three from Federal and two from Immigrant Detention.

- Prisoners were located in 21 states. The top three states were Texas, California and Missouri, which accounted for 59% of all surveys.
- 118 surveys were from Men's facilities (96%), and 5 were from Women's (4%).

We analyzed the survey data in Excel to produce summary statistics and charts.

We also wanted to give prisoners a chance to write about their conditions and many provided written comments in the survey. Selected statements that reflect serious problems from facilities in a range of states are included in this report. Comments have not been edited.

The Contemporary Criminal Justice System

The 2.1 million people in jails and prisons in the United States represent a more than 400 percent increase since 1980.⁶ How did we get to such a high number? The “tough on crime” policies of President Nixon joined with his “war on drugs” to dramatically increase the resources of the criminal justice system while also setting the stage for mass incarceration. Mandatory sentencing policies, such as the 1984 Sentencing Reform Act and the 1986 Anti-Drug Abuse Act, contributed to the uptick in incarceration rates, and while crime rates began a precipitous drop in the 1990s, incarceration rates continued to climb. Much of the increase can thus be directly attributed to punitive approaches to drugs as the nation rejected treatment-based measures to dealing with drug use.

Many of these strategies targeted communities of color. For example, the Anti-Drug Abuse Act of 1986 introduced mandatory minimums for possession of crack cocaine, a drug associated with Black communities. At the same time, the powder cocaine associated with upper-class white communities was treated differently: while five grams of crack would land you in prison for a minimum of five years, the Act stipulated a 500 gram threshold of powder cocaine for the same prison term. Mandatory minimum sentences such as these contributed to almost half of the increase in state prison populations between 1980 and 2000 as average sentence lengths continued to rise.⁷

The outcome of these trends was not simply a dramatic increase in the number of people in prison, but also a highly racialized criminal justice system. Among people born in 2001, one in three Black men and one in six Latino men will end up in prison, compared with one in 17 white males. Similar racial disparities exist for women: one out of 111 white women will end up incarcerated, compared to one in 45 Latina women and one in 18 Black women.⁸ The racialization of the criminal justice system extends beyond incarceration.⁹ People of color face longer sentences than whites,¹⁰ are more likely to have their car searched on a traffic stop,¹¹

face harsher treatment by school security guards,¹² are overrepresented in the juvenile justice system,¹³ and see widespread disenfranchisement in most states.¹⁴

As American society begins to think differently about drug policies through legalization and treatment, a large number of people are nonetheless caught in the criminal justice system. Prisoners have little agency over their lives while in prison, especially when it comes to food and health care. Given a renewed interest in a more just legal system, it is critical that we advocate on behalf of those people caught up in the mass incarceration regime.

Food

The arena of food provision in jails and prisons is a policy morass, as no federal rule covers all prisoners, aside from the U.S. Constitution's eighth amendment which forbids cruel and unusual punishment. In place of federal regulations, the rules of prison nutrition come from a hodgepodge of state and local policies combined with layers of court decisions. In Texas, for example, state law requires that county jail prisoners be fed three meals a day, but the law does not cover state prisons. The outcome is that there is no set standard for calories, frequency of meals, or content, and the practices can vary with a large degree of frequency.

Legal precedent, however, is quite clear in that the standard for cruel and unusual punishment is very high, and that claims against criminal justice officials must show a "deliberate indifference" on the part of the officials. In other words, in order for prisoners to have a valid claim regarding an incident involving food or nutrition, they must be able to prove that officials were deliberate in their decisions. Thus instances of serving undercooked chicken or maggot-infested food cannot be legally held against prison officials if they can claim it was an isolated incident or an accident. The high bar the court holds for cruel and unusual punishment translates into very loose guidelines for nutrition. Thus missing meals, rats near (or in) food, serving no hot meals, or prisoners losing weight, on their own, are not enough to generate a compelling legal claim. So long as prisoners are receiving "adequate" nutrition, the courts generally side with criminal justice officials and have made explicit that the quality of food does not matter.¹⁵

For the criminal justice system, food is not only seen as a nutritional requirement, but also as a budget issue and as a potential form of punishment. Mass incarceration has led to ballooning costs for incarceration, and meal provisions are often a key site of cost savings. For some institutions this means serving two meals a day, while others focus on cheaper overall costs. The most notorious example is the county jail in Maricopa County, Arizona. During Sheriff Joe Arpaio's tenure, meal costs were reduced to between 15 and 40 cents apiece, mainly through serving soy products and only serving two meals a day; the first meal referred to by the Sheriff as "brunch."¹⁶ As a comparison, the average cost of a prisoner meal in the California State penal system is \$3.25.

The historical punishment of bread and water has given way to “Nutraloaf”, a generic name for the process of blending meals together into a paste and baking it into a brick.¹⁷ The loaf is eaten without utensils, and it “tastes blank, as though someone physically removed all hints of flavor.”¹⁸ Nutraloaf is used as a form of punishment, with some reports of prisoners requesting solitary confinement or other punishment over eating the loaf.¹⁹ Prisoners who are punished in this way typically are served the loaf for every meal for at least a week. Given that Nutraloaf is nutritionally complete, lawsuits against its use have not made an impact in its usage. The loaf stands as a clear example that jails and prisons have tremendous leeway in how they decide to provide food to prisoners.

Health Care

Prisoners have little choice over their health care. Ineligible for Medicaid, outside of the workforce, and not part of the Affordable Care Act mandates, prisoners only have the criminal justice system to provide them with health care. Due to the 1976 Supreme Court ruling in *Estelle v. Gamble*, prisoners are entitled to adequate health care while imprisoned. The reality is that many prisoners nonetheless struggle to receive decent care. As many states transition to both private medical providers and private prison companies to reduce costs, evidence suggests that the quality of health care is dropping. Federal judges, prison advocates, and prisoners across the country have accused private health care providers of neglect,²⁰ while privately owned prisons attempt to keep out sick prisoners and routinely punish those who request health care.²¹

A groundbreaking 2009 study utilized a sample of 14,449 prisoners across the country to measure the health and health care of prisoners with chronic conditions and mental illness.²² The results are stunning. Upwards of 43 percent of prisoners had chronic medical conditions, and roughly a quarter of these prisoners never received a medical examination while incarcerated. For the 20 percent of prisoners using prescription medication, almost a third stopped using them after incarceration; for the one in seven whose medication was for an active medical problem, between 20 and 36 percent stopped their prescription. The implication in both cases is that prisoners were no longer able to access their medication through the health care system. An estimated one in seven state prisoners are believed to be infected with Hepatitis C, but less than one percent are being treated.²³

Out of Pocket Costs

A new trend in the prison system is the move towards charging prisoners fees for their time served and services provided to them. The recent move to fee for service in Elko County, Nevada, is emblematic of this trend. Prisoners pay a \$5 booking fee, \$6.87 per day for food,

and \$10 for a doctor's visit.²⁴ As Sheriff Jim Pitts informed the *Elko Free Press*, "We're not the Hilton. We're not there to give them what they want. ... We shouldn't be giving them anything over what's necessary."²⁵ In regards to charging for health care, Sheriff Pitts suggested that most prisoners are gaming the system: "Once they hit our jail, they're sick. And then when they get into the cells they talk to each other. They say, 'Oh, you got aspirin for that? Or you got a prescription for that?' So everyone in that cell ... (claims to have) the same disease."²⁶ This move towards "pay-to-stay" policies are widespread and have troubling implications for prisoners, 80 percent of whom are poor.²⁷

Such a move is particularly troubling in the realm of health care provision, where most states allow prisoners to be charged for co-pays to access medical visits. While these fees may seem small, the reduced minimum wage that most prisoners are able to earn make it a different economic system. Co-pays for prisoners can range from a few dollars to upwards of \$100.²⁸ And with prison minimum wage averaging \$0.14 an hour, healthcare can be out of reach in a prison system where necessary products like sanitary pads (\$2.63/pack) can take days to afford.²⁹ Research also suggests that these co-pays do little to impact the overall health care budgets of states who use them, suggesting that co-pays are intended as a burden on prisoners rather than a source of actual funds.³⁰ As this report shows, medical provision can be of substandard quality, and even these small fees can be a deterrent for prisoners with few resources. It should come as no surprise that in this context prisoners often do not receive the care that they require.

Survey Findings

Food Issues

Quality of Food

Prisoners were asked, "How would you rate the quality of the food?" with possible answers Good, Fair and Poor.

Over two-thirds of responses, 69%, indicated the food quality was Poor and 28% indicated Fair. There were two Good responses and two respondents indicated both Fair and Poor. One of the respondents who indicated Poor wrote in "Extremely Poor." See Figure 1.

Figure 1

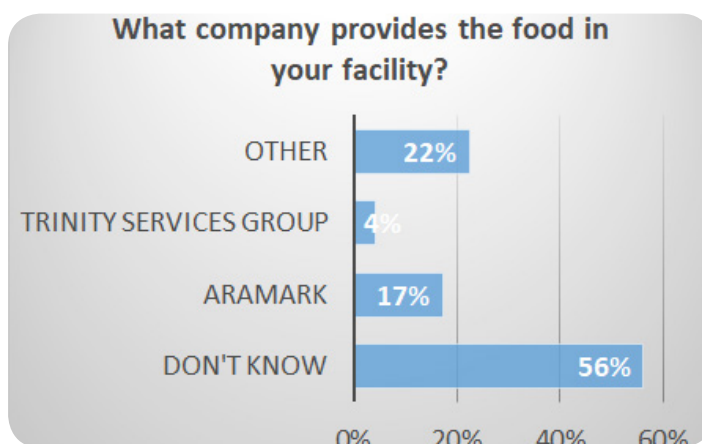


Food Service Provider

Prisoners were asked, “What company provides the food in your facility?” with possible answers Aramark, Sodexo, Other and Don’t Know. Aramark and Sodexo were chosen as examples because they are leading food service providers.

56% responded that they didn’t know who the food service provider was, 17% indicated that it was Aramark and 4% stated Trinity Services Group. The remaining responses were mostly a mix of suggestions that it was the state, DOC or prisoners themselves that handled the food. See Figure 2.

Figure 2



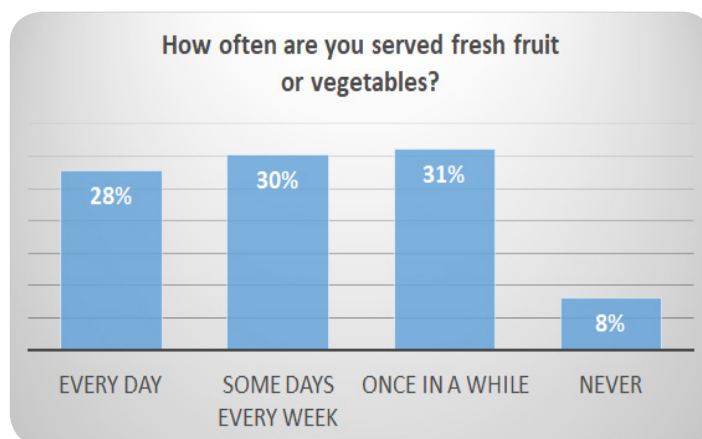
Fresh Fruit or Vegetables

Prisoners were asked, “How often are you served fresh fruit or vegetables?” with possible answers Every Day, Some Days Every Week, Once in a While and Never.

The responses were fairly evenly split among Every Day, Some Days Every Week and Once in a While, at close to 30% each. A much smaller number indicated Never (8%).

A few responses indicated other answers such as Almost Every Day or Almost Never. Nearly 40% answered either Once in a While or Never. See Figure 3.

Figure 3



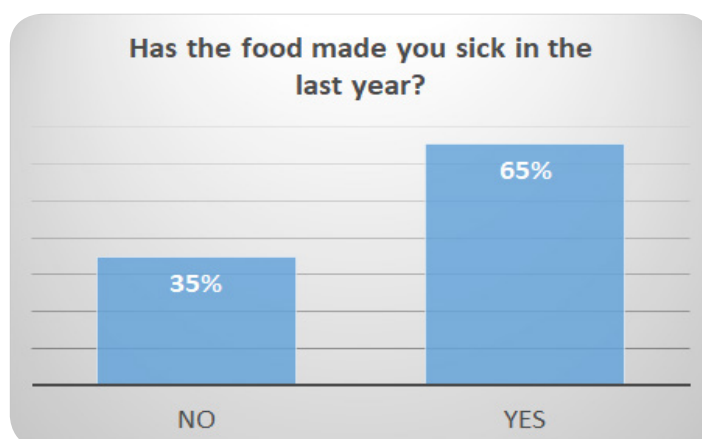
Food that Caused Sickness

Prisoners were asked, “Has the food made you sick in the last year?” with possible answers Yes and No. Nearly two-thirds of the responses were Yes. See Figure 4.

Several prisoners wrote in more detailed comments:

- A prisoner in Texas reported that he had “food poisoning from bad mayonnaise.”
- A prisoner in California who answered Yes reported, “60-90% of population.”
- A prisoner in Missouri reported No but also, “But many other inmates said it has made them sick.”
- A prisoner in Pennsylvania reported that he was sick with “diarrhea and blood” from bad meat.

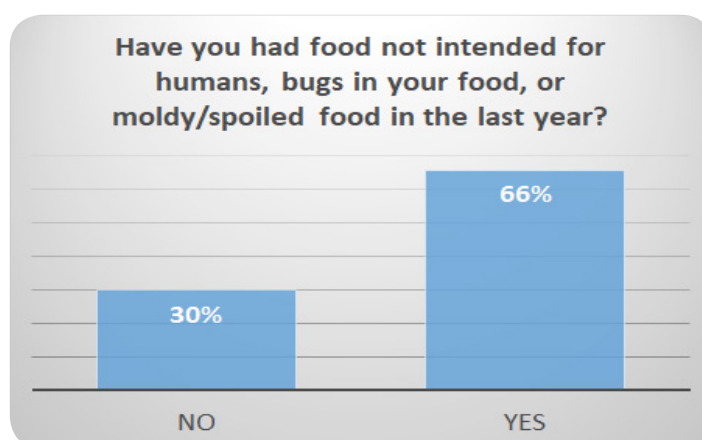
Figure 4



Served Bad Food

Prisoners were asked, “Have you had food not intended for humans, bugs in your food, or moldy/spoiled food in the last year?” with possible answers Yes and No. 66% responded Yes, 30% responded No and there were other written responses such as Possibly or Unknown. Several prisoners indicated that the food was spoiled. See Figure 5.

Figure 5



Several prisoners wrote in more detailed comments:

- A prisoner in Texas reported, “Chicken quill (part of feather) in chicken patties.”
- Another Texas prisoner reported, “It has been said some food-stuffs are labeled ‘not for human consumption.’”
- A prisoner in Missouri reported, “have bugs a lot in food...plenty of mold, rats and roaches too.”
- A prisoner in Georgia reported, “Rocks, glass, sticks, dirt, and bugs mixed into food.”

- Another Missouri prisoner reported, “states on bag animal consumption only.”
- Another prisoner in Texas reported, “Chicken says ‘Not for human consumption’. Bread is moldy every day. Bugs everywhere.”
- A prisoner in Pennsylvania reported, “I’ve found rocks, glass and uncleaned meats that stank horribly.”
- Another Missouri prisoner reported, “It says on the bags of hot cereal ‘not for human consumption’ and has the picture of the head of a horse.”
- Another prisoner in Missouri reported, “bugs and mammals in green beans.”

Not Enough Food

Prisoners were asked, “Have you been denied any meals or given too little food in the last year?” with possible answers Yes and No. 80% responded Yes and 20% responded No. See Figure 6.

Several prisoners wrote in more detailed comments:

Figure 6



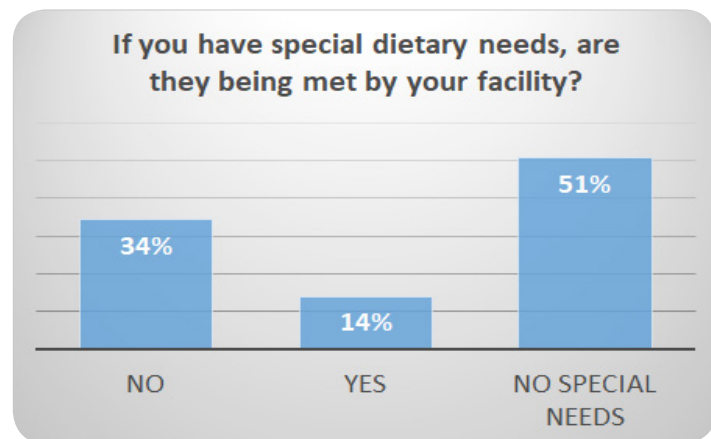
- A prisoner in Texas reported, “If you scan your ID card and then get kicked out of the chow hall you were then considered to have had an opportunity to eat even though a sack meal is supposed to be supplied.”
- A prisoner in Missouri reported, “tray is very small and confined to the same 6 meals - never changes.”
- A prisoner in Ohio reported, “I’m hungry every day and I eat everything on every tray.”
- Another prisoner in Texas reported, “Daily portions are smaller due to Captain’s orders saving money.”
- Another prisoner in Missouri reported, “The HU rule you have 2 mins to exit the wing for chow. If you are later than 2 mins no chow!”

- Another prisoner in Missouri reported, “We do not get proper calorie intake daily.”
- A prisoner in California reported, “Correctional officer take my food from me.”
- A prisoner in Kansas reported, “The portions on the trays are very small and I’m always hungry even after I eat.”
- Another prisoner in Texas reported, “Half portions, under nourishment. When I first arrived to this unit in 2 weeks I lost 20 pounds, haven’t been able to gain that weight back.”

Special Dietary Needs

Prisoners were asked, “If you have special dietary needs, are they being met by your facility?” with possible answers Yes, No and No Special Needs. About half indicated that they had no special dietary needs. Of the half that did have special needs, 34% indicated that their needs were not being met and 14% had needs that were met. Thus about 70% of those with special needs did not have their needs met. See Figure 7.

Figure 7



Several prisoners wrote in more detailed comments:

- A prisoner in Kansas reported, “I was transferred here...and I’m on a religious diet and I haven’t received it. I was told to resubmit the paperwork.”
- A prisoner in Georgia reported, “Proper food and quantity are not being appropriately provided for vegan diets.”
- A prisoner in Missouri reported, “They violated my religious diet.”
- A prisoner in Texas reported, “TDCJ does not provide a true vegetarian option/meal plan.”
- A prisoner in Ohio reported, “Not being provided halal meals.”

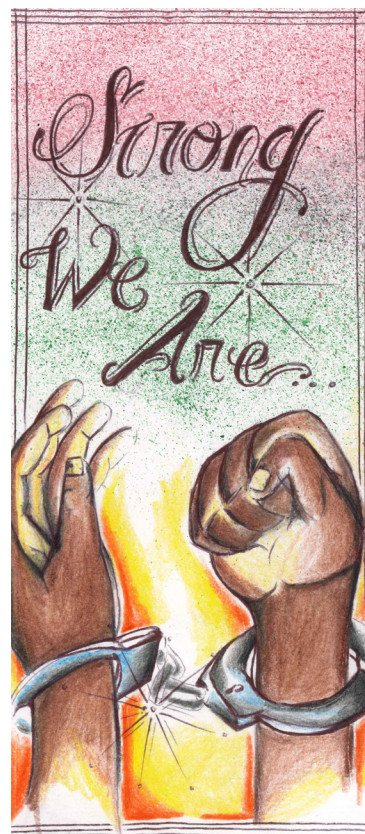
Other Comments About the Food

Prisoners were asked, "Please tell us about any other problems with your food."

- A prisoner in Texas reported, "The food at times gives me and other diarrhea."
- Another prisoner in Texas reported:

Food is poor, as well as unsanitary serving utensils. For example, food carts rolled in to supermax high security cellblocks, from the main section where food trays are prepared, is a BREEDING REPOSITORY FOR COCKROACHES. Cockroaches are visually seen in food carts and at times are on food trays served to prisoners. Old, food residue from prior meals can be seen on food trays, dried up due to trays not properly washed. Food is almost always served cold, in limited portions and not of wholesome nutritional value. Prisoners have gotten sick, such as food poisoning and other stomach viruses due to said food, that at times is also rotten and smells bad. Health violations are rampant.

- Another prisoner in Texas reported, "Many days the food is undercooked."
- A prisoner in Delaware reported, "The food's all processed, not enough protein/whole grains, fresh fruits/veggies, most calories from white sugar/white pasta/white bread. Bad shit!"
- A prisoner in Missouri reported, "Our containers we have our juice made and served in are often moldy. We do not have the proper chemicals, like bleach, to clean them out. Our trays and cups are often dirty also. There are rats and roaches in the kitchen too. We also have rats, in the warehouse, where our canteen is stored."
- Another prisoner in Texas reported, "They give us spoiled food and when we tell them about it they tell us not to eat it and keep serving it to other inmates. The food has sent me to the free world hospital twice!!"
- Another prisoner in Texas reported, "Inmates who do not follow the rules and continuously cause "problems" will be put in a cell 24/7 with no property and be fed only "food loaf" which is meat and vegetables thrown in cornbread-mix baked and cut into approximately 6 by 4 inch squares placed in brown bags and frozen. One square or "loaf" is warmed and given to the inmate for each meal."



Artwork by an IWW member

- A prisoner in Alabama reported, “The food is bad, half of it you can’t eat period.”
- A prisoner in Ohio reported, “Aramark sells food we should get for free, they call it Fresh Favorites and charge \$8.00 for a hamburger, \$1 for a small chocolate chip cookie.
- Another prisoner in Missouri reported, “Dirty dining hall contaminated with black mold in duct work.”
- Another prisoner in Ohio reported, “I was given liquid detergent while recovering from a broken jaw. I had wire in my mouth - and Aramark was suppose to supervise my liquid puree – and instead I was sickened by someone on their staff – with liquid detergent.”
- Another prisoner in Texas reported:

I AM A Kitchen worker and I personally know and have witnessed, the lack of maintaining a sanitary condition of the kitchen equipment, food preparation, and the kitchen as a whole -- including the dining area... Previous food particles are embedded in many of the utensils and cooking pans; pots, etc...

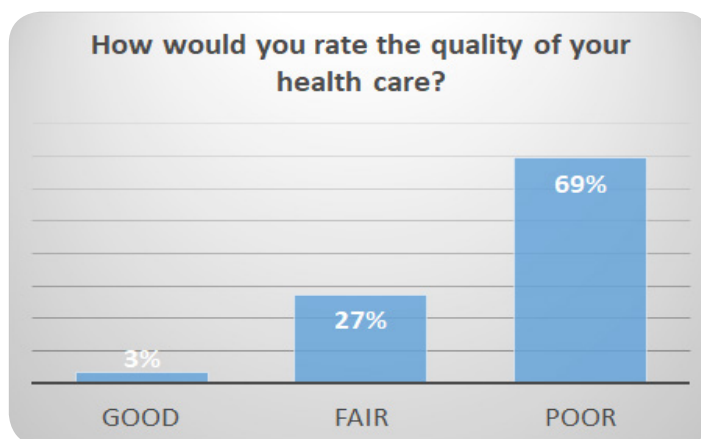
- Another prisoner in Ohio reported, “...a lot of the food is out of date by months if not years. This pack of vanilla cream cookies, made by Benjamin Foods was just given to us last week with lunch. Best by date Oct 15, 2014.”

Health Care Issues

Figure 8

Quality of Health Care

Prisoners were asked, “How would you rate the quality of your health care?” with possible answers Good, Fair and Poor. A large majority, 69%, chose the Poor rating, 27% Fair and only 3% chose Good. See Figure 8.

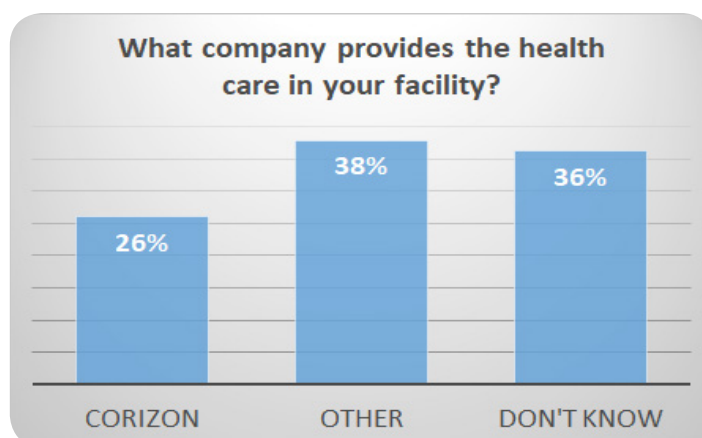


Health Care Provider

Prisoners were asked, “What company provides the health care in your facility?” with possible answers Corizon, Other or Don’t Know. Corizon was chosen as an example since it a leading prison health care provider.

Corizon was indicated by 26% of the responses, and 36% didn’t know who their health care provider was. Of the 38% who indicated an Other provider, six stated their provider was Wexford Health and two stated Correct Care Solutions. Many other answers involved various state agencies. See Figure 9.

Figure 9

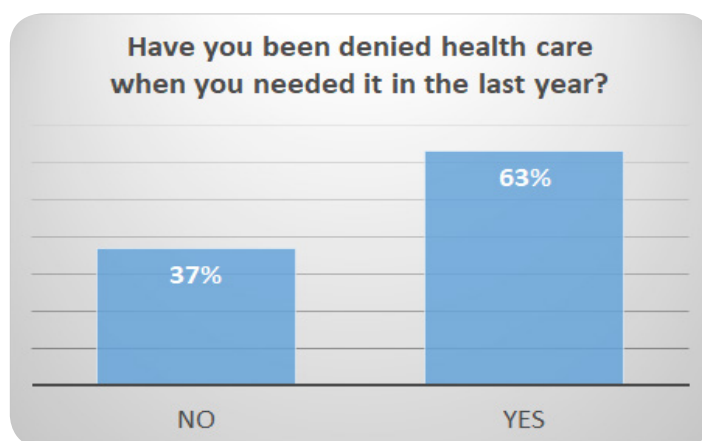


Denied Health Care

Prisoners were asked, “Have you been denied health care when you needed it in the last year?” with possible answers Yes and No. 63% answered Yes. See Figure 10.

Those answering Yes were asked for more information. Here is a summary of responses:

Figure 10



- A number of prisoners reported a lack of Hepatitis C treatment. A prisoner from Texas reported, “Need Hepatitis C medicines being denied by the prison.” A prisoner from California reported, “Have been denied the medicine and treatment to cure the Hep C virus, ‘It cost to much and I aint sick enough’ - their words.”
- A prisoner in Georgia reported, “I’m deaf/have ambulatory issues. I’ve not had auxiliary aides for over a year! So I have no safe access to all programs, services and activities.”
- A prisoner in Missouri reported, “I have been denied medicine for a cold or flu because they said they aren’t aloud to give out cold/flu medicine anymore.”

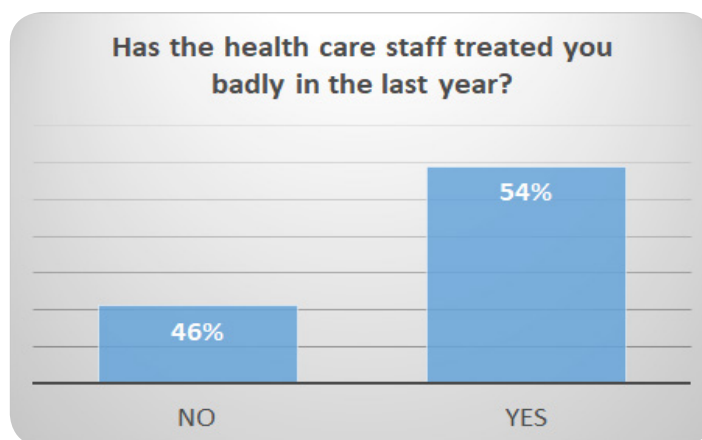
- A prisoner in Alabama reported, “I was denied when I told them I was having problems seeing and it felt like my blood pressure was too high. I showed them under my eyes and how black my left eye had turned, also my feet and legs were swollen. They told me to go back to my dorm that was last July.”
- A prisoner in California reported, “My knees has damaged and bad arthritis, I was told I can’t get meds or another MRI.”
- A prisoner in Kentucky reported, “2 years ago, fucked my fingers up, they did nothing, now I have permanent crooked (noticeable).”
- A prisoner in Washington reported, “I had kidney stones and I didn’t know what it was, I called a medical emergency after hours, they came to get me brought me to nurse who found blood in my urine, gave me ibuprofen and sent me away, after calling 2 more medical emergencies I finally got taken to hospital to see a doctor.”
- Another prisoner in Texas reported, “Requested dental to replace the tooth they pulled unnecessarily, or allow me to go on med. furlough and pay for it myself - they said no.”
- Another prisoner in Texas reported, “We are charged \$100 annually for medical, so if we refuse to pay the \$100, we are denied health care.”
- Another prisoner in Missouri reported, “Denied breathing treatment and adequate help for foot disease and denied treatment for back and neck injury.”
- A prisoner in Michigan reported, “I was tased by staff in the head and never got a call out, every time my chest hurt I tell staff, get no medical attention.”

Bad Treatment

Prisoners were asked, “Has the health care staff treated you badly in the last year?” with possible answers Yes and No. 54% answered Yes. See Figure 11.

Those answering Yes were asked for more information. Here is a summary of responses:

Figure 11

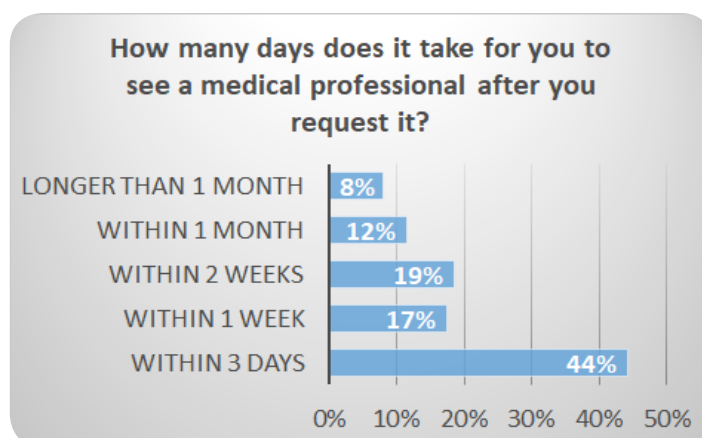


- A prisoner in Missouri reported, “very disrespectful on how they speak to you.”
- A prisoner in Alabama reported, “they lied and told me they were going to call me back to health care but never did.”
- A prisoner in California reported, “Denying me right meds for my knee pain, I suffer with major pain every day.”
- Another prisoner in California reported, “They honestly don’t try to help you - all they care about is charging you \$5 for every visit.”
- Another prisoner in California reported, “Doctors are argumentative and very dismissive and controlled by custodial officers who dictate which inmate gets what level of care. Custodial staff intentionally lie on prisoners which causes inmates to receive poor care.”
- A prisoner in Illinois reported, “Chronic back problem has not been properly attended to.”
- Another prisoner in Missouri reported, “Basically disrespectful and cut back on meds.”
- Another prisoner in California reported, “I got yelled at for filing a grievance.”
- Another prisoner in California reported, “Some of them are rude, and don’t give you the right prescription.”
- A prisoner in Pennsylvania reported, “They treat me with racism. I had E coli bacteria and they gave me Ibuprofen and I was two weeks urinating blood.”
- A prisoner in Virginia reported, “Two people have died because of poor trained and officers not responding to emergencies properly, both complained of having chest pains but wasn’t taken seriously. Both men died in their cells in pain.”

Time to See a Medical Professional

Prisoners were asked, “How many days does it take for you to see a medical professional after you request it?” with free-form answers which were divided into categories, Within Three Days, Within One Week, Within Two Weeks, Within One Month and Longer than One Month. A range of days was placed in the most accurate category.

Figure 12

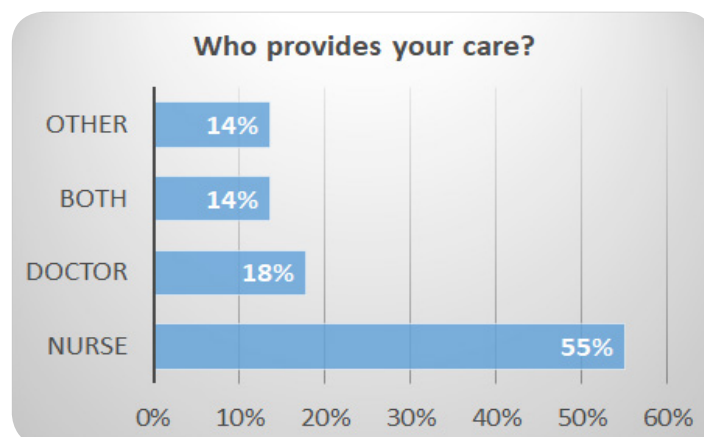


Almost half of the prisoners were able to see a medical professional within about three days, and about 61% within one week, but nearly 40% had to wait weeks or months to get the care they asked for. See Figure 12.

Who Provides Care?

Prisoners were asked, “Who provides your care?” with possible answers Nurse, Doctor or Other. 55% indicated a nurse, 18% doctor, 14% both and 14% indicated other people such as a nurse practitioner or physician’s assistant. Some stated they could see a nurse first who would approve a referral to a doctor. See Figure 13.

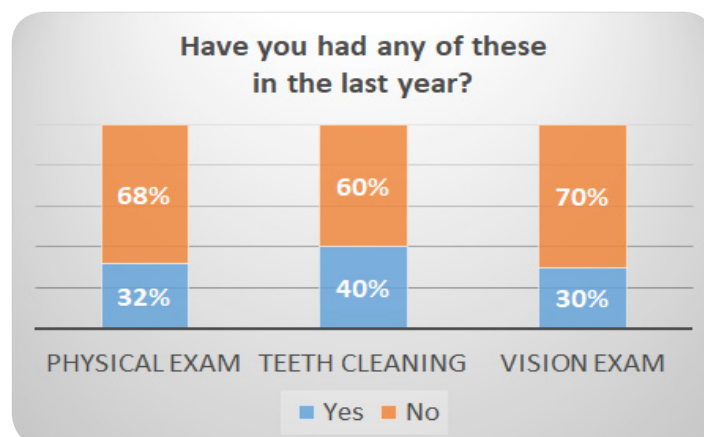
Figure 13



Routine Health Care

Prisoners were asked, “Have you had any of these in the last year? Physical exam? Teeth Cleaning? Vision Exam?” with possible answers Yes and No. 60% or more prisoners reported that they had not had these services. See Figure 14.

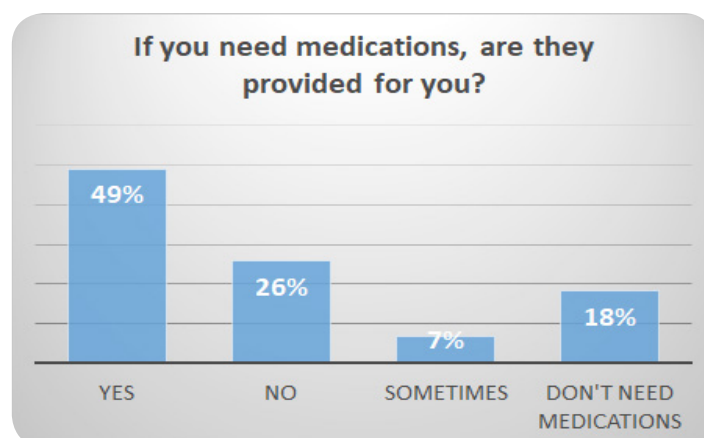
Figure 14



Medications Provided

Prisoners were asked, “If you need medications, are they provided for you?” with possible answers Yes, No and Don’t Need Medications. About half reported that they did receive the medications they need and 26% reported they didn’t. A small number, 7% indicated both Yes and No or wrote Sometimes, 18% indicated they didn’t need medications. See Figure 15.

Figure 15



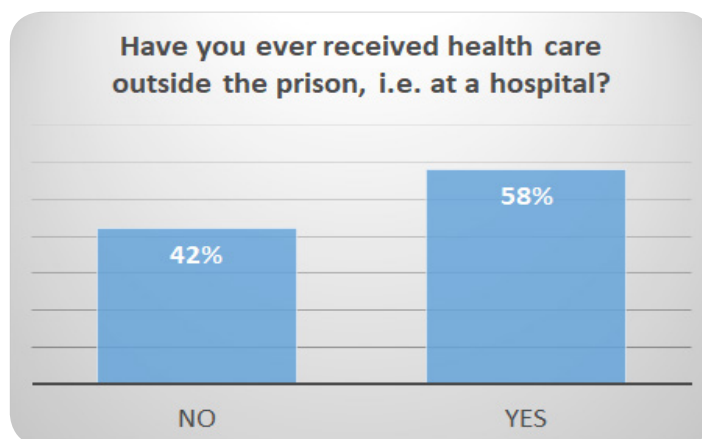
which we combined into a Sometimes category. 18% reported they didn't need medications. See Figure 15.

Of those who reported needing medications, about 40% reported that they either didn't get them or sometimes got them.

Health Care Outside of Prison

Prisoners were asked, "Have you ever received health care outside the prison, i.e. at a hospital?" with possible answers Yes and No. 58% reported that they had received care outside of prison. This was for a wide variety of issues including various surgeries, to see specialists, have scans done, or for dental work. See Figure 16.

Figure 16

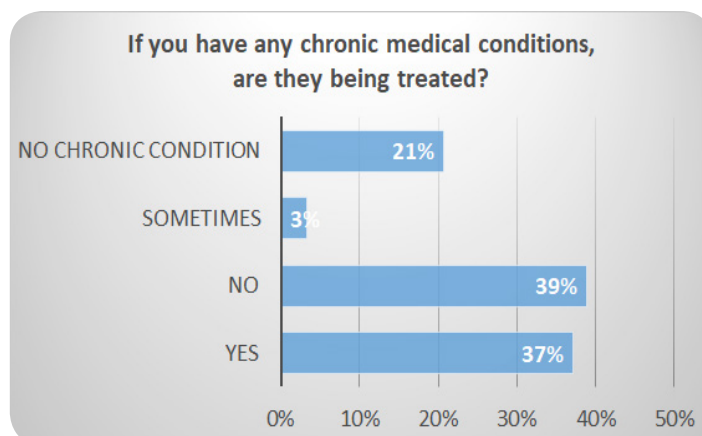


One prisoner from Missouri reported, "They do not like to send people outside the prison. It costs too much which means they just want to save money by cutting our medical care."

Chronic Conditions

Prisoners were asked, "If you have any chronic medical conditions, are they being treated?" with possible answers Yes, No and No Chronic Conditions. About an equal number indicated Yes and No, at 37% and 39%, with a few percentage indicated both Yes and No which we interpret and show as Sometimes. Several who indicated Yes also stated that they were not treated properly. 21% indicated they had no chronic conditions. Thus, of the prisoners with chronic conditions, about half were not treated. See Figure 17.

Figure 17



The prisoners who indicated they were not being treated provided some specifics:

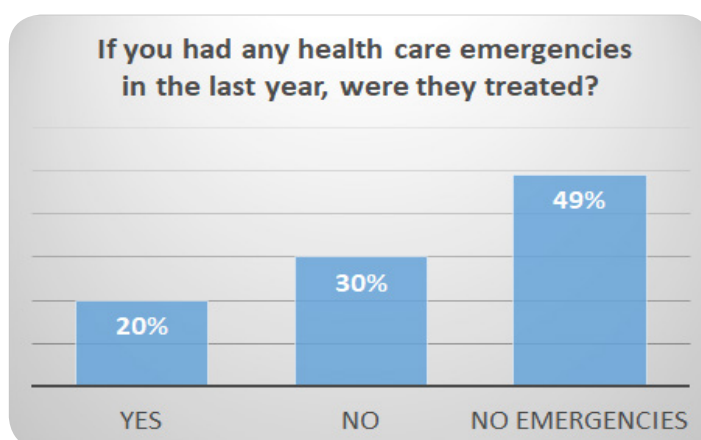
- A prisoner in Missouri reported, "Knee damages and foot!"

- A prisoner in Texas reported, “My back condition warrants me only a bottom bunk restriction, no lifting restriction, work restriction or even a back brace.”
- A prisoner in Ohio reported, “I have a hernia, and scoliosis, they denied me care years ago.”
- A prisoner in California reported, “Hep C, not providing medication, too expensive.”
- Another prisoner in California reported, “no surgery for my hammer toes (one on each foot).”

Health Care Emergencies

Prisoners were asked, “If you had any health care emergencies in the last year, were they treated?” with possible answers Yes, No and No Emergencies. About half indicated they had no emergencies, and of the others, 20% said they were treated and 30% said they were not. One responded with both Yes and No. Thus of the prisoners with emergencies, about 60% of them reported not being treated. See Figure 18.

Figure 18



Services Offered

Prisoners were asked, “Are these offered at your prison? Mental Health Services? Substance Abuse Treatment” with possible answers Yes and No. 93% answered Yes for mental health services and 52% answered Yes for substance abuse treatment. For substance abuse treatment, about 10% responded with Yes and No or with answers that indicated they didn’t know. See Figure 19.

Figure 19



Other Comments About the Health Care

Prisoners were asked, "Please tell us about any other problems with your health care."

- A prisoner in Texas reported:

I have a Chronic Care Condition and the rules clearly state that I shouldn't be charged any form of Co-payment, I now owe them \$30000. I also have chronic Back Pain, and the Doctor don't want to provide adequate pain medications - he insist that I take Acetaminophen (Tylenol), which isn't effective for my pain.

- Another prisoner in Texas reported, "If I get a tooth pulled it is \$100.00. If I also get eyeglasses it is another \$100.00. And if I get a cold and go get Cloraphin that is another \$100.00 because all of these departments while being "Medical" are not covered in a uniform manner under the co-pay system (that went from \$3.00 to \$100.00) several years ago."
- A prisoner in Missouri reported, "There is no Narcotics Anonymous, Sex Addict's anonymous, or Gamblers Anonymous offered here...Real help would not allow us to reoffend and come back, making them more federal money and cheap slave labor."
- A prisoner in Kentucky reported:

The Healthcare is inadequate because my right knee got so bad that I am walking with an limp and that I am losing mobility in my knee, my physical therapy was place on hold due to this - I can't get copies of my medical files due to me been indigent.

- Another prisoner in Texas reported, "I, nor anyone I know on this unit has ever seen a doctor face to face. We are usually seen by a "provider" which is usually an RN through a TV interview and they assess our medical needs by looking at us through a webcam and asking questions."

- Another prisoner in Texas reported, “This medical has killed or let die due to them not doing there job when a prisoner is telling them of the pains and they just put it has heartburn, or just tell them to go back and rest. There was 3 people die in just 1 mo. because of this kind of medical treatment...”
- A prisoner in Ohio reported, “If I contact mental health and tell them I need to speak to someone, they first ask if I feel suicidal or homicidal. If I say no to both they tell me life is hard sometimes, good bye.”



Artwork by an IWW member

- A prisoner in Missouri reported, “Cost cutting measures to increase profit at the cost of offenders quality of life and a lot of deaths.”
- A prisoner in California reported, “Been sick since I got here because of black mold that’s in the bld. Not providing me medical care for my Hep C. Not giving me blood test to see if my Hep C has gotten worst and no medications for my back pain, only received aspirin for back pain.”
- Another prisoner in California reported, “When I went to my doctors appointment, he was on a T.V. monitor, video conference, and he could not examine my injury.”
- A prisoner in Illinois reported, “We have very poor mental health care even if it is a specialized facility. Staff is very incompetent and we rely mostly on medication that doesn’t work. Most people can’t help themselves and suffer a lot.”

Recommendations

Incarcerated Workers Organizing Committee is a prisoner-led committee of the Industrial Workers of the World, a prison abolitionist labor union. We strive to support imprisoned IWW members and other prisoners efforts’ to better their working and living conditions while also working toward prison abolition as a longer term solution. People who are being punished through imprisonment should not also be punished again with inadequate food and health care that could endanger their lives. This callous treatment is often the result of cost-cutting, racism, and an inhumane, punitive approach to imprisonment. A true investment in positive rehabilitation would provide quality food and health care that values prisoners’ lives. IWOC demands better treatment for prisoners. Decent quality food and health care is the minimum a prison system should provide.

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