

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2014/02/01/prison-health-care-american-health-profession-ignoring-human-rights-issue-hiding-plain-sight/>

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by [James Ridgeway](#) | February 1, 2014



The following essay appeared as a guest post on the [Speaking of Medicine](#) blog published by PLOS (Public Library of Science.)

There are 2.3 million people in US prisons in conditions that are often inhumane and at worst life threatening. An estimated 80,000 of US prisoners are locked up in solitary confinement, which means in a 6 ft x 9 ft cell containing little more than a bunk bed, toilet, sink, shelf, and unmovable stool. Prisoners in solitary confinement are let out in leg irons, handcuffs and belly chains for exercise two or three times a week in dog kennel-type runs. Bathing is sporadic and the food often miserable and insufficient. [One third of prisoners in solitary confinement are thought to be mentally ill and half are placed in solitary for nonviolent crimes.](#)

Recently, the press has begun suggesting the situation in US prisons might be improving slightly. In part, this may be due to reforms pushed by the American Civil Liberties Union in Mississippi that forced reduction in numbers of men held in solitary and because of the hunger strikes in California which have brought small reforms there. Under steady pressure from citizen groups, Maine has reduced the numbers of men in solitary. Furthermore, reforms proposed by US Attorney General Eric Holder aim to reduce overall crowding in prisons by releasing the old and sick, and by loosening the hitherto mandatory drug laws. [These laws have sent untold thousands into prisons on lengthy sentences for minor drug offenses.](#)

As states cut costs, there is some pressure to shut down certain prisons, but the real story is business as usual. Cost cutting may shutdown prisons but also means that corrections officials double cell the inmates, that is, put two people in already cramped cells. Individuals serving sentences in solitary confinement live under these cramped conditions, not for weeks or months, but for years and decades. Two men have been in solitary at Louisianas Angola prison for 41 years. I write to a man in New York State who has been in solitary for 26 years. In Colorado a man in solitary confinement has not seen the sun in 10 years.

The most striking aspect of this scene is the lack of decent medical care for prisoners in the US whether in solitary confinement or in the general prison population. Over the last two years I have corresponded with prisoners who have been waiting for years to have dental work, and end up pulling their own teeth. Women line up at 4 am in Alabama to receive aspirin. People with hearing impairments are thrown into solitary confinement because, unable to hear, they cannot respond to the orders of officers. According to one doctor in the south, a man with an ear ache was given drops for months but finally became so ill he was examined at a local hospital outside of prison and was diagnosed with terminal brain cancer.

[I reported on a case of a woman in prison for a \\$11 non violent robbery who had received two consecutive life sentences.](#) She was suffering from end stage renal disease. The subcontractor which provided health care to Mississippi prisons brought in a dialysis machine which broke down during treatment. Her condition eventually deteriorated and she was sent to a city hospital where the doctor warned the prison she would die if taken back. The prison put her back in the cell anyway. Eventually after pressure from the National Association for the Advancement of Colored People (NAACP), this woman and her sister, who was also in prison, were released by the governor on grounds that the healthy sister gives a kidney to her sister.

Herman Wallace, 71, was shut up in solitary in Louisiana for 41 years. Five years ago he was diagnosed with hepatitis C. Last year he complained of stomach cramps and weakness. He was seen by a prison doctor who said he had a stomach fungus and administered an

antibiotic. A short time later, Wallace, having lost 50 pounds, still living in his tiny cell where the temperature was 96 degrees (35.6°C), became so sick he was taken to a hospital outside the prison where he was diagnosed with terminal liver cancer. His friends and lawyers requested that the state grant him compassionate release and allow the man to spend his final days with family and friends. And, indeed, shortly before Wallace's death, a federal judge in Louisiana, disregarding the states opposition, set him free. Wallace spent two days as a free man before he succumbed to the cancer.

These are not isolated cases. Every day I receive letters from people in US prisons many of them are locked in solitary confinement; fifty letters in a week. Today a man being charged money for medications goes without because he has no money to buy them. Another man with kidney and bladder ailments fears to go to lunch in case he infuriates other inmates by leaking on a chair. A man says he hasn't slept for days because of the constantly burning neon lights. Another says that he only catches a few minutes sleep when people around him have stopped screaming. Others stifle at the smell of excrement smeared on the walls. A young man writes he is cutting into his arm, but please don't stress his mom by telling her. He hopes to kill himself by tomorrow night.

I have raised the question with several doctors as to why the US medical profession doctors, nurses mental health professionals, etc show little interest in this enormous human rights issue on their doorstep, one directly affecting public health, and one which is even recognized and studied as an epidemic. To be sure there are medical practitioners who have plunged into this morass, but they are few and far between. And there are medical bodies, including [Physicians for Human Rights](#) and the American Psychological Association, which decry solitary. Physicians for Human Rights calls for independent evaluations and reform of health care policies. Much of this work is couched in the language of scholarly discourse, and often points to promising actions in the prison business. Sitting here, reading these letters, these academic statements seem utterly disconnected with what is going on.

Help is needed now, not only in the academic arena. As a layperson it seems to me unconscionable for the medical profession to turn its back on what has become a serious, large scale human rights issue; one that can be alleviated, at least to some extent, by medical professionals employing up to date technology, not, as reported above, broken down dialysis machines.

At the same time I meet doctors who long ago worked in Africa in the Peace Corps, still returning to places like Ethiopia each year to help provide medical care. American doctors fly into Haiti to spend exhausting weeks tending to desperately poor people. But these foul prisons in their own backyards are ignored. Doctors tell me it is too complicated dealing with prisons and that even if they should show interest the wardens will turn them away at the gates.

[Read the full article on the PLOS site.](#)

James Ridgeway (1936-2021) was founder and co-director of Solitary Watch. An investigative journalist for over 60 years, he served as Washington Correspondent for the Village Voice and Mother Jones, reporting domestically on subjects ranging from electoral politics to corporate malfeasance to the rise of the racist far right, and abroad from Central America, Northern Ireland, Eastern Europe, Haiti, and the former Yugoslavia. Earlier, he wrote for The New Republic and Ramparts, and his work appeared in dozens of other publications. He was the co-director of two films and author of 20 books, including a forthcoming posthumous edition of his groundbreaking 1991 work on the far right, Blood in the Face.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by [Juan Moreno Haines](#)

October 25, 2022

by [Solitary Watch Guest Author](#)

October 13, 2022

by [Vaidya Gullapalli](#)

September 29, 2022

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James Ridgeway

My son, Joseph Baker 1072245, recently transferred from SDCC to Ely. Solitary confinement for non violent disciplinary actions. For the next 3 years!!! How can that be?

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