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PRISON HEALTHCARE

Prior to the privatization of health services in 2013, Department of Corrections inmates were cared for by state employed health care professionals, including, registered nurses, advanced registered nurse practitioners, dentists, dietitians, pharmacists, nutritionists, behavioral analysts, behavioral specialists, psychologists, and mental health consultants. Despite staunch opposition and legal challenges from collective bargaining units, including the FNA, the state awarded private contracts to Corizon Healthcare and Wexford Health Services, laying off nearly 900 state health care workers. These employees were hard-working, dedicated people who served the needs of Florida's citizens.

Privatized operations of Florida's prison services have failed in the past. The private companies misled the state when they bid the contracts – the actual cost of privately supplied health care is much higher than the state was led to believe, and the prices are already starting to escalate.

Privatized private management of public services has been disastrous and has resulted in hiding future costs in areas like healthcare, pawning off the most expensive prisoners to house (like the infirm, mentally ill, and physically disabled), and cutting corners on things like safe staffing, proper health care, prison infrastructure, safe guard to prisoner ratios, and employment qualifications to save costs. Essentially, the private companies have failed to meet the quality of care standards outlined in their contracts with the state.

Alarming facts since the privatization of prison health care in 2013:

- Corizon was issued a fine by the DOC after Corizon failed to correct deficiencies in care that were found in an audit in 2014. A fine was also issued against Wexford for similar deficiencies.
- Reviews by state contract monitors and an oversight panel outline a litany of potentially lethal failings by Corizon and Wexford:
 - Death information in at least 33 instances, including autopsies, was not provided for state review, was only partially provided, or provided late.
 - Roughly 100 days after medical privatization was fully phased in, the monthly inmate death count shot to a 10-year high. The trend continued through 2014, when all deaths, including deaths from illness and suicide, rose to the highest levels since 2004.
 - Cancer patients were treated with Tylenol or ibuprofen and hot compresses; expired, unlabeled, and mislabeled medicines were stocked; proof that doctors or nurses saw inmates was faked or nonexistent; psychiatric drugs were handed out like candy; suspected cancers were slow to be diagnosed or treated; inmates with abnormal lab results were not always being seen; doctors did not evaluate inmates before they prescribed powerful psychiatric drugs; lab tests required before the drugs could safely be taken were missing; open vials of drugs were not properly discarded; and vaccines and insulin were left in drawers.

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- Sen. Greg Evers, Chair of the Senate Criminal Justice Committee, and his staff made an unannounced visit to one institution and found that more than 1,400 inmates were being monitored by one health care staffer.
- Although required, private company nurses and medical staff were not checking inmates after guards used force to subdue them.
- Private company medical staff failed to make rounds, in some cases for months. Charts for inmates with chronic illnesses were found missing basic medical information. Receiving medical care that could not be provided by the health companies' on-site doctors could take months.
- At one institution, two psychiatrists were responsible for 1,900 inmates, including 600 with moderate to severe mental illnesses.

In the 1976 Supreme Court decision, Estelle v. Gamble, the Court held that deprivation of health care constitutes cruel and unusual punishment, a violation of the Eighth Amendment. The Supreme Court further ruled that this rule applies regardless of whether the medical care is being provided by a state agency or private medical contractors. The Court also found that prison health systems are obligated to treat all "serious medical needs."

Courts have determined that a "serious medical need" is at issue when "whether a reasonable doctor or patient would perceive the medical need in question as important and worthy of comment or treatment; whether the medical condition significantly affects daily activities; and the existence of chronic and substantial pain." Additionally, courts will be likely to find a "serious medical need" if a condition "has been diagnosed by a physician as mandating treatment or ... is so obvious that even a lay person would easily recognize the necessity of a doctor's attention."

The Palm Beach Post has reported that since the State of Florida transitioned all prison healthcare services to private, for-profit healthcare corporations the death rate of inmates has risen from 12.8% to 57%, with 30 inmates dying in seven months. Of those prison deaths reported, illness related deaths accounted for the majority (88%) of deaths in state prisons.

The data available on the health of prisoners indicates that the quality of health is not optimal and does not parallel the health of the general population.

The correlation between transition of prison healthcare service provider and increased morbidity and mortality within the prison health system suggests that inadequate or inappropriate healthcare services are being provided to prisoners within the new prison healthcare systems as a result of policy changes by prison healthcare providers.

Nurses are subject to moral distress due to the ethical conflict created by dual loyalty to the patient while also being required to fulfill the requirements of the employer.

Consistent with the American Nurses Association Code of Ethics for Nurses 2015 Article 3.5, (8) "Nurses must be alert to, and must take appropriate action in ALL instances of incompetent, unethical, illegal or impaired practice or actions that place the rights or best interests of the patient in jeopardy."

The Florida Nurses Association advocates for appropriate health care for those inmates in the prison system. This includes, but is not limited to: 1) Promoting legislative action to ensure proper healthcare provision, and 2) Coordinating efforts with other entities working to ensure safe and appropriate prison healthcare delivery.