

Prisons: Breeding Grounds for Disease. Julian Assange's Life in Danger

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Global Research, April 08, 2020

Region: [Europe, USA](#)

Theme: [Law and Justice](#)

The US gulag prison system is the world's largest by far, the largely unreported in the mainstream shame of the nation.

Official numbers significantly understate the true number of incarcerated inmates annually.

According to a Prison Policy Initiative analysis, nearly five million people in the US are behind bars in prisons, jails, or other lockup facilities annually.

Around two-thirds of the US prison population is comprised of poor Blacks and Latinos.

Around 25% of US prison inmates are jailed two more times annually. Most individuals imprisoned in the US are behind bars for nonviolent offenses, many minor, many illicit drug related, many wrongfully convicted.

Prisons are breeding grounds for infectious and other diseases. They're far more prevalent than in the general population.

Even when seriously ill, inmates can wait days for woefully inadequate treatment.

Mentally ill prisoners exceed numbers in state psychiatric hospitals tenfold, according to one estimate, their numbers increasing, their condition worsening for lack of proper treatment.

According to the Bureau of Justice Statistics, nearly half of US inmates suffer from some form of mental illness. Over one-fourth have a severe condition.

Half or more of inmates are prescription or illicit drug addicted or dependent, notably from opioids.

Prison healthcare providers Corizon Health and Wellpath have been sued about 1,500 hundreds times in the past five years for medical neglect, negligence, and malpractice.

Numerous cases were for wrongful injury or death. In some US states, class-action lawsuits were brought against the entire system for inadequate healthcare, amounting to malpractice.

Arizona was held in contempt by a federal district court for "widespread and systematic failure" to provide proper healthcare for inmates.

In the US nationwide, inmates are vulnerable to healthcare neglect and malpractice.

In *Estelle v. Gamble* (1976), Supreme Court Justice Thurgood Marshal stated for an eight-to-

one majority ruling that “deliberate indifference to serious medical needs of prisoners” was inconsistent with Eighth Amendment guarantees against cruel and unusual punishments.

Even though this landmark ruling upheld the right of US prison inmates to proper healthcare, it’s not provided at a time of national indifference toward the nation’s most disadvantaged.

An American Medical Association survey of US prison conditions found dismal healthcare facilities, including poor equipment, none for emergencies, some prisons even lacking first-aid kits, an untenable situation.

A National Commission on Correctional Health Care established in 1983 failed to correct serious problems even though the First Circuit Court of Appeals ruled in 1987 that “adequate” care at a level “reasonably commensurate with modern medical science” must be provided to inmates.

It’s not throughout the US prison system at the federal, state, and local levels.

According to ACLU National Prison Project director **David Fathi**, private companies providing healthcare to prison inmates prioritize bottom line considerations over human health.

They commonly “deny care in what is literally a captive market,” adding:

“I don’t mean to suggest that government-run prison health care is perfect. It’s often appallingly deficient. But, at least when a government is providing the service, there is some measure of oversight.”

“You don’t have that with the private companies” — why firms are repeatedly sued for negligence and malpractice.

“Market forces don’t operate in the prison context for the reason that prisoners have absolutely no consumer choice.”

According to Prisoner Legal News, “(p)risons are incubators and spreaders” of infectious and other diseases.

They flourish because of over-crowding, poor sanitation, and unsatisfactory medical care.

Despite modern-day knowledge of what’s required for public health, improper healthcare for inmates threatens others incarcerated, especially because of prison population growth.

Social distancing is impossible to maintain. Tuberculosis (TB), influenza, and coronavirus strains, and other infectious can spread among prisoners if outbreaks occur.

In the US, around 90% of TB cases are in prisons. An estimated 40% of US prisoners are infected with Hepatitis C, many inmates with HIV/AIDS. Yet treatment is woefully inadequate.

During the US 2017-18 seasonal flu season, around 4,000 people died weekly — with no screaming headlines like currently about COVID-19 that caused about 12,800 deaths this

year, about 43% of them in NY.

Along with 1,232 reported deaths in neighboring New Jersey, both states account for about 52% of US fatalities from the disease. Only 277 people died from COVID-19 in neighboring Connecticut.

Despite the risk of epidemic levels in US prisons, federal, state, and local facilities aren't following guidelines for controlling outbreaks or properly treating infected inmates, risking the spread of the disease to others.

Prisoners are especially vulnerable to contagion from COVID-19 outbreaks.

Numbers of infected inmates are in low single digits so far in most parts of the country, Rikers Island, NY, an exception.

Other prisons could be affected the same way before numbers of infections nationwide decline significantly.

Infectious diseases are especially worrisome in closed prison environments.

According to ACLU criminal justice project director for northern California Lizzie Buchen, most inmates are housed two to a cell, though many are in open dormitories because of overcrowding.

"They sleep and live in very close proximity, sharing toilets, sharing showers. It is extremely unsanitary."

Soap can be in short supply, hand sanitizers considered contraband because of high alcohol content.

In 2018, a new San Quentin inmate infected with influenza caused a mass outbreak in the prison population.

Prisoners are more likely to be in poor health overall, so are more susceptible to diseases than the general population.

If COVID-19 outbreaks occur in prisons, they're ill prepared to treat them because of lack of proper equipment, including limited respiratory support.

Most California prisons are under federal medical receivership because of inadequate treatment for inmates.

Prisons nationwide and abroad aren't properly equipped to handle outbreaks of infectious or other diseases.

Large numbers of nonviolent prisoners are being released in the US because of concern about spreading COVID-19 outbreaks.

Yet seasonal flu/influenza is a far greater problem gone unaddressed.

Britain is releasing low-risk/nonviolent prisoners because of concern about spreading COVID-19 — Julian Assange not among them.

On April 5, WikiLeaks reported the following:

Assange “isn’t eligible to be temporarily released from jail as part of the UK government’s plan to mitigate coronavirus in prisons.”

“The Ministry of Justice confirmed with AAP that Julian Assange who is being held on remand in Belmarsh prison, will not be temporarily released because he’s not serving a custodial sentence and therefore not eligible.”

The “Coronavirus (Scotland) Bill contains a ‘Julian Assange clause’ which excludes prisoners in custody under the Extradition Act 2003.”

London’s maximum security Belmarsh prison where Assange is incarcerated under harsh conditions reported its first COVID-19 death.

According to WikiLeaks editor-in-chief **Kristinn Hrafnsson**,

“(a) third of (Belmarsh prison guards) are not showing up to work either because they have the virus or because they are in isolation.”

Prison population COVID-19 outbreaks are “undoubtedly higher than reported” because no adequate testing is being conducted, Hrafnsson added.

“Assange is in very bad shape. He is a very vulnerable individual, especially to a virus like COVID-19.”

“He has an underlying lung condition and would be considered at great risk even if living normally in society.”

“He is in a situation when his life is in danger every day and every hour.”

His lawyers lost contact with him for several weeks.

If extradited to the US and tried in open judicial proceedings, lack of credible evidence against him would likely make for a messy affair the Trump regime might wish to avoid by letting him fester and perish behind bars in London.

Because judicial proceedings in London’s Westminster Magistrates Court may continue into June or longer, Assange may not survive his ordeal because of deteriorated health gone improperly treated for months.

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