

Congress of the United States
House of Representatives
Washington, DC 20515-1013

March 8, 2024

Tyrone Oliver
Commissioner
Georgia Department of Corrections
7 MLK Jr. Drive, Suite 543
Atlanta, GA 30334

Dear Commissioner Oliver,

I write to express grave concern with the current system and poor state of healthcare services provided in prisons and jails across Georgia. Specifically, I am concerned with cost-cutting measures that have resulted in dramatically reduced care standards for incarcerated individuals.

As you know, the Georgia Department of Corrections (GDC) made the decision to privatize prison healthcare in 2021, awarding the services contract to Wellpath (formerly known as Correct Care Solutions, or CCS). Wellpath is a private prison healthcare provider with a troubled history of substandard care. The company has been named in over 1,400 federal lawsuits alleging theft, patient injury, medical malpractice, and wrongful death.¹ The company has also been noted for providing inadequate treatment to federal immigration detention centers. A 2018 U.S. Office of the Inspector General (OIG) report found that the company failed to provide individuals with timely access to proper medical care and subsequently forged medical records to disguise their actions.² The Justice Department found Wellpath's work in one Virginia prison to be so inadequate as to constitute a violation of the 8th Amendment ban on cruel and unusual punishment in the form of prison medical care as established in *Estelle v. Gamble* (1976).

Wellpath's visible deficiencies are magnified by the scope of their work. The company provides healthcare to 300,000 incarcerated individuals, including 6,000 minors. In Georgia alone, Wellpath operates in 70 correctional facilities, where they are responsible for providing healthcare services to more than 44,000 incarcerated individuals. GDC has contracted the company to provide emergency care, chronic care, dental care, medication management, diagnostic tests, infirmaries, inpatient hospitalizations, and specialty services.³ In practice, however, the quality of dedicated care for each of these services has failed to materialize. Instead, Wellpath has engaged in a pattern of substandard care to the detriment of patients across the state.

Wellpath's short tenure as the GDC's healthcare provider in the facilities they operate in, has been woefully concerning. Estimates by GDC medical staff highlighted how treatment referrals under Wellpath fell from a 90 percent approval rate to under 30 percent—a strong indicator that

¹ Project on Government Oversight, [access link here](#).

² Management Alert- Issues Requiring Action at the Adelanto ICE Processing Center in Adelanto, California, Office of the Inspector General, Sept. 2018, [access link here](#).

³ Health Services, Georgia Department of Corrections, [access link here](#).

individuals are not receiving proper, specialized treatment.⁴ According to numerous other claims, incarcerated individuals have reported complications with the Electronic Records Management Application (ERMA), the health records database managed by Wellpath, noting difficulties accessing health records or receiving incomplete or incorrect copies of their records. Additional reporting detailed the experiences of an individual at a Wellpath serviced prison who spoke about the complete indifference by Wellpath staff to patient pain levels and a refusal to provide even nonaddictive pain relief medication. Furthermore, some individuals have spoken out against Wellpath's convoluted grievance process and complete denial of care without explanation.⁵

In 2017, the Fulton County Jail terminated its contract with Wellpath following a spate of five inmate deaths within three months, all exacerbated by inadequate care.⁶ Jail officials cited Wellpath's staffing shortages, ignorance of preexisting conditions, improper procedures for handling mental health or substance abuse disorders, and lack of timely response to medical emergencies as contributing factors in all five deaths. These failures are a microcosm of the dangers apparent in the current correctional healthcare system that treats patients as expendable and places monetary considerations above human life. A report from the Pew Charitable Trusts showed that Georgia spends \$3,600 per incarcerated individual per year on healthcare, ranking 44th nationally.⁷ A system that prioritizes cost savings over health and safety will have predictably disastrous consequences and could lead to more preventable deaths within our state and local facilities.

GDC is entrusted with the responsibility of providing those under their control with an adequate standard of care compliant with the Constitutions of the United States and Georgia. The National Commission on Correctional Healthcare (NCCHC) has established 72 standards for prison health services in areas such as health promotion and disease prevention, special needs and services, the creation of a safe and healthy environment, personnel and training, healthcare services support, health records, inmate care and treatment, medical-legal issues, and governance and administration.⁸ A uniform standard of treatment not only sets a minimum level of care, but also gives internal and independent auditors a benchmark from which to measure. While I recognize most private entities may not feel bound by health standards—particularly those outlined by the NCCHC—it's important to remember these standards represent a floor rather than a ceiling and they should in no way limit the level of care incarcerated individuals receive.

The *Atlanta Journal Constitution* recently reported that Wellpath would be seeking to terminate their contract with GDC in June 2024, seven years early.⁹ While I welcome positive change in this matter, I urge GDC to prioritize human rights and dignity as they search to find a suitable

⁴ Dreams, C. "Georgia Privatizes Prison Medical Care-with Contractor's Goal to Cut Costs." Filter, 7 Nov. 2022, [access link here](#).

⁵ *Ibid*

⁶ Kass, Arielle, and Rhonda Cook. "Fulton Jail Deaths: County Moves to End Health Contract." AJC, The Atlanta Journal-Constitution, 14 Nov. 2017, [access link here](#).

⁷ Sharpe, Joshua. "Georgia Prison Workers Told of Plan to Privatize Healthcare; Hundreds of Jobs in Limbo." AJC, The Atlanta Journal-Constitution, 17 Dec. 2020, [access link here](#).

⁸ National Commission on Correctional Healthcare. "Standards for Health Services in Prisons." Standards for Health Services in Prisons | Office of Justice Programs, 1997, [access link here](#).

⁹ Robbins, Danny, and Carrie Teegardin. "Violence, Suicides Mount in Georgia's Woefully Understaffed Prisons." AJC, The Atlanta Journal-Constitution, 16AD, [access link here](#).

replacement. It is vitally important for the department to negotiate a more workable contract and find a long-term, sustainable solution. Any new contract should be predicated on the expectation that a provider will raise their standard of care and improve transparency in their operations.

As GDC negotiates a contract, it is crucial to evaluate all current data to inform future decisions. With the health and safety of incarcerated individuals and correctional staff as a priority, I respectfully request that you provide the following information in writing no later than April 12, 2024:

1. Please provide the most recent available data as of January 2024 related to the:
 - a. exact number of incarcerated individuals currently receiving care from Wellpath in GDC facilities, and a breakdown per facility—including all prisons, jails, and detention centers.
 - b. number of incarcerated individuals currently serviced by a provider other than Wellpath, and the names of those providers.
 - c. Wellpath staff-to-inmate ratio at all applicable GDC facilities.
2. What is the exact amount of healthcare spending per incarcerated individual as of January 2024?
 - a. Please provide the annual spending level between 2003-2023.
 - b. What is the minimum level of spending on healthcare that GDC mandates per inmate, per year? What is the maximum?
3. Why have approval rates for treatment referrals dropped from 90 percent to under 33 percent in GDC facilities from 2021 to 2023?
 - a. Please provide referral rates in Wellpath managed facilities from 2021 to 2023 and a list of common reasons for rejection of care referrals.
4. Does the GDC allow independent oversight of healthcare in their facilities? Provide dates and the names of organizations that have conducted independent audits of GDC medical facilities in the past twenty years.
5. Does the GDC follow guidelines set by the NCCHC or utilize a similar set of standards? Please provide the applicable standards of care that GDC health contractors must utilize.
6. What is the screening procedure for incarcerated individuals entering GDC custody? Is there a separate process for those who have a major physical or mental health condition?
7. How does Wellpath manage incarcerated individuals at risk of any acute mental health crisis or suicidal tendencies in GDC facilities?
8. What is the process for providing medication to patients suffering from acute or chronic pain?
 - a. Do patients receive pharmaceutical-grade pain relievers?
 - b. What steps are being taken to ensure pain relievers with a high potential for addiction are not being abused?

I thank you for your attention to this important matter and await your response.

Sincerely,

A handwritten signature in blue ink that reads "David Scott". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

David Scott
Member of Congress