Behind bars, they beg for medical attention from a giant government contractor. For some, help doesn’t come – or it comes too late. A CNN investigation exposes preventable deaths and dangerous care that government agencies have failed to stop.

By Blake Ellis and Melanie Hicken, CNN

The pleas for help describe excruciating pain, spreading infections and treatable conditions turning deadly.

They come from people locked up across the country. Some face charges as minor as unpaid traffic tickets. No longer able to seek medical care on their own, they make written requests -- and wait.
“Please help me before its too late,” wrote 60-year-old Henry Clay Stewart from the Hampton Roads Regional Jail in Virginia in 2016. Stewart reported abdominal pain, blackouts and an inability to keep down food or water. He asked to see a doctor or nurse “ASAP” and begged to be sent to the emergency room.

Stewart ended up in jail for a probation violation related to a five-year-old incident where he had shoplifted an 18-pack of beer and swung it at someone attempting to stop him. He died after seeking medical assistance for almost a month, according to a federal investigation. An autopsy showed a perforated ulcer had filled his stomach with at least a pint of blood.

Alisant Scott detailed agonizing pain as she felt a knot in her breast grow to the size of a baseball. “Need attention as soon as possible,” she wrote in 2016 from the Oakland County Jail in Michigan. "I've tried being patient but the pain that I'm feeling is so bad.”

Scott was prescribed a basic antibiotic that medical records show did little to combat a dangerous MRSA infection inside her breast, and she was ultimately forced to undergo a mastectomy. The then 43-year-old, who was in jail related to check fraud, survived but lost her breast two weeks after her first of three written pleas.

“Help, I am very sick,” wrote Jeff Lillis, a father of five who was booked into Colorado’s Arapahoe County jail in 2014. The 37-year-old, who had a history of drug- and theft-related charges, was never seen by a doctor.
He died in a pool of blood and vomit. An autopsy showed he died of sepsis after a case of pneumonia became so severe that his left lung nearly doubled in weight from the infection.

Stewart, Scott and Lillis were among hundreds of thousands of inmates whose medical care has been entrusted to Correct Care Solutions (CCS). Recently renamed Wellpath after being acquired by a multibillion-dollar private equity firm and combined with a smaller competitor, it is the nation’s largest for-profit provider of health care to correctional facilities. The company has won government contracts that span more than 500 facilities in 34 states. It promises to provide better services than its competitors and to save agencies money while doing it.

But internal documents and emails, medical records, autopsy reports, audits, interviews with more than 50 current and former employees and scathing correspondence from government clients show that amid a focus on “cost containment” and massive corporate growth, the company has provided substandard care that has led to deaths and other serious outcomes that
could have been avoided. CNN’s investigation looked at complaints and problems at nearly 120 locations in 32 states.

The company claims to hire qualified employees -- and enough of them to proficiently do the job. But these records and interviews describe how it has repeatedly relied on inexperienced workers, offered minimal training and understaffed facilities.

Across the country, the same themes have been found: doctors and nurses have failed to diagnose and monitor life-threatening illnesses and chronic diseases. CCS employees have denied urgent emergency room transfers. They have failed to spot or treat serious psychiatric disorders and have allowed common infections and conditions to become fatal.

A review of lawsuits filed between 2014 and 2018 found that CCS, now Wellpath, has been accused of contributing to more than 70 deaths. (CNN photo illustration: Family photos/Law enforcement agencies)
Employees at three facilities told CNN that workers shredded medical requests or hid them in boxes because of a lack of staff and resources. In other places, documents and interviews recount how requests had been found stuffed in drawers or ignored for weeks.

A review of lawsuits filed over the last five years found the company has been sued for more than 70 deaths. In other lawsuits over that time period, inmates have alleged prolonged suffering, ongoing complications, shortened life expectancy and debt. Coroner’s reports, medical records and government investigations provide evidence of CCS’s direct role in many of those cases, though the company did not comment on specific litigation, patients and employees.

Doctors who examined records from around a dozen deaths and other incidents for CNN said they believed that in the majority of the cases they reviewed, serious outcomes could have been avoided and inmates including Stewart and Lillis could have lived had CCS provided proper care.

**CNN’S REVIEW OF LAWSUITS**

Reporters reviewed the dockets of hundreds of federal and local lawsuits filed against CCS between 2014 and 2018.

After excluding cases filed by inmates without representation (which the company has said are typically dismissed) and cases where a judge or jury sided with CCS, the contractor has been accused of substandard care in around 200 lawsuits.

Reporters looked through all of these cases to determine the extent of allegations made against the company, confirm the status of each case and examine the evidence.

More than half of the closed cases resulted in settlements confirmed by court records and attorneys.
Harrowing details from cases involving CCS have grabbed local and national headlines for years. Just last month, public defenders called attention to an incident where a mentally ill woman gave birth alone in her cell nearly seven hours after first alerting staff to her contractions.

But over the years the company has only grown larger -- maintaining contracts in the face of controversial deaths and scooping up new ones in place of other contractors with problematic records.

Even some local governments that have hired CCS -- outsourcing a constitutional duty they found too expensive, risky or complicated to do -- have condemned its practices in internal correspondence unearthed through public records requests.

One county that terminated its contract after less than two years called the company’s performance “morally reprehensible.” Another said CCS’s failures had turned its jail into a sinking submarine.

Based in Nashville, the company oversees the medical treatment of inmates at facilities including small county jails, sprawling state prisons and juvenile and immigrant detention centers. It is responsible for around 300,000 people in custody every day, including more than 6,000 juveniles, and it is projected to bring in $1.5 billion in annual revenue.

In two interviews and multiple emails to CNN, officials defended the company’s overall work, saying it provided quality health care to a very needy and vulnerable population. They declined to discuss any specific criticism from
employees, saying it may have come from workers who weren’t a good fit for the industry, and wouldn’t comment on the details of any of the deaths CNN identified. “All deaths are unfortunate,” said Dr. Cassandra Newkirk, Wellpath’s chief psychiatric officer, “but they are inevitable in any health care environment.”

What critics fail to see, Newkirk said, is "the number of lives that we save, the number of people that we help, the number of thank you’s we get from the families as well as patients whom we serve.

**Government agencies slam CCS**

Government agencies from across the country have criticized the care provided by CCS in internal correspondence and other public records.

“CCS has always referred to Clark County as their flag ship on the west coast. During our discussions I communicated to you that your flag ship was taking on water and in danger of sinking....

It is painfully obvious that there is a disconnect somewhere in the communication process at the corporate level or other levels of management within CCS.”

2018 letter from Clark County, Washington

“The more I learn, the more questions arise regarding our partnership and relationship with CCS.”

2017 memo from Kitsap County, Washington

“Chief Solis asked if CCS staff had a complete
The company acknowledged some flaws in care but called any unfortunate outcomes isolated incidents, with Wellpath’s president saying “many are unavoidable, but some are the result of (company) policies not being followed.” Wellpath said every one of these bad outcomes, including death, is thoroughly reviewed to determine whether anything was missed and that over a 10-year period, given the large population it serves, it has been sued less than “national, non-correctional, healthcare entities” -- though it wouldn’t explain how it made this comparison. It said providing medical care in jails is similar to working in an emergency room, since employees have “limited time with patients who are often experiencing one of the worst moments of their lives.”
H.I.G. Capital, the private equity firm that acquired CCS, said it is committed to “socially responsible investing” and “believes strongly that its investment in Wellpath is consistent with these high standards.”

View the full statements from Wellpath and H.I.G. Capital

Wellpath officials insisted that the company never incentivizes withholding emergency or other services, noting that contracts structured in a way that would allow the company to potentially lose or save money based on spending are dictated by their clients. “Wellpath seeks to control costs not by restricting care, but by providing efficient, effective, medically-appropriate care,” the company said in a statement.

It said that while certain agencies have raised concerns, most of its clients are satisfied. Employees, the company said, treat inmates as they would members of their own families.

But current and former employees who spoke to CNN, ranging from those in the corporate office to facility managers overseeing medical services and the nurses who provide the bulk of the care, disputed this characterization. Some said specialized testing, medication and treatments were often denied. Others said the contractor had grown too big too fast -- becoming more intent on landing new contracts than focusing on the ones it already had. The majority said company culture makes it very difficult to adequately evaluate and respond to inmate needs.
Former CCS employees Tara Becker, Kelly Brumley, Jeanien Maese and Crystal Tucker all voiced concerns about the care being provided to inmates in the facilities where they worked. (Melissa Lyttle for CNN)

At least a dozen nurses said working for CCS put their licenses at risk -- criticism the company said it is not aware of. A few said they had positive experiences. Others said workers are disciplined or fired for raising concerns.

In resignation letters obtained by CNN, employees said they were leaving because of the way both medical staff and inmates were treated.

Tara Becker, a former nurse at the Kitsap County Jail in Washington State, grew alarmed by what she saw within a week of starting her job. The medical unit was understaffed, she said, inmates’ requests went unanswered, and medication errors were being made. She worried many of her coworkers were
incompetent. A fellow nurse was hired despite having her license suspended in a different state, and Becker’s boss would go on to have her license placed on probation for inappropriate prescription practices at the jail. Though Kitsap County officials also criticized CCS care in correspondence obtained by CNN, they declined to comment.

Becker feared she jeopardized her own license just by showing up for work. After around a year and a half with the company, she resigned in 2017. “CCS is about the mighty dollar,” Becker said. “If they can cut costs ... who cares who suffers in the process.”

In 2016, a jail sergeant in Illinois told investigators that she was about to call an ambulance for 59-year-old Paul Clifton Jr., who had been having difficulty breathing, when CCS employees said his condition had improved and that it was unnecessary to send him out. His blood pressure remained dangerously high and he complained of chest pains, but government documents show an ambulance still wasn’t called until he was unresponsive. The man died around 32 hours after entering the jail.

Millions of people end up in US correctional facilities every year. Many have not been convicted of a crime but are in jail because they have been arrested and cannot afford bail. They often suffer from drug and alcohol addiction, mental illness and chronic conditions. Their needs can be daunting, and agencies may be unwilling or unable to provide enough money to meet
them. But the Supreme Court has ruled that they are entitled to medical treatment under the Constitution.

“Just as a prisoner may starve if not fed, he or she may suffer or die if not provided adequate medical care,” Justice Anthony Kennedy wrote in 2011, referencing a pivotal 1976 decision establishing that so-called deliberate indifference to serious medical needs could, in the worst cases, amount to torture.

What adequate care actually means, however, has been left open for interpretation. No federal regulations set specific and detailed standards for health care provided to inmates in state and local prisons and jails. And without uniform government monitoring of all correctional facilities, oversight varies dramatically -- often falling on industry accreditation groups and the very government agencies that hire contractors like CCS.

In the best hospitals and clinics, mistakes can be made. In correctional settings, the delivery of health care is particularly complicated. The need for added security can cause delays and barriers. And when things go awry, guards and other officials can also be at fault.

But in a wide range of facilities where CCS has been involved, the company’s problematic care and its own culpability have been clearly documented.

An autopsy report determined that the 2013 death of a 37-year-old woman housed in the City of Las Vegas Detention Center was a “Medical Diagnostic
Misadventure or Avoidable Accident.” The report said she died from a severe complication of diabetes, calling it an “expected and foreseeable risk” and stating a diabetes diagnosis should have been made. CCS said in a court filing that there was no evidence its employees actually knew the woman had diabetes, but the medical examiner said in a deposition that he reviewed CCS records that included this fact.

Another coroner’s report stated that a 38-year-old man committed to the Columbia Regional Care Center, a South Carolina psychiatric facility, died in 2017 of “acute mixed drug toxicity” after records show CCS employees had given him a dangerous cocktail of drugs. The “level of medications” found in his system, according to the coroner’s report, “would cause death.” CCS said in court documents that its employees “exercised that degree of skill and care required of them by law at all times.”

In September 2017, at least three weeks after CCS first noted a cancer diagnosis for an inmate at Indiana’s Marion County Jail, an official court inquiry was made about the inmate’s statement that he was receiving only ibuprofen. It was after this that the inmate received his prescribed chemotherapy medication, which had to be obtained from out of state, a spokesperson from the sheriff's office said to CNN.
After questioning why he wasn't receiving his prescribed cancer treatment, an Indiana inmate continued to complain about his medical care. “If I wasn’t in severe pain, I wouldn’t be asking,” he wrote in a request for pain medication. “Why do you not send me a response to my requests?”

A judge in Tennessee released inmates from the Silverdale Detention Center who he believed were not receiving adequate treatment from CCS. This included a man who said his cancer wasn’t being treated and that he was only receiving Tylenol for an injury that left a bone protruding from his shoulder. “I think the medical care that you’ve been receiving at Silverdale, for reasons I don’t understand, is inexcusable,” the judge told the inmate in court in 2017, according to a transcript. CoreCivic, which operates the jail, didn’t comment on specifics but said it “is committed to providing high-quality healthcare to those entrusted to our care.”

In a deposition in a South Carolina lawsuit, a CCS medical director at Richland County’s Alvin S. Glenn Detention Center, where employees waited days to send a badly-injured inmate to the emergency room, said in 2014 that the company made it clear that employees who “run up the tab” wouldn’t be around very long. He said there was pressure on him from both the county
and CCS to limit emergency room transfers because of the “severe expense” involved -- regardless of who had to foot the bill. The company said there was no reason for physicians to feel this kind of pressure, since it purposely does not share details of financial arrangements with providers. It also said that the majority of its nearly 15,000 employees do not feel this way. The county didn’t comment on the doctor’s statement but said “detention center employees follow medical instructions from the facility’s medical providers.”

After inspecting an immigrant detention center in Adelanto, California, where CCS was the provider, a Department of Homeland Security watchdog found that detainees did not “have timely access to proper medical care.” According to the 2018 report, detainees said they had not been seen for months or received their medications and doctors were indicating they had seen patients they didn’t actually visit. US Immigration and Customs Enforcement, which oversees the facility, said at the time that it takes the findings seriously and would be conducting a review to ensure standards are now being met.

In December, the US Department of Justice took the rare step of declaring the medical program at a Virginia jail unconstitutional. It found that inmate requests at the Hampton Roads Regional Jail were ignored or otherwise not taken seriously, resulting in serious harm and death.

“The nursing director was admonishing the nursing staff for leaving sick call slips uncollected in a box for one month without any answer,” the DOJ wrote about the medical request system overseen by CCS.
The current superintendent at the jail said officials will use the DOJ’s findings as a “beneficial tool” going forward. Many changes were already in place by the time the report was issued, he said. The company said there is now a strong program at the jail, pointing to the fact that the DOJ findings also included an earlier provider.

One of the inmates at the jail was Stewart, the 60-year-old man whose “emergency grievances were ignored as his condition worsened,” according to the DOJ report, until he "slowly bled to death.”

Jail officials blamed CCS for “deficient” care in Stewart’s death, the DOJ stated, but nonetheless renewed its contract.
CCS denied in legal filings that employees had ignored Stewart’s requests or provided substandard care. When asked by CNN about cases where inmates have died after repeatedly asking for help, the company said this is not the way the process should work.

"The care provided was inadequate and I feared that staying would jeopardize my license.

Former CCS nurse Eboné Thompson, who worked at a prison in Arkansas and spoke with CNN"

Stacks of unanswered blue medical requests littered the reception desk of the clinic at the Pierce County Jail in Washington state. The medical unit was chronically understaffed, according to county officials who complained that the CCS doctor could rarely be reached on the phone “in a timely manner, if at all.”

Within the first couple of months of the county’s 2014 contract with a CCS-owned company known as ConMed, officials began to catalogue “serious issues” with the care being provided. They would continue to document those issues -- and more -- in emails, employee depositions and other records.

Among them:
Employees were escorted out of the jail after county officials discovered they weren’t licensed to practice in the state.

Some of the medical unit’s written policies appeared to have been copied and pasted from another facility. One page directed employees to report cases of sexual assault by calling an emergency room 1,500 miles away in Minnehaha County, South Dakota.

One day, a nurse said he found inmate requests stuffed in a drawer in a completely different part of the jail -- nowhere near the main clinic, where they should have been filed.

Inmates frequently went without vital medication. “We had a drug holiday for one week,” a director of nursing was reportedly overheard joking. County officials would later recount how guards found one inmate trying to tear his cell apart when he was given baby ibuprofen instead of the liquid morphine he had been prescribed for a broken jaw that had been wired shut.

When a nurse practitioner put in her verbal resignation, her reasons for leaving were listed in an email from the CCS administrator at the facility, which shows that corporate was also notified:

1. Too much risk in regards to license
2. Patient safety
3. Training deficit for self and nursing staff.

After more than a year, Pierce County ultimately withheld four months of payments, amounting to nearly $1.5 million. When the county determined that
CCS hadn’t resolved the issues it cited, officials terminated the contract -- later calling the company’s performance “morally reprehensible.”

“The numerous specific instances of conduct contained in our records would shock the conscience,” a county attorney wrote in 2016. Medical attention for inmates, she wrote, is a basic human and civil right -- not just “a janitorial function.”

CCS took Pierce County to court in an attempt to get paid, alleging the agency was in breach of contract. The county countersued, saying it hadn’t received the services it had been promised. In its legal response, CCS denied the allegations.

A jury ruled in Pierce County’s favor in March, with the county receiving a final judgment of nearly $2 million (including interest). The company is appealing the decision.

A nurse at a jail in New York accused 36-year-old Rashod McNulty of faking his chest pain. He went into cardiac arrest and died within hours, and an officer wrote in a 2013 facility incident report that he “had to endure and watch him take his last breath because he was denied medical treatment by medical staff.” A state investigation ultimately found his death “may have been prevented” if he had received adequate care.
Other government agencies have been waging battles behind the scenes.

Complaints about CCS’s performance and claims about how the contractor has put inmates in danger are revealed in internal emails and letters obtained through public records requests. These records, from the last five years, came from 11 different government agencies.

Emails and meeting minutes from recent years show how officials at the Gwinnett County jail in Georgia were convinced CCS wasn’t providing the service it promised.

They tasked an employee with staying on top of the company and making sure inmates were getting the care they needed. The job of the Medical Contract Compliance Auditor was held by Tammy Bayshore, whose 2017 and 2018 emails show how she and other officials were constantly spotting issues that needed to be addressed. Minutes from a November 2017 meeting with CCS include how Bayshore described an emergency situation where none of the nurses on duty had known how to use Narcan, a drug commonly used to treat opioid overdoses.

In other meetings, Bayshore and others discussed how “critical patients are not getting addressed or followed up on” and medical requests were nowhere to be found. “Staff don’t know where they are.”
Grievances written by inmates at the Gwinnett County Jail contain a range of complaints, including from HIV patients who said they weren’t receiving their medications. “This is a terminal issue and is to be taken seriously,” one wrote.

Bayshore also forwarded to CCS hundreds of written grievances in which inmates complained they weren’t getting vital medications for conditions like HIV or being seen by a doctor – or even a nurse.

Bayshore did not respond to a request for comment. The county said that “any concerns expressed by our staff regarding the quality of service provided by Correct Care Solutions have been addressed and we are satisfied with the level of service we now receive.”

While the company claims its current staffing is close to 100% of the levels required in its contracts, understaffing and resulting delays were a common thread in the correspondence sent to CCS by government agencies.

An official with the Texas Civil Commitment Office wrote in 2016 that the agency was “extremely concerned with the lack of treatment” being provided to sex offenders committed to a state facility. CCS was ultimately hit with $1.1 million in financial penalties during its roughly four-year contract, for citations
ranging from the hiring of unqualified therapists and other employees to allowing referrals for offsite visits to go unscheduled for months. The agency told CNN it recently chose to transition to a new provider.

**WHO IS WATCHING?**

- Oversight of correctional health care varies drastically from county to county and state to state because of a lack of federal regulations, comprehensive oversight and monitoring. As a result, it often falls on the courts to decide what constitutes adequate care when lawsuits are filed.

- The federal government oversees its own prisons and detention centers, and some states have government watchdogs tasked with overseeing certain kinds of correctional facilities. Monitoring often comes from industry nonprofits that create standards, conduct surveys and grant accreditation to those they deem satisfactory. But this process is voluntary and experts argue the criteria are not stringent enough.

- Government investigations of deaths in correctional facilities often only go so far. Some examine whether criminal activity like an assault contributed to a death rather than potential missteps by medical staff, while others may examine medical treatment but result in no action.

Earlier, the Texas Commission on Jail Standards was alarmed by what it found when investigating the 2014 death of inmate David Courtney, who had been held in the Montgomery County Jail. An email from the commission said that Courtney waited nearly two months to see a doctor despite multiple notes in his records about blood in his stool.

"I am certainly not a medical professional but it should not take over a month and a half to receive adequate medical attention when it is noted in the charts on at least 4 occasions," Shannon Herklotz, the assistant director of the commission, wrote to CCS official Chris Bove in 2015. “Somebody dropped the ball or they simply ignored the request. … This is very concerning
because this appears to be a simple request. It makes me wonder what is being done with the more serious requests??"

Bove, who declined to comment, acknowledged at the time that “there were opportunities for improvement on the care provided to Mr. Courtney,” who ultimately died of AIDS in a local hospital. “We are working diligently to increase our staffing,” Bove wrote to Herklotz.

As a result of the investigation, the commission found that the facility did not meet minimum standards and placed it in noncompliance. Montgomery County Sheriff Tommy Gage pressed Bove to hire more employees and make other changes, and the jail was able to regain compliance. The Sheriff’s Office told CNN it obtained additional funding for increased staffing and that Courtney’s death was “the result of complications from a chronic illness, and was not a result of the noted deficiency.”

A couple years later, in 2017, the county hired another contractor that public records show wooed the jail officials with testimonials from other counties criticizing CCS.

But the break didn’t last long.

Last year, the county’s new medical provider combined with CCS -- placing inmates at the Montgomery County Jail in the hands of the company once again, now under its new name Wellpath. “At this time, it appears that WellPath is providing appropriate medical care to our inmate population,” the Sheriff’s Office said.
Wellpath President Kip Hallman, who formerly ran this smaller competitor that recently combined with CCS, said “the combined strengths” of the two companies “have made Wellpath a much better organization today than either organization was before.”

Hallman put CNN in touch with a California sheriff who said his agency had worked with Hallman’s company since 2012 and has been impressed with its performance — both previously and now under Wellpath. Wellpath also referred CNN to a sheriff in Wisconsin, who said he began working with CCS more than eight years ago. The sheriff said his agency is fortunate to receive generous funding from the county to pay for robust medical care and mental health services, and that he set the expectation with CCS from the very beginning that he did not want to cut corners. He said the agency has experienced fewer deaths and lawsuits under CCS, and it has been very pleased with the level of care.

But that wasn't the case in Fulton County, Georgia, where a government official wrote in a 2017 letter announcing an intent to terminate the contract that serious staff shortages put inmates and the county at risk in the event of an emergency.

“The sole link” between five deaths reported in a period of 75 days, the county said, was the medical treatment the inmates had received. CNN confirmed that at least one of the deaths has been under criminal investigation by the Georgia Bureau of Investigation, though the agency would not disclose
whether medical care had been reviewed as part of this. The company said it was ultimately a mutual agreement to end the short-lived contract.

“I have been witness to many an incident that could put the company and nursing licenses in legal jeopardy.”

Resignation letter from Jenny Bowman, a former nurse at the Kitsap County Jail in Washington

It was a Monday in September of 2014 and CCS nurse Kelly Brumley was about to clock into her job in the medical unit of a Memphis prison when a colleague pulled her aside.

She had something to tell her. And even Brumley, who’d witnessed a lot in her 20-year career, was shocked to hear it: A fellow nurse was so sick of dealing with requests from inmates that she had stuffed them into a shredder box.

It’s all the same crap anyway, she was overheard saying as she made them disappear.

Brumley was in charge of making sure inmates who requested attention were seen in a timely manner. She had recently reported someone for not examining patients who had asked to be seen. As Brumley remembers that morning unfolding, she grabbed the key to the shredder box, unlocked it and
brought it into her supervisor’s office -- where she dumped the contents out in front of him.

Late Friday night, an email from the director of nursing confirmed the incident to the staff.
As far as Brumley and other employees at the Shelby County Correctional Center could tell, no one spoke of it again: They heard of no investigation, no additional staffing or training put into place. A few months later, with no response from her immediate supervisors, the witness to the shredding notified a corporate employee as well, as shown in an email obtained by Brumley.

Brumley continued to cite problems to supervisors for almost a year after the shredding incident and says she was fired in 2015. Brumley and another former nurse, Crystal Tucker, who said she also raised concerns about patient neglect and racial discrimination, are suing the company for wrongful termination. Brumley said CCS cited a vague attendance issue when it fired her but gave no further explanation. As part of the recent legal proceedings in the case, Brumley says she was shown a document stating she had been accused by a supervisor of creating “disharmony.”

Both women are convinced they wouldn’t have lost their jobs had they kept their mouths shut. In response to the allegations made in their lawsuit, CCS said it acted in “good faith” regarding both women’s employment and did not violate any laws.

Patrick Cummiskey, a founding member of CCS who now serves as a consultant for Wellpath, declined to comment on personnel issues, but said he hadn’t heard of requests being shredded. He said paper requests are not ideal and the company has been working with particular clients to transition to an electronic system. The Shelby County Division of Corrections declined to comment.
Internal emails sent by nursing supervisors and other employees, as recently as last year, recount other issues at the facility. An inmate ending up in the ER when his wheelchair was taken away. Another not receiving an important mental health medication. Dangerous prescriptions left unlocked and slid
under doors to cells holding multiple inmates. Pills being found in the wrong bottles.

“Some of these things,” an administrator wrote to a regional vice president at the company headquarters, “are VERY serious, and place us all in a dangerous position.”

The dangers inmates face can become deadly.

Despite red flags, the same problems are repeated over and over -- county to county, state to state and sometimes in the same facilities -- in the worst cases leading to deaths that could have been prevented.

Jeff Lillis, a 37-year-old father of five, was in the Arapahoe County jail in December 2014 when he got sick and started running a fever. Then, as government records detail, he began coughing up blood, and a nurse (who didn’t work for CCS) called a CCS doctor. Instead of ordering an X-ray of the man’s chest, or requesting lab work to test for infection, the records show the
doctor prescribed cough medicine. The next day, Lillis was found dead in a pool of blood and vomit.

The **autopsy report** for Lillis showed how “severe” pneumonia had become deadly.

Several years later, the state medical board found that the doctor had acted “below the generally accepted standards of practice.” A 2018 **letter** from the board stated that he failed to document any effort to advise the nurse on “concerning symptoms to watch for” and instructions for when Lillis should be sent out for further evaluation, even as he “rapidly deteriorated until his death.” His ability to practice, however, was not affected by the action.
Denny Lovern entered the same Colorado jail in April 2017, more than two years after Lillis’ death. Because of a serious heart condition, intake records show that the 59-year-old told medical staff he had four stents. He was also taking a medication aimed at preventing heart attacks.

During his first few days in the jail, Lovern didn’t receive the medication because it wasn’t in stock. On April 5, he complained of acid reflux and said he wanted to see a doctor. He sought assistance again on the evening of April 6, citing chest pain. He “was feeling as though he may be having a ‘heart attack,’” a CCS nurse wrote in his chart.

But instead of calling a doctor, records state that the nurse gave him an antacid and put him in the medical unit for the night. Lovern received his first dose of heart medication the next day, but he was still not seen by a doctor. The morning of April 8, around five days after he was admitted to the jail, Lovern collapsed onto a toilet and died in his own blood and vomit -- just like Lillis.

Their families have sued CCS, its employees and the county for what they believe were wrongful deaths.

Experts who reviewed medical records for CNN pointed to serious lapses in care in the deaths of Lillis and Lovern, among other inmates. Several cited a pattern of lower-level nurses making critical decisions that, by most state laws, they should not be making on their own — including the nurse who treated Lovern’s chest pains with an antacid.
Dr. Kathryn Locatell, a physician board-certified in internal medicine who regularly investigates abuses in the medical system alongside the California Department of Justice, said the cases pointed to “systemic issues” at CCS facilities, and that the withholding of treatment she saw documented could suggest financial motivation taking precedence — saying she believed CCS could have prevented the deaths of inmates including both Lillis and Lovern. Locatell has been hired as an expert witness on cases involving allegations of inadequate care of elderly patients, including one where an inmate’s family is suing the smaller contractor that joined with CCS.

County officials declined to comment on the two men’s deaths or the company’s performance, citing the pending litigation. CCS admitted in court
filings that an autopsy found Lillis died of sepsis but denied his family’s allegations that his death could have been prevented. In the case of Lovern, CCS acknowledged in a legal response that employees determined Lovern was having “gastro-esophageal issues,” but denied that a company nurse ignored what the lawsuit claimed were “obvious symptoms of a man in medical crisis.”

In a statement, Wellpath said it “does not believe the circumstances of these cases are indicative of systemic problems with the healthcare services that Wellpath provides at this facility.”
Jeanien Maese, a former CCS dental assistant in the jail, considered Lovern one of her favorite patients. He was frequently behind bars for a long string of DUIs, but she remembers him as friendly and easygoing, and said he liked to talk with her about his life. When she learned of his death, which she viewed as clearly preventable, she wanted to leave her job. Instead she decided to try to change the company from within.

Maese, who said she started working for the facility more than a decade ago when the county ran the medical unit, said that after CCS took over she repeatedly made it clear to her supervisors and a county official that she believed inmates were at risk.

Medical decisions and staffing were being driven by an “obsession with profit,” she said.

Once, Maese recalled, she and the dentist she worked with sent a man with a dangerous bone infection to the hospital in a police car after CCS failed to transfer him for more than a month. She believes her complaints, specifically
those about broken equipment keeping patients from being seen, motivated her boss to write her up for “insubordination.”

Maese finally resigned in September, writing an email to both her employer and a county official saying that CCS’s goal wasn't to take care of people the way the county once had. “I don’t want someone’s blood to be on my hands,” she said in an interview.

Arapahoe County, which has continued to renew its contract with CCS, did not comment on Maese’s complaints, and neither did the company. But the county official who received her resignation letter noted to his colleagues in an email obtained through a records request that while “concerns” existed, he believed CCS was providing quality care at the jail.

“I am more interested in moving forward,” he wrote.

We were constrained with things that were the cheapest.

Rae Ann Smith, a former nurse practitioner at a county jail in North Carolina who spoke with CNN

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CS wants to move forward, too. After 15 years in business, the company shed its former identity to become Wellpath — already picking up more than $200 million worth of contracts under this new name. Most notably,
it just inked a $100 million deal with an arm of the US Justice Department -- the same agency that slammed its care in Virginia as unconstitutional. Its mission: to “provide quality care to every patient,” “always do the right thing” and provide “hope and healing to those who need it most.”

Have you worked for Correct Care Solutions (now Wellpath) or had an experience with the company that you would like to share? Email us at watchdog@cnn.com.

Syracuse University students Joshua Horwitz, Rashika Jaipuriar, Giulia Milana and Natasha Yurek contributed to research for this story, as did the CNN Library.

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