

A REPORTER AT LARGE

STARVED IN JAIL

Why are incarcerated people dying from lack of food or water, even as private companies are paid millions for their care?

By Sarah Stillman

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Mary Faith Casey died after prolonged starvation in a county jail. “We know that Mary is one of many,” her sister said. Illustration by Adam Maida



Save this story

Carlin Casey first considered the idea of human starvation when he was seven years old. Back then, in 1992, his mother, Mary, read aloud to him and his little sister, Karina, from an unusual bedtime story, Anne Frank’s “Diary of a Young Girl.” The family led a life of relative abundance. At their pueblo-style home in California’s Coachella Valley, Mary blasted Madonna in the kitchen as she made her kids burgers or big plates of spaghetti, lighting candles and burning

essential oils (“for the vibes,” Carlin told me). Curled up in bed, listening to his mother describe Anne Frank’s privations, Carlin wondered, what was it like to experience a hunger so cutting? “Now, when I look back on it,” Carlin said recently, “I think maybe that was my mom’s way of trying to warn me—trying to prepare me for how cruel the world can be.”

The memory returned to Carlin years later, in August of 2022, when his then partner, Eric, drove him to Banner-University Medical Center, in Tucson, Arizona. The pair walked into the emergency room. There, Carlin found his mother, looking skeletal in a hospital bed, wearing a diaper. When he’d last seen her, that spring, Mary was a healthy hundred and forty-five pounds, her cheeks bright. Now she was so emaciated that Carlin gasped. “She looks like a famine victim,” he told Eric. He stepped closer.

Mary’s hair—once long and lustrous, a lifelong point of pride—was matted to her head, Carlin noticed. She weighed ninety-one pounds.

“What happened to you, Mom?” Carlin asked.

Mary could barely speak. She worried that Carlin wasn’t actually Carlin. She’d spent the whole night screaming in pain and fear. Her jailers, she believed, might come back for her. “You don’t understand,” she told her son, who she thought might be a robot, or a co-conspirator. “They’ll do whatever they want!”

Carlin told his mom that he would investigate. He’d figure out how she had wound up in such a dire condition, and he’d identify who, exactly, was responsible.

“They aren’t going to let you,” Mary replied. She tried to weep, but her body was too dehydrated to make tears.

Carlin had no idea he was stepping into a scandal that involved health-care corporations with, in at least one case, an annual revenue of roughly a billion

dollars—a scandal that implicated core institutions of American public life and affected a shocking number of victims across the country. At its worst, the wrongdoing involved state-sponsored homicides of the most vulnerable citizens, covered up by private companies and county officials.

At the hospital, Carlin had a conviction he later came to regard as painfully naïve: that he could expose whatever horrible thing had happened to his mom, and put a stop to it.

“You wait and see,” he told Mary. Carlin trusted that he could bring about a reckoning.

More information can be found at [Starved for Care](#).

Growing up, in San Diego, Mary Faith Casey could easily access delight. She'd accompany her mother, an amateur astronomer, to the planetarium, or spend long days with her older sister Michelle, climbing around the exhibits at the natural-history museum in Balboa Park, where their mom had a job playing reel-to-reel films. In high school, Mary grew interested in fashion. She'd sew miniskirts and halter-top dresses out of glittery fabrics she bought at a thrift shop, and she wore her shiny blond hair past her waist. Michelle noticed Mary's depth of feeling. “She was a very sensitive, very kindhearted child, and empathetic to the point of extremes,” Michelle said. “She was also naïve to her physical beauty, so I often felt I needed to protect her.”

The girls' mother, Phyllis, struggled with bipolar episodes, so Mary lived with her father, who'd served in the Air Force and worked in supercomputing. Mary's siblings were scattered across various living arrangements. As Mary and Michelle grew older, they would visit their mom every other weekend in Pacific Beach, where the girls would walk to the ocean and sometimes hitchhike home without

Phyllis seeming to mind. “It was Mary who fought to keep us together as a family,” Michelle said. “That was her rescuer instinct.”

When Mary reached her mid-twenties, her life took a glamorous turn. She fell in love with a handsome tennis player who coached celebrities at a local country club; they soon got married. The newlyweds designed a comfortable home, filled with Mexican pottery and delicate, cactus-patterned tile, and surrounded by bougainvillea blossoms and palm trees. Mary gave birth to Carlin in 1985, and to Karina four years later. The young couple went to parties at desert estates, for which Mary would blow-dry her feathered bangs and wear bedazzled jackets with shoulder pads. Through her husband’s tennis coaching, the two sparked a friendship with the Nike founder Phil Knight and his wife, who flew the couple to Europe on their private jet. In the summertime, the Caseys travelled to Coeur d’Alene, Idaho, where the kids splashed around in Hayden Lake and rode Jet Skis with their mom.

Mary’s personality began to palpably shift as the kids approached adolescence. Mary had brought her mother, who had suffered multiple mental-health crises, to live with the family; Phyllis then fell ill with metastatic lung cancer, and Mary served as her caretaker. Mary’s marriage deteriorated, and after her mother died, in 2000, she became severely depressed. Mary had experienced previous mental-health dips—two bouts of postpartum depression, for instance. But this time she began drinking heavily, and developed a new volatility from which she couldn’t seem to return. “Before, she’d have outbursts, but she could always get back into mom mode,” Michelle told me.

Mary and her husband divorced in the early two-thousands, when the kids were in their teens, and sold their house in the desert. Karina had gone to live with her dad, and Carlin with Mary’s younger sister Kaj. After her marriage ended, Mary fell for one physically abusive man after another. “It was self-punishment,” Michelle said. Mary lived off the funds from the sale of the house for a while, but soon she found herself sleeping in women’s shelters and hotels, and she landed in

jail on vagrancy charges. She had been diagnosed as having bipolar disorder and was later diagnosed as having schizophrenia. At times, she went on medication and, to family members, seemed more like her old self. But she was bothered by the attendant weight gain and lethargy. “I feel half dead, and I can’t be creative,” she’d tell Michelle. So she’d let her medication slip. Initially, Mary would have a flash of pleasure as “the natural high of her mania returned,” Michelle told me; she could stay up late using her collection of gel pens to craft vibrantly colored cards for people she loved. Inevitably, though, the same cycle of addiction and incarceration would repeat.

From jail, Mary would send sweet letters to her kids, festooned with hearts and stickers. “I love you,” she’d write Karina, “with the heart of a lion.” She’d often include an earnest token of maternal care: a rectangular card that promised, “This coupon entitles Karina to mucho hugs and kisses,” or a “Prayer for Stress” that read, “Quiet my anxious thoughts.” Both her children struggled. When friends from high school asked Karina where her mom was, she’d keep it vague—“San Diego,” she’d say. She and Carlin held out hope that their “real mom” would return: the good-natured woman who’d sewn their Halloween costumes by hand (a green T. rex for Carlin one year, and a sequined disco queen for Karina), and who, whenever they were sick, held a Gatorade bottle to their lips and a washcloth to their foreheads. “When she was on her medication, her daily life was completely different,” Karina told me. “We could tell right away when she’d been off it. She’d go into a tunnel, and we had to protect ourselves.”

By the time the pandemic began, Mary, in her early sixties, was homeless. Carlin, now in his thirties, had recently moved to Tucson, and Mary followed him there. Carlin found this stressful. “She was good at disturbing my peace,” he told me. She hallucinated that Carlin had been kidnapped and tried to break into his home to rescue him. Police arrived at the scene, interviewed Mary, and let her go, but she wound up in police custody again the next day, after assaulting a man who’d tried to help her. She was released on probation, the terms of which required her to maintain an approved residential address. But Mary lacked a job and slept in a tent encampment in a park. She hadn’t fully processed that, in Tucson, her homelessness could be treated as a crime.

On April 30th, 2022, a security guard at a local business plaza called the police to report Mary as a nuisance. The police found an outstanding warrant for Mary, tied to her failure to register her address. Officers arrested her on a probation violation and drove her to the Pima County Jail.

Mary declared her mental-health troubles to jail-intake officials. An administrator logged her as “alert,” “responsive,” and “cooperative,” and recorded her affect as “flat.” Soon afterward, she told a nurse that she was “extremely disappointed” with herself, and was suffering from severe depression. When Michelle, who lived in Encinitas, California, learned of her sister’s latest arrest, she reached out right away to Mary’s public defender, Darlene Edminson, saying, “Tell Mary we love her, and we’ll do what we can to help.” Michelle and Kaj felt certain that they’d hear from Mary soon. Instead, the family was met with “radio silence,” Michelle told me. “That was the beginning of the end.”

If you’ve ever considered calling for help during a loved one’s mental-health crisis, you’ll know the potential terror of getting law enforcement involved. People with untreated mental-health issues are sixteen times more likely to be killed during a police encounter than others approached by law enforcement, according to the Treatment Advocacy Center, a nonprofit that works on behalf of

people with severe mental illness. Your friend or family member might get harmed by police, or they might get jailed in the midst of a psychiatric episode—a far more common outcome than a police killing, but one that can also prove lethal. “This could honestly happen to anyone,” Carlin told me. “Mental illness doesn’t care how wealthy you are.”

For decades, America relied heavily on psychiatric asylums to treat—or, in many cases, to warehouse and neglect—people with serious mental-health conditions. Then the grand project of “deinstitutionalization” began. In signing the 1963 Community Mental Health Act, President John F. Kennedy promised that dysfunctional asylums would be emptied out and replaced with a robust, well-funded network of outpatient-treatment providers and community behavioral-health services. But the funding for that vision never materialized. Instead, new policies criminalizing poverty and addiction swept up people in severe psychiatric distress, who often ended up in county jail—where, with the rise of the cash-bail system, they might languish for months or even years, simply awaiting their day in court. The number of people jailed pretrial has nearly quadrupled since the nineteen-eighties; people with mental-health issues tend to be detained significantly longer than the rest of the population. Today, the nation’s three largest mental-health providers are New York’s Rikers Island, L.A. County’s Twin Towers Jail, and Chicago’s Cook County Jail. According to a recent report by the Pima County administrator, more than half the people locked up at the local jail have, like Mary, a mental-health condition that requires medication.

After Mary was arrested, Michelle and Kaj bought her items from the commissary online: a tube of cocoa-butter lotion, a pack of playing cards, some Kraft jalapeño spread, a flour tortilla, and a pair of reading glasses. Mary’s family also tried to put money in her online account for virtual messaging, but they were told that she wasn’t eligible for the service. Weeks passed, and Mary remained incommunicado. She had entered some mysterious vortex.

In May, Mary's jailers brought her to a court appearance, where she admitted to her failure to reside at an approved address; the court found her in violation of her probation and sent her back to jail to await sentencing. Her jailers didn't bring her to subsequent mandatory court dates, including a hearing in late July, to determine if she was mentally competent to be sentenced.

Finally, on August 16, 2022, nearly four months after her arrest, Mary entered the courtroom in a wheelchair. The judge had no inkling of Mary's former radiance. Still, he seemed stunned by her skeletal frame.

"What are we going to do, Mary?" Judge Howard Fell asked. Mary, who'd been chatty and energetic just months earlier, was too far gone to speak.

"She is, as you can see, a shell," Edminson, her public defender, said. "She needs care immediately. She looks like she's dying, Your Honor."

Fell said, "I know." He set aside Mary's charges and sent her to the emergency room. There, doctors began an effort to save her.

Carlin and Karina hastened to the hospital, with Karina driving from the Coachella Valley, where she still lived. Mary looked, as Carlin put it, "like a Holocaust person." Her legs and feet were covered with open sores. She moaned, "Torture!," and cried out, "I don't have an esophagus!"

For nearly a month, the hospital tried to bring Mary back to life. Then its ethics committee convened to discuss her case. When Mary was admitted, she had been suffering from "severe" malnutrition, a physician noted. Any further interventions on her behalf, the committee concluded, would be "medically futile." Mary was released to hospice care. The family loaded her into a rented van and took off for Kaj's house, in San Diego. Karina was, like her mother, an unrelenting optimist. "She'll recover," she told herself. "How could she not?"

Carlin had begun to investigate his mother's fate. "I kept wondering, who was working in the jail, and why weren't they doing their job correctly?" he told me. He eventually learned that her medical care at the Pima County Jail wasn't handled by the county alone. Instead, the county had contracted with a private company, an Alabama-based firm called NaphCare. "We can't just let this slide," Carlin told his partner, Eric. "This company's treatment is absolutely careless."

Eric, a former paralegal who sold purses online, was doing his own research. The more he learned, the more appalled he was by the corporate model for correctional health care. Local jails, as the holding pens for people whom our society would seem to want to disappear, tend to be governed by a simple philosophy: Let's spend as little as we can. But the severe medical and mental-health needs of the jailed population make this a daunting task. Jail deaths, too, pose a steep cost; they often lead to litigation.

Since the seventies, private companies have offered a solution by taking health care out of the counties' hands. Often, a company like NaphCare signs a contract with a county to provide medical and mental-health care at a capped cost; any additional money expended on care comes out of the corporation's earnings. The companies often try to control their costs by understaffing, Eric concluded from his research. According to a 2020 examination of jail-death data by Reuters, jails that provided health care through the top five companies in that market—including NaphCare—had death rates that were eighteen to fifty-eight per cent higher than those of jails whose medical services were publicly managed. Of the five companies studied, NaphCare had the highest death rate across a three-year period. Eric spent nights at his laptop, downloading legal filings against NaphCare that alleged horrific deaths from neglect or substandard care. "I kept wondering, why on earth did Pima County hire them?" Eric said.

Mary with her son. Photograph courtesy Mike Casey

Eric had an idea for Carlin: they should file a “notice of claim” against Pima County officials, asking them to preserve all records tied to the case. Eric wrote up a twenty-four-page notice to the county; in it, he asserted that NaphCare was a “clear and present danger” to people with health problems in the Pima County Jail. He wondered what would happen if the facility in question were an amusement park or a day-care center. What if, year after year, such a place “continued operating in this manner, with this level of human misery, neglect, and death”? The answer, Eric wrote, was obvious: “It would be shut down in a heartbeat.” (A spokesperson for NaphCare said, “Our goal is transparency, and we have a robust mortality and morbidity review process. We have taken over healthcare operations for many of the most challenging correctional facilities in the nation, and we have lowered the rate of mortality in those locations over time.” The Pima County Sheriff’s Department declined to comment for this story.)

After filing the notice, Eric turned to finding the Casey family a lawyer. He compiled a list of twenty potential firms. One, a small practice in Seattle called Budge & Heipt, was unusually seasoned in holding corporations and counties accountable for jail neglect.

“This isn’t our first rodeo with NaphCare,” Erik Heipt told Carlin and Eric, on an early call. His firm was representing the family of a fifty-five-year-old named Cindy Lou Hill in a lawsuit against NaphCare; Hill had died of a ruptured intestine while awaiting trial in Spokane, Washington, after abysmal care at the county jail. (NaphCare was ordered to pay roughly twenty-seven million dollars in damages; the company has appealed the judgment.) “This is a multibillion-dollar industry dominated by a few major players,” Heipt’s colleague, Ed Budge, explained. “NaphCare is one—they were getting nearly eighteen million a year to provide medical and mental-health care at the Pima County Jail.”

The firm also had experience with cases involving starvation. Recently, Budge & Heipt had represented the parents of an eighteen-year-old named Marc Moreno. Marc's father had taken him to a county mental-health crisis center during a serious episode. A counsellor there found Marc talking to angels and turned him over to police for a ride to the hospital. Instead, officers took him to the county jail, on two outstanding misdemeanor warrants for a traffic violation. The jail, which had outsourced its medical care to a private company that's now called Wellpath, put Marc in an isolation cell and took little action when he stopped eating and drinking. He died eight days later, of dehydration; records show that he had lost thirty-eight pounds. (Wellpath settled the case for four and a half million dollars, but did not admit wrongdoing.)

Budge & Heipt started representing the families of people who'd been neglected by jail medical staff in 2003. "For the first fifteen years of doing this work, we weren't contending with the trend of privatization," Heipt said. "Now the corporate presence is the norm, and sometimes the operations of the entire jail can be private." The firm was inundated with such cases, and could litigate only two or three each year. The intake form the lawyers had received about Mary Faith Casey stood out. Most of all, the lawyers noticed the precipitous drop in Mary's weight under county custody. Heipt recalled thinking that this was the *res ipsa loquitur* of the case. He told me, "In Latin, it means 'The thing speaks for itself.' "

After leaving the Tucson hospital, Mary's family set up a nursing station for her at her sister Kaj's house. There, Karina mirrored her mother's nurturance from years before: she pressed a washcloth to Mary's face, and held Gatorade to her lips. Karina painted Mary's toenails fuchsia, and cooed sweetly, "Are you a little kitty cat?," as she curled up beside her mom and stroked her head.

"Slowly, she became more trusting," Karina remembered. "She'd say, 'I really want a quesadilla,' and I'd make it for her." At night, Karina slept beside Mary, just as they'd done in the Coachella Valley.

That first week after Mary's release proved oddly healing for Karina. Mary apologized for how out of control her life had become. Karina said, "I'm not mad at you, Mom." She fixed Mary's rat's-nest hair, which required a pixie cut that made them both laugh. Karina's aunts also doted on Mary, bringing her Pringles and poundcake. "I think all of the women around her made her feel safe," Karina told me.

On a Thursday evening, Karina was eating Chips Ahoy! cookies when her mom said, "I want some!" Karina was glad to hear it; she fed the cookies straight into Mary's mouth. "She was so happy," Karina said, recalling how they'd both giggled as they snacked. The next morning, Mary did not wake up.

The coroner's office arrived that afternoon. As two men hauled Mary's body to a van, a country song by Chris Stapleton, "You Should Probably Leave," played on a portable radio that Kaj had bought for Mary:

I know you, and you know me,
And we both know where this is gonna lead.
You want me to say that I want you to stay,
So you should probably leave.

The exit music felt fitting to Karina. Mary's cause of death was found to be protein-calorie malnutrition, an apparent result of her prolonged starvation in the county jail. Now, Karina and Carlin both felt, the work of understanding what had happened to their mother could begin in earnest. How many others might have starved to death?

During the past year, I found it hard to explain, to family and friends, a strange truth. I was reporting on places where starvation and dehydration deaths had unfolded across a span of weeks or months—but these were not overseas famine zones or traditional theatres of war. Instead, they were sites of domestic lawlessness: American county jails. After meeting Carlin and Karina, I identified and scrutinized more than fifty cases of individuals who, in recent years,

had starved to death, died of dehydration, or lost their lives to related medical crises in county jails. In some cases, hundreds of hours of abusive neglect were captured on video, relevant portions of which I reviewed. One lawyer, before sharing a confidential jail-death video, warned me, “It will stain your brain.” It did.

The victims were astoundingly diverse. Some, like Mary, were older. Some were teen-agers. Some were military veterans. Many were parents. In nearly all the cases I reviewed, the individuals were locked up pretrial, often on questionable charges. Many were being held in jail because they could not afford bail, or because their mental state made it hard for them to call family to express their need for it. (These jail deaths would not have occurred, several lawyers pointed out to me, in the absence of the cash-bail system.) Others were awaiting psychiatric evaluation or a court-mandated hospital bed. Often, the starvation victims were held in solitary confinement or other forms of isolation, which is well proved to deepen psychosis. Some were given no toilet and no functioning faucet, or were expected to sleep on mats on concrete floors, in rooms where the lights never turned off.

My search for these cases began with a tip about Mary’s death. From there, I set out to answer Carlin and Karina’s question: Was their mother’s starvation an anomaly, or a sign of something larger? I came upon another case, and then another. Eventually—after interviewing more than a hundred sources nationwide, visiting with surviving families, travelling to jails in Michigan, Louisiana, Arizona, and Tennessee, and uncovering thousands of legal records, from medication logs to autopsy reports—I’d accumulated a file that included deaths from starvation, dehydration, and neglect in county jails across nearly every part of the country.

One victim, a thirty-eight-year-old mother named Shannon Hanchett, ran a beloved bakery in Norman, Oklahoma, where locals called her the Cookie Queen. A lawsuit alleged that she died after being locked in a processing cell where she lacked sufficient water and hardly ate for eleven days. She'd been arrested during a mental-health episode at a cellphone store. According to medical records I reviewed, she'd lost thirty pounds while in jail.

Another victim, Keaton Farris, was a twenty-five-year-old nature enthusiast from Lopez Island, off the coast of Washington State, near my parents' home. Keaton had a supportive family and an exuberant mind. "He loved getting his hands dirty in the garden, and he was a flower guy," his father, Fred, told me. Online, Keaton gushed about his love of the Salish Sea, beside which I'd spent many days as a teen: "Thanks sea, for being so big, blue and neat. You too Sun, for your brilliant awesomeness." He died of dehydration and malnutrition at the Island County Jail, in northwestern Washington. Jail officials had cut off the water to his cell for four days. Keaton's death was a reminder that not all the cases involved jails that outsourced medical care to private companies. The sheriff of Island County, Mark Brown, apologized to Fred and acknowledged, in a public report, that his own staff was responsible. Fred told me that, both before the apology and after, he had protested regularly outside the jail, often joined by a crowd.

Nearly every starvation or dehydration victim had been arrested in the midst of a mental-health crisis, often on petty charges tied to their psychiatric distress. In Jackson County, Indiana, Budge & Heipt reached settlements with the county and a private medical contractor, Advanced Correctional Healthcare, on behalf of the family of a twenty-nine-year-old victim named Josh McLemore. McLemore's family had sought help when he was having a particularly bad episode of

schizophrenia, and an ambulance took him to a hospital. But McLemore pulled a nurse's hair. A security guard saw the incident and called the police, who arrested him. According to the family's lawsuit, no medical or mental-health intake was performed at the jail, and McLemore, who was held in a windowless cell, began to fear food and water. In three weeks, he lost forty-five pounds. At that point, a staff member tried to get him medical attention, but it was too late. McLemore died of starvation and multiple organ failure. (Both the county and Advanced Correctional Healthcare denied wrongdoing.)

Several of the people whose cases I examined were, like Mary, criminalized for being unhoused, or for falling asleep where they weren't allowed to do so. In Florida, a twenty-three-year-old named William Herring was arrested for sleeping on a bus-stop bench. He lost eighteen pounds in fifteen days in the Broward County Jail, where Armor Correctional Health Services was the health-care contractor, before dying of what the medical examiner deemed suicide by way of "prolonged fasting." Alan Thibodeau, a single father who had been his parents' caretaker, got arrested during a mental-health episode in which he wandered into a stranger's home and fell asleep. "This was so, so preventable," his family's lawyer, James B. Moore III, told me, explaining that Alan had entered the jail at a hundred and seventy-eight pounds; he died there, under the care of a private medical company called Southern Health Partners, weighing barely a hundred. "He had a really strong support group and family who loved him," Moore said. "He didn't fit the profile you might assume." (Armor and Southern Health Partners did not respond to requests for comment.)

One symptom of schizophrenia, bipolar disorder, and other mental-health conditions can be a refusal to eat and drink. According to a paper recently published in a peer-reviewed medical journal, "food refusal" and starvation are "an important but underappreciated consequence" of psychosis. In county jails, people suffering from acute mental-health distress sometimes stop eating; they may fear, as Mary did, that their jailers are trying to poison them. Others simply

decompensate to the point that the simplest acts of self-care, including eating and drinking, become impossible. When people like Mary are deprived of proper psychiatric medications, therapy, and other treatments, and placed in restrictive confinement, incidents of starvation and dehydration aren't anomalies. Instead, they are predictable medical emergencies, requiring swift intervention by trained clinicians. "When someone in a jail stops eating or drinking, it's extremely dangerous," Craig Haney, a professor of psychology at the University of California, Santa Cruz, told me. "It's a crisis that requires moving someone immediately out of solitary confinement, or out of a traditional jail setting, and into a psychiatric facility, for close clinical care and observation."

Together with Eliza Fawcett and Matt Nadel, at the Investigative Reporting Lab at Yale, I identified more than twenty private correctional-health-care companies that were responsible for providing care in jails where deaths from alleged neglect occurred. As Moore put it to me, "The private medical providers have different names, but it's the same results."

Moore told me that many of these companies' psychiatrists meet with ailing inmates virtually, from out of state, for only a matter of minutes, leaving entry-level nurses to oversee care in the jails. "You can't have a licensed practical nurse running a jail for three hundred people who have more mental-health needs than ever before in history," he said. "It generates profit for providers. But it's designed to fail."

Other legal experts told me something similar. "Right now, we have multiple starvation cases, and multiple dehydration cases, too," Dan Smolen, a civil-rights attorney in Tulsa, Oklahoma, said. "I believe this is the civil-rights violation of our lifetime."

Smolen stressed that the wrongful-death lawsuits against private medical providers in jails may represent only a small fraction of cases. "A lot of these deaths go unreported," he said. Sometimes the victims get transferred to a hospital after they lose consciousness in their cells; the resulting fatalities usually get left

out of jail-death logs, as Mary's was. Other times, the responsible parties engage in active subterfuge. In a half-dozen cases I examined, companies or counties falsified records, deleted crucial surveillance videos, or purposely purged documents. After Marc Moreno's death, for instance, a judge censured Wellpath (then called Correct Care Solutions) for "obstruction of the truth through the permanent deletion of countless emails"; the company, the judge noted, had "decided to begin a new document destruction policy in the middle of litigation over a teenager's death."

What's more, jail-death data are surprisingly hard to obtain. In most states, the details are not publicly accessible. When my colleagues at the Investigative Reporting Lab and I filed more than two dozen public-records requests with local sheriffs, many stonewalled us; most didn't seem to keep clear data on starvation cases. We sought detailed records, for instance, on any fatalities in Los Angeles County jails since 2015 that showed a cause of death related to dehydration or starvation, offering up a long list of search terms. We heard back from the sheriff's department: it was "unable to identify any records as responsive" to the request. But, when it later provided a list of all in-custody jail deaths in the county, we discovered cases such as that of Sergio Silva, who, at thirty-three, died of "dehydration due to history of mental confusion." (His cause of death was listed as "natural." So, too, we found, are the vast majority of starvation and dehydration deaths in jails.) We also requested a list of inmate deaths at the Pima County Jail since 2019 associated with a similarly long list of search terms, and we asked that, if such data were not available, we be given a list of all deaths by natural causes or else all jail deaths. The sheriff's department replied, "We do not have any inmate deaths that meet this criteria." We later discovered that at least twelve people, most of them under fifty, had died of "natural causes" during the time span we'd specified. Where had the evidence of these deaths gone?

Starvation deaths, though often unreported, do not go unwitnessed in jails. "These deaths are so prolonged, with tons of people observing them, and

each death could easily be stopped at any point in the time line,” Smolen said. “So it’s crazy that that many people would allow this to happen.”

In such cases, law-enforcement officers—but also, at times, doctors, nurses, and other medical personnel, mostly working for private corporations—watch for days, weeks, and months as ailing people waste away in their care. Many of these deaths could have been prevented by providing people like Mary with their required prescriptions, or by insuring that they were able to attend their court dates (which, quite often, might have led to their release). Even once the victims stopped eating or drinking, they still might have been saved by swift clinical intervention and psychiatric hospitalization. Most of the victims’ names likely remain unknown. As Eric, Carlin’s former partner, put it to me, “I often think about how rare it was that Mary at least had a family that was in a position to file a legal claim.”

Sometimes the victims screamed out for help or for water. Holly Barlow-Austin did both in the days before she died, at forty-seven, in the Bi-State Justice Center, in Texarkana, Texas. Barlow-Austin had serious health issues that the jail’s private operator and medical contractor, LaSalle Corrections, neglected to treat, leading to sudden blindness. She found it difficult to locate the food and water in her cell and began to go without it. In jail footage that I reviewed, obtained by Budge & Heipt, she realized that she’d knocked over a precious cup of water with her foot, tried to drink from it, and curled up in a fetal position when she found that it was empty. Another day, she screamed and waved her arms, seeking help from a nurse. The nurse looked at her, then left, jotting, according to records, “0 needs voiced” and “0 distress noted.” Barlow-Austin died the following week, of meningitis and other complications. (LaSalle Corrections and other defendants agreed to a seven-million-dollar settlement.)

In some instances, these individuals suffered a fate I would have thought impossible in the twenty-first-century United States: they were left to be fed on by insects and rodents. The body of Lason Butler, a twenty-seven-year-old

dehydration victim in South Carolina, showed “possible postmortem rodent activity.” (According to a civil lawsuit, Butler’s mother had tried to contact her son; a corrections officer allegedly told her, “All we can do is pray for him.”) In Memphis, Tennessee, I visited the jail where Ramon McGhee died, at forty-two. McGhee’s mother had purchased pizza and hamburgers for him from the jail’s commissary. She told me that McGhee didn’t receive the meals, or his psychiatric medication. According to McGhee’s preliminary autopsy report, he was plagued with “extensive insect infestation.”

Our President has come unusually close to one site of this scandal. In the summer of 2023, Donald J. Trump rolled up in his motorcade to the Fulton County Jail, in Atlanta, Georgia. He was booked and fingerprinted on multiple felony charges, as Inmate No. P01135809. Last spring, a fund-raising e-mail contained a signed personal statement from Trump describing his experience. “I want you to remember what they did to me,” it read. “They tortured me in the Fulton County Jail, and *TOOK MY MUGSHOT.*”

Trump wasn’t wrong about the Fulton County Jail’s capacity for torture. The previous year, a thirty-five-year-old named Lashawn Thompson had been sent, pretrial, to the jail, where NaphCare was the medical provider. Thompson, who was assigned to the mental-health unit, never made it out. Malnourished, dehydrated, and deprived of his prescribed medications, he died of neglect, including “severe body insect infestation.”

“Those circumstances were far from isolated,” Kristen Clarke, then an Assistant Attorney General at the U.S. Department of Justice, said in July, 2023, as she announced a civil-rights investigation into the jail’s conditions. “Following Mr. Thompson’s death, evidence emerged that the mental-health unit where he died was infested with insects and that the majority of people living in that unit were malnourished and not receiving basic care.” According to an internal NaphCare report, every single person in the mental-health unit—some hundred individuals—suffered from lice, scabies, or both. “Greater than 90% of affected inmates were significantly malnourished with obvious muscle wasting,” the report continued. This January, the D.O.J. sued Fulton County for the jail’s “abhorrent, unconstitutional” conditions; the county agreed, in a settlement, that the jail would come under federal oversight.

NaphCare remains the jail’s medical provider, and received nearly thirty-seven million dollars from Fulton County last year. The company’s C.E.O., Brad McLane, told me that the jail was “one of the most difficult places we’ve operated,” and that “the safety and security issues were severe.” He added that NaphCare had been responsible for bringing many of the abuses there to light: “We sounded the alarm over the issues that we were seeing, as far as the lice, scabies, and ectoparasites, multiple times,” McLane said. “I believe we’re doing better, but we had some periods of time where we were at the point of ‘If this doesn’t change, we have to just end this contract and leave.’ ”

Fulton County is hardly unique. What I found in a year of studying deaths related to starvation, dehydration, and neglect is hard to describe as anything other than a pattern of widespread torture of people with mental-health issues in county jails. In Shannon Hanchett’s case, Smolen, who filed the lawsuit, watched more than a hundred hours of footage from her last eleven days of life, at a jail in Cleveland County, Oklahoma, where health care was provided by Turn Key Health Clinics, which has since rebranded as TK Health. During this time, the Cookie Queen, a mother of two, had been placed in a concrete cell with no toilet, sink, or bed,

where she fell deeper into psychosis. At one point, Smolen said, no one opened the door to Hanchett's cell for five days straight. She was rarely given water and discarded much of her food. Finally, jail staff found her naked and unresponsive on the floor. Smolen told me that he watched as jail and medical staff mocked Hanchett, laughed at her, and dragged her from one place to another, semiconscious, to determine what to do about her condition. They left her in a medical cell with a cup of Gatorade, which she was unable to drink. According to a nurse's records I reviewed, Hanchett stated, "They are going to kill me." The next day, she was found dead. According to the *Oklahoman*, a state medical examiner ruled her cause of death as "natural," likely caused by a heart defect with dehydration as a contributing factor. (A judge initially indicated that, without additional evidence, he would dismiss Smolen's lawsuit; after obtaining the sealed surveillance footage, Smolen filed an amended complaint describing what he'd seen. A representative for TK Health told us the company could not discuss details of the case but "vehemently disagrees" with the complaint's assertions. The Cleveland County Sheriff's Office did not respond to a request for comment.)

In some cases that I scrutinized, medical examiners concluded that the death was a homicide. In San Diego, Lonnie Rupard, a forty-seven-year-old father who was arrested on a parole violation, died at the county jail after losing a third of his body weight amid untreated psychological distress. "While elements of self-neglect were present," the medical examiner ruled, "ultimately this decedent was dependent upon others for his care; therefore, the manner of death is classified as a homicide." After the dehydration death of thirty-eight-year-old Terrill Thomas, in a Milwaukee jail, three staff members were criminally prosecuted for having left Thomas without water for a week; they reached plea deals that involved jail time. In a highly unusual twist, the medical contractor involved, Armor Correctional Health Services, was also criminally prosecuted, successfully, on seven counts of intentionally falsifying medical records and one count of abusing or neglecting a resident in a penal institution.

Mary with her daughter. Photograph courtesy Kaj Miller

Increasingly, families have argued that their loved ones' deaths should be recognized as killings—or even as intentional murders. Such was the case for Rodney Price, who devoted his life to working in California prisons as a corrections officer, only to have his own brother, Larry, die of starvation and dehydration in solitary confinement in Fort Smith, Arkansas. Larry, who suffered from schizophrenia, owed a hundred dollars to get out on bond.

Rodney had always valued his older brother's "loved" attitude: how he enjoyed imitating the Three Stooges and sharing jokes and updates from Fort Smith,

where they'd grown up. When Rodney saw the autopsy photographs of Larry, he told me, "it blew my brains open." Rodney had, as part of his job, monitored prison conditions to insure that people with mental-health issues were placed in proper, legal confinement. Now he flew back to his home town to interview county officials and detectives investigating Larry's death. He gathered reams of notes in a big blue binder, to prove that his brother had endured months of solitary confinement without proper medication; across the front, Rodney wrote, in thick marker, "#JUSTICE FOR LARRY EUGENE PRICE JR" and "#121 POUNDS." Rodney hired Budge & Heipt to help him sue Sebastian County and Turn Key, the medical provider at the jail. He also wanted to push for policy change, suspecting that more losses would follow his brother's. (I later confirmed his fear, uncovering a Navy veteran's apparent death by neglect in an Arkansas jail.) "I think of what happened to my brother as a murder," Rodney told me last summer, from his home in Elk Grove, California. "A murder by officials who never took responsibility. Who is going to hold them accountable? The state? No. The feds? No. The only one who is working to hold them accountable is my attorney, and myself. And this is America?"

Some nights, after trying to manage his stress by running or rollerblading, Carlin would stay up late in bed on his phone, researching the Pima County Jail. On Instagram, he found a Tucson-based group called No Jail Deaths. The group had a list of demands, and a clear mission statement: "To get justice for the lives lost in the Pima County Jail," it read, "to memorialize each person the jail has stolen from us."

Carlin appreciated that the group engaged in acts of civil disobedience. Dozens of locals, many of them moms and wives of the dead, had been holding regular vigils and protests in front of the jail. Mostly, they gathered peacefully, holding candles and laminated posters featuring images of those who had died there. But, the winter before Mary starved, the sheriff's deputies had declared that the protesters

were engaged in an “unlawful assembly” and tried to boot them off the property. Some eighty people had refused to budge. They’d blown vuvuzelas, struck a jail-shaped piñata, banged pots and pans, set off fireworks, and called out the names of their loved ones, according to the Tucson *Sentinel* and the *Arizona Daily Star*. Carlin sent the group a message: Could he get involved?

Last February, Carlin gained another ally. Budge & Heipt had hired a former A.C.L.U. litigator, Andrea Woods, who had extensive experience suing county jails for civil-rights abuses. Woods arrived for her first day at the firm’s Seattle office to find a sixteen-page memo in her e-mail about Mary Faith Casey. “This is your case,” Budge told her.

The firm had already obtained more than a thousand pages of jail records in Mary’s case. Right away, Woods noticed alarming details. On April 30th, the day of Mary’s arrest, an emergency medical technician notified NaphCare that Mary was “REQUESTING TO BE PLACED BACK ON PSYCH MEDICATIONS.” But Mary, as far as Woods could tell, did not receive them. She was seen by a NaphCare nurse that day, but the nurse, Woods alleges, did not insure that Mary got prompt access to a psychiatric provider. According to Woods, NaphCare’s records indicate that, for much of the time that Mary was jailed, the company did not have a chief psychiatrist for the site, despite the fact that its contract with the county required it to do so.

Within weeks, Mary, untreated, had stopped eating regularly, according to other jailed women, who informed the staff. In late May, she finally saw a NaphCare mental-health worker for an initial evaluation. He observed that she was having trouble with “perseverating, loss of interest, and rumination.” He filled out a “treatment plan” for Mary, which recommended meditation and “deep breathing.” The worker thought Mary showed “good insight and desire for improvement,” and he recommended that she see a psychiatric provider to get the prescription medications that had helped her to function in the past, with her long list of clear diagnoses: post-traumatic stress disorder, bipolar disorder, schizophrenia, and more.

Still, Mary went weeks, and then months, without her medications, Woods found. On June 8th, a behavioral-health staffer for NaphCare wrote her colleagues an e-mail with the subject line “Concerns,” explaining that she was worried about an “older gal”—Mary—who was “weak,” “feeble,” and “despondent,” and who, according to peers, “eats/drinks very little if anything.” On June 12th, a nurse prescribed an antidepressant, which, alone, was inadequate. On June 25th, when NaphCare staff checked Mary’s weight, they found that she was down to a hundred and six pounds. In mid-July, the nurse who prescribed the antidepressant noted that Mary was lying in bed, “deteriorating” and not responsive, and decided to discontinue her sole psychiatric medication, calling for follow-up “in 30 days.” He referred her to the medical team for “significant weight loss.” By August, Mary showed little will to live. “I am stuck,” she told a nurse, crying out in pain. “I can’t walk, and they do not believe me.” Jail records noted that she “was having trouble speaking and kept licking her lips to get moisture.”

Mary had been in the Pima County Jail twice before, in 2020. The facility had a contract with another health-care company, Centurion, at the time, and her experience was different. When she was first booked, that October, jail-intake officials recognized her acute mental-health needs right away. (Mary had mistaken the intake professional for Karina, and kept saying, “Mommy loves you.”) Within

forty-eight hours, Mary was moved to Sonora Behavioral Health Hospital, where, after being given proper medications, she was described as “talkative” and “cheerful.” In her psychiatric progress notes, Mary’s chief complaint was that she was “helpless, passionate, and romantic.” By late November, she was booked back into the jail. Within the first ten days of her confinement, she saw a mental-health practitioner with prescribing authority, and she was promptly medicated, never missing a single dose, according to Woods. She gained weight and left in better health than when she’d entered.

This time, Mary looked famine-struck and spoke mostly in pained moans. When a mental-health worker expressed concern and pleaded with her to eat, Mary replied, “I tried to drink the Ensure but it tasted like glue. They’re putting glue in the Ensure to punish me.” In August, she was sent to the hospital four times. “I think she is stable to return to jail,” a note in her medical chart read. During Mary’s final hospitalization, before she was released to hospice, she sobbed that she had “ruined everything.” She’d wet the bed, she explained, and she thought that this was “why she does not deserve her health.” She reported severe hopelessness. She said that she was hungry, but didn’t “know what to do about that,” because “she would not be able to swallow anything.”

What stood out to Woods was how many paid professionals had witnessed Mary’s decline across her nearly four months of starvation and heard her cry out in distress. “The company was way, way, way below the standard of care on mental health,” Woods told Karina.

Both Carlin and Karina found the slow-moving nature of their mother’s crisis one of the hardest details to accept. Mary, Carlin told me, had always been a protector. “She was always helping homeless people,” he said, “to the point that it bothered me!” When he was in middle school, he said, she “would take this one homeless woman shopping at Mervyn’s, the department store, and buy a bunch of clothes for her.”

Karina agreed that her mom's empathy for strangers could be so intense as to verge on a liability. She told me about how, when she was seven, they were cruising down a cactus-lined thoroughfare in the desert when Mary spotted a minivan pulled over in the dirt. A man appeared to be physically abusing and berating a woman beside the car. "My mom pulled right over and told the woman, 'Get in!'" Karina said. "The woman didn't speak English, but she grabbed her infant from the back of the car and came running over to our car." Mary hit the gas. "She was driving all crazy, like a bat out of hell," Karina recalled. "Don't worry, we'll lose him!" Mary shouted. Escaping the abusive man's tail, Mary sped to a nearby hotel, where she rented the woman and her child a room for the night, hugged the woman, and said, "You're safe now."

One afternoon, after Woods had gone through Mary's case file, she gathered the family on Zoom and shared a surprising document. On June 5, 2022, three urgent requests had appeared in Mary's name. But the "audit photo" on the intake forms wasn't of Mary. In her place was a much younger person, with dark, warm eyes, thinly pencilled brows, and a wide, shiny forehead. Another incarcerated woman appeared to have impersonated Mary, in a desperate attempt to get her some help.

"Have not been feeling well," a medical complaint, filed at 7:36 p.m., read. "Have not been eating nor drinking my theeth [sic] hurt my body hurts I need to be seen asap please."

The second message, a few minutes later, was a mental-health request. "I need help," it read. "I feel like I'm too far gone and no one can help me I need too [sic] be seen asap please I feel miserable."

The third request sought dental services. "My mouth hurts really bad," it read.

After Woods presented the documents, Karina grew emotional. "If they'd done something to respond, we probably wouldn't be here now," Karina said. Instead, Mary's weight had dropped, by August 4th, to seventy-six pounds, according to

records. That day, Mary's cellmate, a different woman, told a mental-health practitioner that Mary hadn't eaten or used the toilet in four days, and that, when she'd offered Mary some fruit, Mary had whispered, "It won't go down." A few days later, Mary finally got her psychiatric medications. She was seen by a psychiatrist, who placed her on a full slate of the sorts of drugs that had helped her before.

Karina found some small comfort from learning that others had tried to save her mother. "It's broken my heart, for the longest time, because I knew if my mom had seen anyone in the state she was in, she would have helped—she would have gotten herself in trouble or risked anything, if it came to that," she said. "When I see how NaphCare did nothing for my mom," she said, "I think, *Is that the level of treatment their family members would deserve?*"

The strangers' attempts to help bolstered Carlin's faith, too. He wanted to know what it would take, in civil litigation, to prove that NaphCare had violated the Constitution. On April 25th of last year, Budge & Heipt filed a landmark civil case, on behalf of Mary Faith Casey's estate, against NaphCare. The suit also named Pima County; Sheriff Chris Nanos, who oversaw the jail; and several medical providers who had treated Mary through NaphCare—two doctors, two nurses, and a mental-health professional. (The medical providers have all denied wrongdoing. Pima County and Sheriff Nanos filed a motion to dismiss several claims in the case, which was largely denied.) The case alleged that NaphCare's policies and practices at the Pima County Jail—including inadequate staffing and poor psychiatric screening—had caused Mary "to receive constitutionally inadequate care" and "ultimately to die." "What we're trying to do with this case, and so many others, is to make it really expensive for jails—and, even more so, for private health-care companies—to kill people," Ed Budge told me.

(The NaphCare spokesperson said that federal privacy law prohibited the company from discussing Mary's case in detail, but that the version of events outlined by Budge & Heipt was "inaccurate" and "demonstrably false." She added,

“Patients sometimes refuse care or medications. While we make an effort to educate, encourage, and support compliance, we must also respect their legal right to refuse treatment.” The spokesperson noted that “the individual you are inquiring about was transferred to two separate hospitals on four different occasions—and was repeatedly returned to the facility by hospital staff.”)

Mary’s family saw their mission as even larger than penalizing poor medical care in jails: they wanted to change how people in mental-health crises get handled by the justice system. They were heartened to hear that, last fall, Rodney Price had succeeded in holding his brother Larry’s jailers accountable in Arkansas; the Price family had won a record-setting six-million-dollar settlement against Sebastian County and Turn Key. (“There’s no good way to spin it, so why try?” Hobe Runion, the county sheriff, told me of Larry’s death. “It’s horrendous, and I can’t make excuses.”) But Mary’s family shared Rodney’s conviction that real justice would have to go well beyond an isolated payment. Michelle, her sister, felt clear about this. “We know that Mary is one of many,” she said.

Working with the researchers at the Investigative Reporting Lab, I studied more than forty lawsuits involving claims of starvation, dehydration, and severe neglect, filed against more than a dozen correctional entities and county governments. We found that, again and again, taxpayers ended up paying multimillion-dollar settlement bills for actions that killed off members of their own communities. But most major correctional-health-care providers, too, were saddled with millions of dollars in liability, raising the question: would it have been so expensive, after all, to provide adequate psychiatric care for people like Mary?

Three of the largest correctional-health-care corporations—Corizon (now YesCare), Armor, and Wellpath—have filed for bankruptcy in recent years. Wellpath, which filed this past November, has been hit with more than fifteen hundred lawsuits claiming inadequate medical care of incarcerated people. “A big

part of this industry’s business model is filing for bankruptcy, cleansing their balance sheet of responsibility for their misconduct, and then starting all over again,” Bianca Tylek, the executive director of Worth Rises, a nonprofit that fights the commercialization of corrections, told me. I asked Tylek, a former investment banker who has studied hundreds of correctional-health-care contracts, if she thought the industry was lucrative. “It’s only lucrative because the industry is based on stealing,” she said. “They’re stealing billions of taxpayer dollars and not providing constitutionally required services to the people in their care, services they were contracted to provide. They are using the bodies of incarcerated people to extract wealth.” (A spokesperson for Wellpath said that filing for bankruptcy had allowed the company to improve its financial organization and better serve its patients. YesCare did not respond to a request for comment.)

I met Ryan Dreveskracht, a civil-rights lawyer, at a beer garden in Seattle. His firm, Galanda Broadman, was suing NaphCare for several cases of alleged medical neglect in jails. He’d taken on the case of Javier Tapia, for instance, who’d lost his lower leg after a blood clot went untreated at the Pierce County Jail, in Washington State. “Tapia was made to sit in solitary confinement while his foot and leg literally rotted off,” Dreveskracht said. (This month, a federal jury ordered NaphCare to pay twenty-five million dollars to Tapia. NaphCare said it plans to appeal.) Dreveskracht wanted to talk about the McLane family, which owns the company—about the founder, Jim, and his son Brad, who’d stepped into the C.E.O. role after an esteemed career at the Department of Justice. “As a family-owned company, they’ve been totally insulated from accountability,” he told me. “It’s just like the Sackler family and opioids—they’re making money hand over fist. But no one knows their name.”

Brad McLane, however, proved willing to talk with me. He shared his vision for how private contracting, done right, can improve the quality of care in county jails. “One strength we offer is economies of scale,” McLane told me recently, on a Zoom call from his office, in Birmingham, Alabama. “If you’re just one county working to provide health care in the jail, you’re going to have limited resources,”

he said. “One of the things we’ve built over our thirty-five years is that we have over eighty corporate nurse practitioners and mid-levels who are working around the clock.” McLane expressed pride in NaphCare’s efforts to test new models for mental-health care. He touted, for instance, NaphCare’s Mental Health Stabilization Unit, at the Hillsborough County Jail, in Florida, through which the company provides treatment to severely mentally ill people in a less restrictive setting.

In his youth, McLane had little interest in his family’s correctional-health-care business; he was passionate, instead, about “saving the environment.” After graduating from Georgetown Law, he became an attorney at the Department of Justice. “I was doing a lot of Clean Air Act enforcement, trying to clean up coal-fired power plants,” he told me. But then his younger brother, who was slated to take over NaphCare, died unexpectedly, and McLane agreed to assume his place. “There are definitely a lot of things I’ve had to unlearn to be good in this job,” he said. “You do the best you can to continually improve and learn, and accept that sometimes we do have, obviously, losses in the jails.”

Though many civil-rights attorneys see health-care contractors as distinctly responsible for such losses, they rarely consider the companies to be the only or even the central reason for dysfunction in county jails. “Why should people working in jails be the ones having to deal with the convergence of so many social crises—poverty, education, housing, and the total lack of access to mental-health

care?” Margot Mendelson, the executive director of the Prison Law Office, in Berkeley, California, asked me. Mendelson strongly opposes the privatization of jail health care—“It’s a repulsive social choice to put a dollar sign on this public system,” she said—but, in her view, the much bigger problem is that jails are “totally ill-suited” to being mental-health-care providers. “Where is the infrastructure that *isn’t* the jail, to address the mental-health crisis we’re in?” she asked.

NaphCare recently underwent a national expansion. “There’s unprecedented demand for our services,” McLane told the Birmingham *Business Journal* last June. The company has created what it calls a Proactive Care Model, which it advertises, online, as a method “to identify medical and mental health concerns during intake for early treatment intervention.” McLane also told the *Journal* that NaphCare is eager to pioneer the use of artificial intelligence to manage jail health care. “We’re looking at developing a chatbot for jails and prisons,” he said, “that will interact with our patients in terms of helping them with their mental-health needs.”

Carlin Casey believes that, given how human employees have failed to provide proactive care to his mother and countless others, NaphCare chatbots won’t suffice. He finds the company slogan jarring: “We Treat Everyone How We Want to Be Treated.”

In the *Business Journal* interview, McLane was asked, “If you could give your 18-year-old self one piece of advice, what would it be?” McLane’s advice was sound. “Just enjoy the time you have with friends and family and people you care about,” he said. “They’re not around as long as you might think they’re going to be.”

Last June, I made my way to the radiant heat of the Coachella Valley, to visit with Karina on her mom’s home turf. Karina had offered to give me a tour in her S.U.V. “Still surrounded by palm trees and cacti,” Karina said, pointing to her childhood home. We idled in front of her bedroom window, where her mom had

read Anne Frank's diary to her and Carlin, and where she'd learned that human beings could starve. "It terrified me!" she said, of the book. The block was dripping with blooming jacarandas, and magenta flowers that made me marvel.

We stopped at a coffee shop near the country club where Karina now works, helping corporate C.E.O.s race sports cars. She carefully placed a stack of letters on the table. Nearly all the envelopes were bright with crayon drawings of hearts, or filled with rainbow "Smooch Smooch" stickers, or stuffed with confetti. In each letter, Mary wrote, from jail, of her love for "my Bee" or "my honey" or "my Baby."

One letter was particularly hard for Karina to reopen. Months after her mother's death, she'd been cleaning off a table when she spotted an envelope with her own handwriting. She'd written to Mary at the Pima County Jail on Mother's Day, and had always assumed her mom had received the note.

"I want you to know that despite the challenges you've faced you have so many beautiful qualities about you as a mother and person," Karina had written. "You have always been the most caring, loving and giving woman."

The letter continued, "I hope that we can get closer in time, and things turn around for you. Maybe some year even spend Mother's Day together!!"

Karina realized that her letter had never reached Mary. The jail had returned the envelope, rejecting the type of stamp Karina had used.

I asked Karina what she thought Mary would think of the lawsuit against NaphCare and Pima County. We were back in the car and driving past the spot on the highway where Mary had once pulled over to help the woman who was being abused by her male companion. "She'd see this case," Karina said, laughing, "and say, 'Hell yes, fuck those guys, and shut them down.'"

Last summer, I also flew to Tucson. Carlin had hoped to show me his mother's writings, too. But his spirits were down, and he wasn't sure that he could do it. In the meantime, I'd made plans to meet with some of the women who'd been leading recent protests at the Pima County Jail. All around the country, I knew, groups of grieving family members were mobilizing like this. Often, they were winning significant fights against jail expansions. One of the most active participants in No Jail Deaths, a woman named Stephanie Madero-Piña, offered to take me to the jail, where she'd held up a bullhorn at multiple protests. She wanted the community to know what had happened to her former husband, Richard Piña. Years ago, Piña had proposed to her live on the radio, as the station played "Chapel of Love." He later developed an addiction, and, during a stint at the jail in 2018, he contracted an infection, Madero-Piña said. He was transferred to a hospital, where he died. "He'd been sick for about three weeks," she'd told the crowd at a protest. "If he'd gotten any kind of medical, he probably could have lived."

When we met, Madero-Piña wore pink eyeshadow and a beautiful purple dress; her long, freshly curled hair draped down her back. She mentioned that her husband wasn't the only loved one she'd lost at the jail. Her niece's boyfriend, twenty-two-year-old Jacob Miranda, had also died there, of a fentanyl overdose.

"You may think this won't happen to you," she said. "You may think, *Oh, not my kid*. But, I'm promising you, that's not the case. It's hard for us mothers to do the work that we are doing, but, if we can save some other people from this pain, it will give some kind of meaning to our loss."

Later, Madero-Piña and I ventured to the park where Mary had lived in the months before her arrest. Madero-Piña often distributed food and supplies at the park, and we met a few of the people who spent nights there, in tents or sleeping bags, beneath large palms. The police, several older unhoused people explained to me, were making their lives increasingly difficult by staging regular raids. "They took my propane burners for cooking, and that was an essential part of my life,"

one man, who'd been unhoused for more than a year, said. The police stripped him of other valued possessions, too. "My dog is everything to me. I lost her bedding and her food and her heat-sensitive shoes. They came at 6 A.M. with two bulldozers. I lost everything."

Madero-Piña and I passed out cans of tuna, slices of strawberry shortcake, and other snacks to a few dozen people. Afterward, she told me that she'd recently got the first part of a two-part tattoo. She rolled up her right sleeve to show me. "Honor the dead," it read. "Next week, I'm getting the other half," she said. "It'll say, 'And fight like hell for the living.'"

Carlin was also involved with a mutual-aid group that volunteered in the park; he'd donated clothes, and he hoped to join them on a weekend mission soon. For now, he'd been exercising, practicing songs for a local men's choir he'd joined, and trying his best to take care of himself. "I've inherited a lot of the mental-health problems that my mom suffered from, and I've attempted, so many times, to get help from the proper authorities, and it's been a fucking terrible experience," he said, over the phone one afternoon. "What is it going to take for society to realize that, if people want to make a change in their life, you should try to help them? The floodgates should open, and the help should come."

To Carlin, the crisis in county jails isn't just about starvation deaths like his mom's—it's about preventing the mass criminalization of people like her. He wonders, what if we didn't use jails as our primary mental-health-care providers and instead offered better access to addiction services, mental-health treatment, and housing? In Denver, a nonprofit recently tried giving a universal basic income of a thousand dollars a month to a large group of unhoused people. A year later, nearly half the participants had housing.

In the early days after Mary's death, Carlin used to crack open a Bible that she had sent him as a gift, not long before she'd starved. On the inside cover, his mother had inscribed a message to him. "You don't deserve to feel like a lost sheep,

stuck and hopeless,” she’d written. She encouraged him to check out Isaiah 43:18. Together, one recent afternoon, we looked up the passage. “Forget the former things; do not dwell on the past,” it read, addressing how people might live amid impossible darkness:

See, I am doing a new thing!
Now it springs up; do you not perceive it?
I am making a way in the wilderness,
And streams in the wasteland. ♦

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By **Marina Harss**

THE NEW YORKER INTERVIEW

Jeff Bridges Is Digging It

The actor and musician discusses how to “let *it* do *you*,” why almost dying was a gift, and his new album, “Slow Magic.”

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A practical guide to courage in Trump’s age of fear.

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THE LEDE

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The danger behind the President’s posturing is that, by so emphatically insisting on America’s indispensability, he may be undermining it.

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ANNALS OF ZOOLOGY

The Dire Wolf Is Back

Colossal, a genetics startup, has birthed three pups that contain ancient DNA retrieved from the remains of the animal’s extinct ancestors. Is the woolly mammoth next?

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The Trump Show Comes to the Kennedy Center

Can the fifty-four-year-old arts hub weather the next four years?

By Katy Waldman

PHOTO BOOTH

The Miraculous Fate of a Photographer of Miracles

Kate Friend set out to make a series about the places where the Virgin Mary is said to have appeared. Her pilgrimage took a curious turn.

By Sam Knight

THE SPORTING SCENE

The Face of the Devastated Sports Fan

There are classic moments in this subgenre of deflated fandom that you may have seen before, even if you do not love or pay much attention to sports.

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