

HOUSE OF REPRESENTATIVES  
COMMONWEALTH OF PENNSYLVANIA

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PRISON HEALTH CARE/GRATERFORD

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HOUSE HEALTH AND WELFARE COMMITTEE  
HOUSE JUDICIARY COMMITTEE

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Graterford Correctional Institution  
Graterford, Pennsylvania

Thursday, April 22, 1993 - 2:25 p.m.

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BEFORE:

Honorable David P. Richardson, Jr., Chairman  
House Health & Welfare Committee  
Honorable Thomas R. Caltagirone, Chairman  
House Judiciary Committee  
Honorable Harold James  
Honorable Jere Strittmatter  
Honorable Kathy Manderino

KEY REPORTERS  
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**ALSO PRESENT:**

**Phillip Parrish, Majority Executive Director  
House Health & Welfare Committee**

**David E. Krantz, Executive Director  
House Judiciary Committee**

**Jawal Boyd  
Majority Research Analyst**

**Amanda Beavers  
Minority Research Analyst**

**Galina Milohov, Executive Director  
House Judiciary Committee**

**Samuel McClea  
Pennsylvania Department of Health**

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1                   CHAIRMAN RICHARDSON: It is 2:25. We  
2 will call the House Health and Welfare and  
3 Judiciary Committee meeting to order. We are at  
4 Graterford Correctional Institution. We are  
5 here today to hear from inmates of Graterford  
6 who have concerns about health care in the  
7 institution as it may relate to themselves or to  
8 the institution as a whole.

9                   Here with us is Representative Harold  
10 James, Representative Strittmatter, and  
11 Representative Manderino. Staff, and you have  
12 to help me with everyone that's here from the  
13 judiciary side, Ms. Galina Milohov, Mr. Phillip  
14 Parrish, Mr. Jawal Boyd, Miss Amanda Beavers;  
15 from the Department of Health, Mr. Sam McClea.  
16 I will give you other legislators that were here  
17 that left, including Chairman Thomas  
18 Caltagirone.

19                   My name is David Richardson. I'm a  
20 State Representative for the Commonwealth of  
21 Pennsylvania. I chair the House Health and  
22 Welfare Committee. To my right is Represen-  
23 tative Harold James. This is Representative  
24 Strittmatter and Representative Manderino. They  
25 are members of the Judiciary and House Health

1 and Welfare Committee. Other persons that you  
2 see here are the Executive Directors of both the  
3 House Health and Welfare Committee and the  
4 Judiciary Committee, other legislative staff,  
5 and Mr. McClea from the Department of Health of  
6 the Commonwealth of Pennsylvania.

7 Greetings, brothers. We are here this  
8 afternoon to discuss what role our correctional  
9 institutions in Pennsylvania have to play in the  
10 diagnosis, intervention and treatment of health  
11 problems they either receive or have to deal  
12 with as a result of being incarcerated.

13 The specific issue before us this  
14 afternoon is how have you been treated during  
15 your stay here and what recommendations do you  
16 have to either restructure the system or make  
17 technical changes so everyone can have available  
18 and adequate health care.

19 While many will say that the House  
20 Health and Welfare Committee had been slow in  
21 addressing the issue of prison health care, I  
22 just want to let you know that it is my  
23 perspective that the way brothers and sisters in  
24 institutions are treated reflects how the system  
25 will treat our general population who don't have

1 the means or the will to use their available  
2 resources to fight back.

3 I have paid close attention to what is  
4 and has been happening in our correctional  
5 institutions over the years that I have been  
6 elected to the 201st Legislative District. At  
7 the forefront of my concern has been how a  
8 brother or sister's health status may change  
9 during or after an encounter with our law  
10 enforcement officials.

11 We have come here today to do three  
12 specific things. First, to have a discussion  
13 with corrections officials about the state of  
14 health care in our state correctional  
15 institutions. Secondly, we are here to review  
16 the medical records, the infirmary, the  
17 dispensary and the mental health areas. And  
18 finally, we are here to hear from you. There is  
19 no better way of weighing this situation than to  
20 hear your observations about what is happening  
21 or not happening with the health care services  
22 in this institution.

23 With that, I will ask you to outline  
24 your concerns and save some time for questions  
25 and answers. What we'd like to do is ask you to

1 cite your name for the record.

2 MR. SCHELL: Yes. My name is Theodore  
3 Schell. My institution number is AF7923.

4 MR. SANGER: My name is Grover Sanger.  
5 It's AH8015.

6 MR. WARREN: My name is William Warren.  
7 My institutional number is AM5892.

2  
8 CHAIRMAN RICHARDSON: We'll start with  
9 you, Mr. Schell. Give us briefly what your  
10 basic comments are so our members can ask  
11 questions.

12 MR. SCHELL: I have been incarcerated  
13 in the State Correctional Institution since  
14 October of 1977. My family has a history of  
15 rheumatoid arthritis. It's been since 1987 I  
16 have been trying to obtain treatment here. I  
17 have cracking, popping in my bones, severe  
18 swelling at times. I can't obtain any medical  
19 treatment here.

20 I was sent out to a rheumatologist at  
21 Suburban General Hospital, a Doctor David Bevan,  
22 in 1992, who requested additional testing be  
23 done in order for him to give a case evaluation.  
24 I was sent back to Graterford. It's been  
25 approximately two years now I have never gotten

1 back to see him in order to get the evaluation,  
2 the follow-up plan of treatment. I'm in a lot  
3 of pain.

4 Since my incarceration here I was in  
5 court in February of 1992. I was held in  
6 Delaware County for approximately six days.  
7 During the time of in-house there, I was given a  
8 CBC, complete blood count, and a PPD to be  
9 tested for tuberculosis. Both the CBC and PPD  
10 were clean. I did not have tuberculosis.

11 Upon returning back to Graterford, the  
12 ACLU had filed for a court order before Judge  
13 Debow (phonetic) to have inmates tested for  
14 tuberculosis. From the time I returned in  
15 February of 1992 until the time they  
16 administered the testing I became exposed as a  
17 result of the inadequate medical facility here  
18 at Graterford.

19 I have since had problems with my liver  
20 as a result of taking the tuberculosis  
21 medication, INH and Vitamin B6. I have been  
22 taken off the medication as a result of three  
23 different blood tests which showed there are  
24 problems with the liver. That's part of it.

25 I have various other things not



1       pertaining to myself but to some other gentlemen  
2       who died in here. I wrote to you and I tried to  
3       contact these people's family. One gentleman  
4       was a black gentleman by the name of Wille  
5       Craig. He's from Delaware County. I knew him  
6       when I was on the street. This gentleman had a  
7       heart problem. The medical staff, they had cut  
8       his medication in half. He suffered from edema.  
9       His hands, legs, feet, face and hands blew up.  
10      I spoke with him approximately two weeks before  
11      he died. Mr. Craig advised me they cut his  
12      medication and he was -- I know for a fact that  
13      he pleaded and he begged with these people for  
14      medical treatment and they turned us back, and  
15      this man died as a result of their negligence.

16                This health care system is just not  
17      working with Mr. Jeffes and Doctor Rahman.  
18      You're paying top dollar for substandard  
19      treatment that people are receiving here.

20                This is the case I worked on. It's a  
21      Berks County case. It's caption is Commonwealth  
22      versus Bomberger. This is a petition I filed on  
23      behalf of Mr. Bomberger pursuant to Title 61,  
24      Purdon's Statutes, Subsection 81. This is for  
25      removal of a prisoner who was confined in a

1 State Correctional Institution at Graterford to  
2 be brought before the Court where the Court can  
3 have him sent for the purpose of evaluation for  
4 a doctor.

5 This gentleman was sick for six months  
6 and they refused him medical care. He became  
7 incoherent. On a number of occasions they took  
8 him back to his cell in a wheelchair. He was  
9 totally unconscious when they removed him the  
10 last time. He was in Suburban Hospital for  
11 approximately, I'd say two, two and a half  
12 months. They came to find out he had some type  
13 of cancer with the lymph node glands.

14 I spoke with Mr. Bomberger, requested  
15 his permission to give you these documents as  
16 evidence of his case. There's a complete  
17 medical file there, reports from recommendations  
18 from the doctor which indicates he did, in fact,  
19 have cancer. The Court has since denied the  
20 modification of his sentence based on the fact  
21 that the Fox Chase Medical Center said he was  
22 receiving adequate medical care here at  
23 Graterford.

24 CHAIRMAN RICHARDSON: Let the record  
25 reflect we have received a packet from Mr.

1 Schell concerning Mr. Bomberger.

2 REPRESENTATIVE MANDERINO: May I ask  
3 you a question?

4 MR. SCHELL: Yes.

5 REPRESENTATIVE MANDERINO: This is an  
6 individual case? This is not part of the ACLU?

7 MR. SCHELL: Yes, I believe that is  
8 part of the ACLU. I'm not sure if Mr. Bomberger  
9 received the Interrogatories, but a lot of us  
10 did the other day from the AG's office. I have  
11 an independent action which I had brought suit  
12 against Correctional Physicians Services,  
13 Incorporated for exposure to tuberculosis and  
14 denial of medical care. That's an independent  
15 action.

16 REPRESENTATIVE MANDERINO: With regard  
17 to these documents you just gave us, this  
18 question may not be within your knowledge. Is  
19 it within your knowledge whether any of these  
20 documents are subject to a protective order by  
21 the Court?

22 MR. SCHELL: No, they are not.

23 REPRESENTATIVE MANDERINO: These are  
24 public and filed with the Court?

25 MR. SCHELL: That's a matter of public

1 record filed with the Court of Common Pleas of  
2 Berks County.

3 CHAIRMAN RICHARDSON: Let the record  
4 reflect Mr. Schell has indicated that he has  
5 filed a separate lawsuit with the vendor that  
6 presently is doing health care here at this  
7 institution.

8 MR. SCHELL: I have a civil rights  
9 action pending in the United States District  
10 Court for the Eastern District of Pennsylvania.  
11 The caption of the case is Theodore William  
12 Schell, Sr., Plaintiff versus Doctor Kenan  
13 Umar, President of Correctional Physician  
14 Services, Incorporated; Glen R. Jeffes, Health  
15 Care Administrator; Doctor Ronald Rahman,  
16 Medical Director; Doctor S. Chae, Medical  
17 Doctor; John and Jane Doe, Employees of  
18 Correctional Physician Services. The docket  
19 number in this case is 92-1213. The case is  
20 currently pending before the Honorable Louis C.  
21 Bechtle, who is a Chief Judge for the United  
22 States District Court for the Eastern District  
23 of Pennsylvania.

24 CHAIRMAN RICHARDSON: What's the status  
25 of the case?

1           MR. SCHELL: The status of the case is,  
2 as of April 16, 1993, the federal court has  
3 received my second Amended Complaint by  
4 Plaintiff. The service was made by the  
5 marshals. I believe it was on the 16th as well.  
6 The United States Department of Justice, U.S.  
7 Marshals Service indicate the service upon the  
8 Defendants were made on the 16th of this month.

9           CHAIRMAN RICHARDSON: They are  
10 indicating they received it?

11           MR. SCHELL: Yes. They have served the  
12 Complaint.

13           CHAIRMAN RICHARDSON: Is that a copy  
14 you want us to have?

15           MR. SCHELL: No, but I will have a copy  
16 within the matter of ten minutes. I have to go  
17 back to the office to pick this stuff up so I  
18 can enter it as a matter of record. It will be  
19 done.

20           CHAIRMAN RICHARDSON: We'll go to the  
21 next gentleman, Mr. Sanger. We'll hear from you  
22 before we have questions from the members of the  
23 Committee.

24           MR. SANGER: I'm not quite as involved  
25 with this as Teddy. I'm a cardiac patient. Up

1       until approximately June of last year, I was  
2       getting my medication fairly recently (sic), but  
3       it was slow coming in. I went out to court and  
4       when I came back it was renewed for one month  
5       and then it was cut off. I submitted several  
6       requests to the medical department to go back  
7       down to the clinic and have it renewed and  
8       nothing has ever been answered. I have been off  
9       of it since August. I need my Isodil and my  
10      medication. I have curtailed a lot of my  
11      activities because I haven't had that.

12                **REPRESENTATIVE MANDERINO:** What are you  
13      taking medicine for, hypertension?

14                **MR. SANGER:** I have angina. Sometimes  
15      it's very painful and other times -- As long as  
16      I watch my activities I'm all right

17                **REPRESENTATIVE MANDERINO:** Have any  
18      incidents happened since August since you have  
19      been off the medication?

20                **MR. SANGER:** I have had some pain but  
21      nothing I will go down to the hospital about. I  
22      was taking 20 milligrams 3 times a day.

23                **REPRESENTATIVE MANDERINO:** Have you  
24      been given any reason why?

25                **MR. SANGER:** No. I can't get a

1 response to the request.

2 CHAIRMAN RICHARDSON: Representative  
3 James.

4 REPRESENTATIVE JAMES: Did you put any  
5 of your requests in writing?

6 MR. SANGER: I did. I got mad when I  
7 couldn't get anything back and I canned the  
8 whole thing.

9 REPRESENTATIVE JAMES: You don't have  
10 no copies of anything?

11 MR. SANGER: Not now.

12 REPRESENTATIVE JAMES: When you said  
13 you came back from court the first time, did you  
14 go to court in order to get medicine?

15 MR. SANGER: No. I was back trying for  
16 a new trial.

17 CHAIRMAN RICHARDSON: We'll hear now  
18 from Mr. Warren.

19 MR. WARREN: My name is William Warren.  
20 In 1980 I suffered a gunshot wound to the head,  
21 the left temporal lobe. It caused being  
22 paralyzed and extreme loss of memory.

23 Upon my arrival here at Graterford, I  
24 was admitted into the infirmary, where for many  
25 months, many hours and days, the nurses and

4  
1 mainly the doctors, tried to find out and to  
2 treat me what was a lot of problems that was  
3 going on with me. They discovered that I was  
4 having grand mal seizures. I was put on  
5 medication. In the meantime, I was sent out and  
6 various tests were done.

7 Also, through treatment and the  
8 positive attitude of a lot of good nurses then,  
9 and some of them are still here, got me to the  
10 point that I'm at now.

11 My problem came in, first of all, it  
12 started with a medication problem. I have  
13 oodles of requests and complaints that I filed  
14 and they went all the way to Mr. Vaughn, who  
15 agreed with the grievance response and,  
16 therefore, it was suggested to me if I didn't  
17 agree with it I could appeal it further.

18 Instead of going that route, I appealed  
19 it straight to the Commissioner, because the  
20 response -- The grievance that I put in was that  
21 certain medications, seizure medication was not  
22 available on the medication cart. Their  
23 response was that Mr. Warren seems to want to  
24 take medication whenever he feels like taking  
25 it, which is not true, but that's not an answer



1 to why the medication is not there. When you go  
2 to sick hall or have your medication renewed  
3 it's renewed for 30 days. That's the type of  
4 response I got back.

5 I was virtually called a liar on two  
6 occasions. Then when I got the response back,  
7 it was two days later they discovered the  
8 medication was, in fact, on the wrong cart going  
9 to the wrong block. Therefore, the medication  
10 wasn't there and I was not a liar.

11 CHAIRMAN RICHARDSON: Would you say it  
12 was like a case of mistake in identity, sending  
13 to the wrong wing? Did they ever determine it  
14 was sent to the wrong wing?

15 MR. WARREN: Yes, two days later. The  
16 nurse acknowledged this to me; not the people  
17 involved with the grievance itself.

18 CHAIRMAN RICHARDSON: Did they correct  
19 it after that point?

20 MR. WARREN: Yes.

21 CHAIRMAN RICHARDSON: And did you get  
22 the medicine,

23 MR. WARREN: Yes, I did. It wasn't  
24 until after I wrote the Commissioner dealing  
25 with another problem that I had that it seemed

1 like everything dealing with medication I  
2 haven't had a problem with it to a certain  
3 extent till Doctor Rahman came on board.

4 Like I said, I suffered from brain  
5 damage. During the courses of my being examined  
6 by different specialists, they determined that  
7 at any given time something could go wrong. A  
8 part of my body could malfunction or swell up or  
9 whatever, if it prolongs or if it goes on to  
10 seek some treatment for it, which in this case I  
11 did.

12 I laid three days and three nights in  
13 the infirmary. I was admitted by Doctor Allday,  
14 who observed my leg and it was almost twice the  
15 the size of my thigh. The calf, toe and ankle,  
16 you couldn't tell I had an ankle or a knee.  
17 That's how badly it was swollen. They wanted my  
18 leg to be elevated. They put me in a bed that  
19 didn't crank up. They gave me a quarter of a  
20 blanket supposedly to elevate my leg.

21 Like I said, three days and three  
22 nights I laid there. All three days I seen  
23 three different doctors. Everyone of them said,  
24 we'll get you a medical jacket and we'll be back  
25 to see you, after they had seen what my leg

1 looked like. In the case they never did.

2 At one point the nurse was standing  
3 there and she made a suggestion about putting  
4 some hot soaks or whatever to ease the swelling  
5 and the pain because it was swelling. They said  
6 no. We'll wait until we review his records.  
7 This is one of the things, the nurses' hands are  
8 tied because there are certain things that can  
9 be done, such as what I just mentioned, that  
10 could ease a lot of discomfort until you are  
11 evaluated by a doctor if they don't have the  
12 time.

13 You can tell by the complaints and  
14 grievances that are requested I am very patient.  
15 After that period of time I decided there's no  
16 sense in me being here because I wasn't getting  
17 any treatment and all they kept saying was,  
18 we'll see you when we get your chart. I left  
19 the infirmary. I wrote the Commissioner a  
20 letter and I sent them copies of all the request  
21 slips, all the grievances and all the responses  
22 that I received, and within four days he agreed  
23 with me and in four days I was out of here to  
24 have the test done.

25 The thing was that, I was told to see a

1 surgeon at a surgical clinic. The surgeon had  
2 recommended tests, but it was said to me, and I  
3 quote, there's an expense involved. How does  
4 that affect me? I have a problem. If I was  
5 allowed to pay for it, that wouldn't be the  
6 problem.

7 CHAIRMAN RICHARDSON: Who said that to  
8 you, sir?

9 MR. WARREN: I'm not sure whether it  
10 was Doctor Oyefule or -- It wasn't the surgical  
11 surgeon. He never said that. It was a medical  
5 director. It was Doctor Oyefule or somebody  
12 that was right up underneath him. I'm not quite  
13 sure. That's one thing I did make a notation  
14 of.  
15

16 CHAIRMAN RICHARDSON: What happened as  
17 a result of this?

18 MR. WARREN: Like I said, I did --  
19 Within four days I was sent out to have the test  
20 done. The tests were done, and in the meantime,  
21 they explained to me I would be followed up at  
22 Graterford by the surgeon. They didn't find  
23 anything that they could see with the tests they  
24 did to determine what it was that was causing  
25 it. They said something had to be causing the

1 swelling. They suggested the same thing that  
2 the nurse had suggested like months ago; elevate  
3 it and put hot packs on it. That would take the  
4 swelling down to ease the pain. I was never  
5 followed up.

6 I continue on my own to do what was  
7 said from Suburban General Hospital, what they  
8 told me. I have been doing that since then.  
9 This happened back in '91. I have not filed a  
10 grievance since 1991 because I notified Mr.  
11 Stachelek and Mr. Vaughn to have them go over  
12 and file the grievances.

13 Then we had, which I don't understand,  
14 when we have an emergency situation the jail  
15 becomes locked down. I feel if it's locked down  
16 more than two days that some type of sick call  
17 should be held. The doctor should go from cell  
18 to cell to find out how people are doing; to  
19 make sure they are receiving their medication,  
20 and that if medication is not -- If medication  
21 is due to be renewed, to make a notation of that  
22 so that can be done, because I experienced a  
23 situation the last time we had an emergency  
24 situation here where my medication ran out on a  
25 Wednesday. I was told it would be automatically

1 renewed. I didn't worry about it until  
2 medication time come Friday when I went -- This  
3 is in the afternoon. I went to the medication  
4 line and they said your medication ran out and  
5 there is nothing here for you.

6 I'm epileptic. I can see missing a  
7 dose a day or two doses a day, but I can't go  
8 any further than that because I put myself in  
9 jeopardy. I was told that I have to go to sick  
10 call, which would have been on a Monday or  
11 Tuesday. Monday I would not have received the  
12 medication until like on a Wednesday. That is a  
13 matter of what, four or five days without  
14 seizure medication. I have violent, violent  
15 seizures.

16 Like I said, there was a lot of time  
17 and money spent by the state to get me to this  
18 point and I refuse to allow someone to deprive  
19 me of something that's going to maintain my  
20 health. I'm not asking for nothing that I don't  
21 need. I have never done that as far as being  
22 involved in the medical staff. I will try to do  
23 without before I will ask.

24 Back in April of last year, for some  
25 reason Doctor Rahman had renewed my medication.

1 Upon doing so -- I have four medical jackets,  
2 four. Three of them are at least that thick.  
3 He has number four, which has very little in it.  
4 He goes to the chart and starts writing my  
5 medication down. He said, you don't need this.  
6 You can buy this at the commissary. You don't  
7 need this. You can get this at the commissary.

8           When I went to ask him why, his  
9 response was, I don't have to explain anything  
10 to you. I asked him again. I said, if those  
11 things were ordered by specialists years ago, I  
12 have gained weight. My ability to perceive and  
13 to re-educate myself has been -- I have gotten  
14 degrees since I have been treated. I have been  
15 doing real well. Why all of a sudden do you say  
16 I don't need this and I can buy it in the  
17 commissary? Again he responded, I don't have to  
18 explain anything to you.

19           He referred me to another doctor, which  
20 somewhat has the same attitude. He has a small  
21 jacket, which has very little information in it,  
22 and I also explained to him I have the other  
23 volumes; that at least see what the other  
24 specialists have done and what they have ordered  
25 so I will receive the proper medication.

1           The second doctor wants to start doing  
2 the same procedure that was done from day 1 to  
3 find out what is wrong with me. I refuse to go  
4 through that pain. It was a lot of pain,  
5 needles, blood drawn. You can't believe what I  
6 went through in order for them to find out what  
7 was wrong with me and how best to treat it, and  
8 it's worked.

9           It wasn't until last week Doctor Chae  
10 reviewed my records, because I was having -- I  
11 have cluster headaches from the brain injury.  
12 I'll tell you, for a year and a week or so since  
13 I was taken off medication there was one time I  
14 wanted to literally commit suicide. That's how  
15 bad my head hurt. I would sit in the cell and  
16 cry. The officers would ask, is there anything  
17 we can do? All they would give me is a Motrin  
18 400 or I would take Aspirin or regular Tylenol  
19 that they have on the block. The headaches,  
20 they have offered to give me Demerol and I  
21 refuse Demerol because Demerol does not make me  
22 feel right. I don't feel normal. I refuse  
23 that.

24           I literally came to a point one night  
25 when I said look, my head is hurting me so bad,



1 and I was sitting on top of the bed holding my  
2 head and I was literally contemplating  
3 committing suicide, anything to stop the pain.  
4 You have to be in my shoes to understand what  
5 that pain was like. There's no such thing as  
6 finding a quiet place on a block. There's no  
7 such thing as getting away from the light. That  
8 intensified the headache. I dealt with that and  
9 I have talked to a couple people to help me get  
10 over that; to not do that.

11 You know, when you're a fighter, fight  
12 this. I just kept praying about it and I kept  
13 talking to people to give me strength to keep  
14 pushing. I was able to somewhat function  
15 because it hurt me so bad where I had to go lay  
16 down. Sometimes I couldn't get up. Sometimes I  
17 couldn't go get my medication.

18 Doctor Chae last week reviewed my  
19 records and she said, I don't know about the  
20 Fiorcet. I said, wait a minute. I don't know  
21 about the Fiorcet. I said, that's not the right  
22 medication. It's Fiorinal without codeine. She  
23 looked through the charts and she discovered  
24 that the right medication was ordered but the  
25 wrong medication was sent in. That's what I had

1       been taking; the wrong medication. Why couldn't  
2       the Medical Director explain to me what they  
3       were doing and why could not the second doctor  
4       explain it to me?

5               CHAIRMAN RICHARDSON: Very quickly,  
6       because we want you to wrap up for us, is it  
7       your understanding that the doctor who  
8       prescribed the first medicine and found out you  
9       were receiving the wrong medicine, is that  
10       doctor willing to say that on record?

11              MR. WARREN: He didn't order the wrong  
12       medication. The wrong medication was sent in  
13       from the outside pharmacist.

14              CHAIRMAN RICHARDSON: When it came in  
15       did they not recognize it was wrong?

16              MR. WARREN: When I seen the pass I  
17       questioned the nurse. I said this is Fiorcet.  
18       She said, oh, I think that's the generic name.  
19       So I didn't question it. They are the people  
20       that are supposed to know, so I didn't question  
21       it. I had been taking it for over a month.

22              In closing, the last thing I want to  
23       bring to your attention is, I cannot take Valium  
24       during a seizure. Twice they have given me  
25       Valium. Twice they had to rush me to Montgomery

1 Hospital because my respiratory system shut  
2 down. They found it out after the first time.  
3 The second time a doctor would not pay attention  
4 to a nurse who said not to give him Valium which  
5 would cause him problems. He gave it to me  
6 anyway and I ended up in Montgomery County  
7 Hospital. They told me out there there's going  
8 to be a time when they give it to you that  
9 you're not going to make it.

10 They issue you a medical alert  
11 bracelet. They say if you have them on, that  
12 way we know what's going on, we can deal with  
13 it. If you come in there either unconscious or  
14 incoherent, those I think are the first things  
15 that they, when they are taking your vitals,  
16 see.

17 One thing, they do not check them from  
18 what I have been told. Second of all, I have  
19 three bracelets that I have to wear. I tried to  
20 order my own. They said, no, the Medical  
21 Department has to supply them. So what they do  
22 is, they give me a bracelet that says epileptic  
23 disorders. They give me one that says allergy  
24 to penicillin. Then the other bracelet, they  
25 use a metal scriber to scribe in Tegretol and

1 Valium. You can't see it.

2 CHAIRMAN RICHARDSON: Why don't they  
3 give you a new bracelet?

4 MR. WARREN: Why don't they give you a  
5 bracelet that has the information stamped on it.

6 CHAIRMAN RICHARDSON: Why?

7 MR. WARREN: I never got a response  
8 from Doctor Rahman. The last thing I want to  
9 say is, when I was talking about the issue about  
10 purchasing stuff in the commissary. I have some  
11 type of a skin disorder that requires a special  
12 soap. Every six months they threaten me, we  
13 can't no longer issue this soap. They sell a  
14 similar soap over at commissary.

15 It all comes down to, this is a little  
16 added price we don't have to pay for. I never  
17 argued. I purchased the soap and it doesn't  
18 work. The dermatologist -- If you have these  
19 specialists to come in examine us and order  
20 things, why is it that the doctors feel you  
21 don't need it without even examining you? It's  
22 something I never can understand.

23 CHAIRMAN RICHARDSON: Did the doctor  
24 prescribe the soap too?

25 MR. WARREN: Yes. For some reason it

7  
1 wasn't until last week, for some reason they  
2 tracked me down to give me the soap.

3 CHAIRMAN RICHARDSON: You're getting  
4 the right soap now?

5 MR. WARREN: Yes, I am. It happens  
6 every six months to a year.

7 CHAIRMAN RICHARDSON: Questions of the  
8 Committee?

9 MR. WARREN: I feel better -- I have a  
10 chronic illness. I got treated better. My  
11 medical needs were met better when the state had  
12 control of the medical situation. When I heard  
13 the contract was coming in, it never phased me  
14 it would be a problem because I was doing well  
15 and I was getting better. Two years after they  
16 are in here, a year after, then the problems  
17 start. I could go on and on, but I'm not going  
18 to take --

19 CHAIRMAN RICHARDSON: Representative  
20 Manderino.

21 REPRESENTATIVE MANDERINO: Mr. Warren,  
22 I'm reading a little bit into your comments, but  
23 did anybody ever say to you that any of the  
24 reasons that you weren't getting medication that  
25 you thought you needed or any of the supplies

1 that you thought you needed were either because  
2 they had determined that you didn't medically  
3 need it anymore? Did anyone ever tell you,  
4 we've determined that medically you don't need  
5 this stuff anymore? That you're cured or  
6 something like that?

7 MR. WARREN: No. They said -- Like the  
8 vitamins they said, you can purchase this at  
9 commissary.

10 REPRESENTATIVE MANDERINO: Did anyone  
11 ever directly say to you, even though it's kind  
12 of maybe implicit, that the reason they weren't  
13 giving it to you was because it was going to  
14 cost them -- because of the cost factor that was  
15 involved?

16 MR. WARREN: This was said, but I  
17 cannot with all certainty say exactly -- It was  
18 told to me a couple times. I cannot with all  
19 certainty say, within the last two and a half  
20 years I can't say with certainty exactly who it  
21 was. I know Doctor Oleyfule was one.

22 REPRESENTATIVE MANDERINO: When you buy  
23 things at the commissary, you're paying that  
24 with your own money?

25 MR. WARREN: Yes. I don't have a

1 problem with it.

2 REPRESENTATIVE MANDERINO: But as  
3 compared to it coming out of the medical  
4 dispensary account or whatever.

5 MR. WARREN: Right. The thing about  
6 it, they don't want to purchase the soap for  
7 you, then they ask the administration to  
8 purchase the soap and have it put in commissary  
9 so we can buy it, because I'm not the only one  
10 who has a skin problem. It's a good soap. I  
11 was getting soap that was more expensive, but  
12 they found out this soap works just as well. I  
13 don't have a problem with buying it because I  
14 had tried to buy it on my own, order on my own  
15 and the institution had always said no, it's a  
16 medical dispensary. They have to supply it.

17 REPRESENTATIVE MANDERINO: Mr. Sanger,  
18 you said that you were given, did I understand  
19 you were given no reason for why you haven't  
20 gotten any medication?

21 MR. SANGER: No, I could get no answer  
22 back.

23 REPRESENTATIVE MANDERINO: You don't  
24 know whether someone has determined medically  
25 you don't need it anymore? No one has ever told

1 you that?

2 MR. SANGER: No, not on this -- They  
3 took my nitrostats off of me. He said I didn't  
4 need them at that time.

5 REPRESENTATIVE MANDERINO: When was  
6 that?

7 MR. SANGER: That was probably about  
8 six months to a year before I went back to  
9 court.

10 REPRESENTATIVE MANDERINO: Okay. Now,  
11 was that under this current medical contract  
12 provider or under the old doctor's system?

13 MR. SANGER: I don't know that.

14 REPRESENTATIVE MANDERINO: You didn't  
15 have a problem with that? Did you agree with  
16 that?

17 MR. SANGER: I didn't agree with it  
18 because I was using it between prescribed  
19 medications. I was taking the nitrostats when I  
20 needed them.

21 REPRESENTATIVE MANDERINO: Did anyone  
22 ever say to you with regard to your current  
23 medication that, I think you said since August  
24 of last year you haven't had, that there was any  
25 cost issue involved; that that was the reason



1 you weren't getting it?

2 MR. SANGER: Not on that medication,  
3 no.

4 REPRESENTATIVE MANDERINO: Was there  
5 another medication that did?

6 MR. SANGER: Yeah, when I went to my  
7 hearing. The otologist prescribed hearing aids  
8 for both ears. Doctor Oleyfule said it was too  
9 expensive and he refused to buy them. So he ran  
10 me through the whole procedure again with the  
11 new otologist that came in. They prescribed the  
12 same thing for both ears, but we finally settled  
13 on one for the left ear, which ended up costing  
14 more than both of the others.

15 REPRESENTATIVE MANDERINO: Are you  
16 currently wearing the hearing aid in your left  
17 ear?

18 MR. SANGER: No, I don't have it on  
19 right now. I have to get batteries.

20 REPRESENTATIVE MANDERINO: What was the  
21 demonstrated hearing loss or hearing need? Are  
22 you reading my lips right now I guess is what  
23 I'm saying?

24 MR. SANGER: No, it's quiet. When I  
25 have a lot of background it's very hard to hear.

1 MR. WARREN: I have that problem.  
2 That's why I'm looking straight on.

3 MR. SANGER: It's probably a little bit  
4 of both. There's also the problem too, a lot of  
5 times when the medication is ordered, it doesn't  
6 come in. I have gone a week, two weeks after  
7 it's been ordered that it hasn't come in. I  
8 went one whole month one time without it coming  
9 in. Only reason I got it then is because they  
10 pulled it off another cart.

11 REPRESENTATIVE MANDERINO: Were you  
12 ever given any explanation in terms of why it  
13 didn't come in? Are these specialty items that  
14 are hard to get, to your knowledge?

15 MR. SANGER: I think in one instance  
16 they said they just forgot to order it from the  
17 pharmacy.

18 REPRESENTATIVE MANDERINO: Thank you,  
19 Mr. Chairman.

20 CHAIRMAN RICHARDSON: Chair recognizes  
21 Representative Strittmatter.

22 REPRESENTATIVE STRITTMATTER: Thank you  
23 all very much. On the suggestion of having sick  
24 calls during the lockdowns, how often does a  
25 lockdown occur and how long do they usually

1 last?

2 MR. WARREN: It depends on the  
3 situation that calls in. We had a stabbing  
4 which resulted in a death. I think it was three  
5 and a half, really four days. During that time  
6 medication was brought out from cell to cell,  
7 but there was -- no doctor came around or even a  
8 nurse to ask how you were doing, whatever.

9 One thing, I don't want to leave you  
10 with the impression in my opinion that the  
11 nurses don't do their job. Ninety-seven percent  
12 of those nurses are professionals and they  
13 conduct themselves in a professional manner. I  
14 would like to leave that for final closing  
15 because I have dealt with many of them. In my  
16 opinion, they conduct themselves as such, but  
17 they find themselves with their hands tied  
18 because they have to go through the Medical  
19 Director, or whoever is above him before they  
20 can do certain things.

21 Whereas, it would be all right if the  
22 individual who is supposed to take care of it  
23 would take care of it. Then they go on for like  
24 myself, three days and three nights, without  
25 being attended to.

1           REPRESENTATIVE STRITTMATTER: So the  
2 difference between a lockdown is the nurses are  
3 still here and the physicians aren't?

4           MR. WARREN: I don't know because we  
5 are all locked down, but more than likely they  
6 are here.

7           REPRESENTATIVE STRITTMATTER: That  
8 medication doesn't come around by the nurses at  
9 all either?

10          MR. WARREN: No. The nurses come out  
11 and give medication. They come out and they  
12 give the medication.

13          REPRESENTATIVE STRITTMATTER: There's  
14 no physician around to give them a change of  
15 order during that time?

16          MR. WARREN: Exactly.

17          REPRESENTATIVE STRITTMATTER: So what  
18 you'd like to see is to have them have more  
19 authority during a lockdown period to make these  
20 other decisions?

21          MR. WARREN: Or if the doctor would  
22 come around. Everybody is locked in and it  
23 doesn't take that long to go from one cell to  
24 the next because the majority of the people do  
25 not have a problem. But, you may run across

1 somebody suffering with a certain problem. The  
2 nurse, by giving information to her, may forget.  
3 Because of all of the individuals she has to  
4 deal with, she may not be able to get the  
5 message back in time or she may forget. Then  
6 you have a more serious problem on your hand.

7 REPRESENTATIVE STRITTMATTER: Thanks  
8 for the suggestion.

9 MR. WARREN: It has happened with me  
10 with the seizures. That is one thing that I  
11 think or I feel should be done.

12 CHAIRMAN RICHARDSON: Representative  
13 James.

14 REPRESENTATIVE JAMES: Thank you, Mr.  
15 Chairman. Representative Strittmatter asked a  
16 couple questions. Further on the lockdown, you  
17 said something about there should be sick call,  
18 that the doctors should come around. In the  
19 question you also said that they do bring the  
20 medicine out.

21 CHAIRMAN RICHARDSON: The nurses.

22 REPRESENTATIVE JAMES: What's the  
23 longest period of time on a lockdown before they  
24 would bring the medicine out?

25 MR. WARREN: Every day. Three times a

1 day the medication is brought out.

2 REPRESENTATIVE JAMES: But no doctors  
3 will come by if you have a sick problem?

4 MR. WARREN: They wouldn't know if  
5 there was a problem unless either the nurse told  
6 them or you got to the point where an officer  
7 would have to come by and see you're sick.

8 REPRESENTATIVE JAMES: You can't tell  
9 the nurse you need to see a doctor?

10 MR. WARREN: You can do that, but  
11 suppose she's just come on block and started  
12 giving out medication. You have 500 and some  
13 odd guys on a block. The chances of her  
14 remembering is -- Myself, I would not want to  
15 take that chance.

16 REPRESENTATIVE JAMES: Thank you. Mr.  
17 Schell, you said something about you were  
18 exposed. You went through this rheumatoid  
19 arthritis, rheumatologist, and you just came  
20 back. But then at what point were you exposed?

21 MR. SCHELL: When I returned back to  
22 Graterford in February of 1992, until the time  
23 they conducted the tuberculosis skin testing in  
24 October, from February to October I became  
25 infected with tuberculosis.

1           REPRESENTATIVE JAMES: Between February  
2 and October?

3           MR. SCHELL: In October when the Court  
4 order directed the CPS to do the mandatory  
5 testing.

6           REPRESENTATIVE JAMES: You have been  
7 here since 1977?

8           MR. SCHELL: 1977.

9           REPRESENTATIVE STRITTMATTER: Was it a  
10 false/positive or what did they explain it as?  
11 Or do they believe you have tuberculosis?

12           MR. SCHELL: They said I have been  
13 exposed. I don't have actual tuberculosis, but  
14 I have been exposed to the virus, and as a  
15 result of the virus the PPD tested positive at  
16 10 centimeters. As a precautionary measure they  
17 placed me on INH, 300 milligrams once a day,  
18 which is a preventive tuberculosis medication,  
19 and a Vitamin B-6 supplement. I was supposed to  
20 undergo INH therapy for six months.

21           I had a lot of problems in obtaining  
22 the medication, as this gentleman says here.  
23 The medication for some reason disappears off of  
24 the cart. I was served with a complaint by  
25 Superintendent Vaughn stating that I failed to

1 report to medication. As a result of failing to  
2 get the medication, they were going to have me  
3 placed in isolation.

4 In my lawsuit it sets out, the  
5 medication was not there a lot of times. It  
6 would be ordered 30 days. Fifteen days into the  
7 30 days the medication would disappear without  
8 an explanation. Nobody knows what happened to  
9 it. This is one of the grievances concerning  
10 the medication here. It can be a matter of  
11 record. I don't have a copy of the Complaint.

12 A copy of this, this is from  
13 Superintendent Vaughn. This was the memo that  
14 was sent to myself. This is from the Block  
15 Lieutenant who says I failed to report for  
16 medication here.

17 REPRESENTATIVE JAMES: Let me ask you  
18 this. Before February when were you tested for  
19 TB?

20 MR. SCHELL: 1977, that's the only  
21 time. They never had conducted any type of  
22 tuberculosis testing while CPS was under  
23 contract with the Department of Corrections to  
24 provide medical care.

25 REPRESENTATIVE JAMES: How do you get



1 February as being a starting period?

2 MR. SCHELL: Because when I left  
3 Delaware County it was negative.

4 REPRESENTATIVE JAMES: You were in --

5 MR. SCHELL: I have been in litigation  
6 of my criminal case. I just came back on  
7 Friday.

8 REPRESENTATIVE JAMES: So you had some  
9 kind of testing at Delaware County?

10 MR. SCHELL: Yes. It's mandatory upon  
11 entry of Delaware County Prison.

12 REPRESENTATIVE JAMES: Have you heard  
13 of any other people that may have TB here?

14 MR. SCHELL: Yes. I have 9 cases  
15 currently pending in federal court, which I'm  
16 assisting. Nine inmates I'm assisting in filing  
17 lawsuits against the vendor for negligence.

18 REPRESENTATIVE JAMES: Because they  
19 have TB?

20 MR. SCHELL: They contracted it here.  
21 They tested positive when they entered, and as a  
22 result of not controlling this type of  
23 environment, they suffered the exposure and  
24 contracted tuberculosis. This is all set forth  
25 in the Complaint here, and at a later date I'll

1 file a post-admission of evidence if it's  
2 approved by the panel.

3 CHAIRMAN RICHARDSON: Understand, we  
4 are not a court of law. I don't want to give  
5 you a misimpression of what we are. The thing  
6 is, this is part of what you heard today with  
7 respect to the Attorney General's Office in this  
8 suit that's been filed as to why they want to  
9 deal with it. You also heard them say there  
10 weren't that many cases of TB. You have to ask  
11 them specifically.

12 REPRESENTATIVE JAMES: I thought they  
13 said there were no cases.

14 A WOMAN: They did say that. There  
15 were no cases.

16 MR. SCHELL: They did indicate it. I  
17 know for a fact that there's a gentlemen that  
18 came back from Suburban General Hospital within  
19 the last three days who has been placed in  
20 isolation. They have indicated he has full-  
21 blown tuberculosis.

22 REPRESENTATIVE JAMES: That's my next  
23 question. Do you know of any inmates who are in  
24 isolation because of TB?

25 MR. SCHELL: I know one inmate who died

1 of it. His name was Robert Riebow, R-i-e-b-o-w.  
2 I have his number, but I don't have it here.

3 REPRESENTATIVE JAMES: Do you know  
4 when?

5 MR. SCHELL: I believe it was 1991.  
6 The next gentleman was Alex Cardone. He died as  
7 a result of tuberculosis and AIDS complications.  
8 He died in the Suburban General Hospital. There  
9 was another.

10 REPRESENTATIVE JAMES: When?

11 MR. SCHELL: Between '91 and '92. I  
12 don't have the specific dates here.

13 REPRESENTATIVE JAMES: If you don't  
14 take your medicine -- Like, you have what they  
15 call --

16 MR. SCHELL: Tuberculosis infection.

17 REPRESENTATIVE JAMES: If, in fact, you  
18 miss so much medicine you can become full blown?

19 MR. SCHELL: You can build up an  
20 immunity to the INH and if you develop  
21 tuberculosis, it's harder to treat as a result  
22 of drug-resistant tuberculosis.

23 REPRESENTATIVE JAMES: Then you have to  
24 go into isolation?

25 MR. SCHELL: Isolation, and there is a

1 certain type of therapy that you have to undergo  
2 besides that, which is very toxic and can cause  
3 your death. The INH itself is a toxic  
4 substance. I believe that's what caused the  
5 liver problems, but they won't clarify anything  
6 here.

7 REPRESENTATIVE JAMES: How many cases  
8 do you know of now are in isolation?

9 MR. SCHELL: There are two of them down  
10 there. Out of the 9 cases were gentlemen who  
11 tested negative upon entering the institution  
12 and had contracted tuberculosis infection since  
13 their incarceration. There are more people in  
14 the population that died of tuberculosis, and  
15 there was no mandatory testing at the time to  
16 test those inmates. Once you come in --

17 From 1977 until I went to Delaware  
18 County prison I never had a TB test.

19 MR. WARREN: A lot of things changed  
20 when the contract came in. When the state had  
21 it, everyone that came in here got a TB test--  
22 everybody. I don't care if you were out for  
23 court -- If your feet hit the ground, when you  
24 came back in here you got a TB test. They were  
25 very laxed with it. A lot of that is not being

1 done.

2 CHAIRMAN RICHARDSON: Representative  
3 Manderino.

4 REPRESENTATIVE MANDERINO: Thank you.  
5 Mr. Schell, I'm looking at your memo from  
6 Superintendent Vaughn --

7 MR. SCHELL: Directed to me?

8 REPRESENTATIVE MANDERINO: Yes.

9 -- about the preventive tuberculosis medication.  
10 It raises a couple of questions. I understand  
11 that you were saying that they didn't have the  
12 medication for you there to take, correct?

13 MR. SCHELL: Yes. It disappeared off  
14 the medication cart.

15 REPRESENTATIVE MANDERINO: And it is a  
16 medication that is taken daily?

17 MR. SCHELL: It has to be taken on a  
18 daily basis in order to have it, yes.

19 REPRESENTATIVE MANDERINO: Would you  
20 report every day to try to receive it?

21 MR. SCHELL: Yes. I have the names of  
22 the nurses who I reported to. It's a matter of  
23 document.

24 REPRESENTATIVE MANDERINO: Do you know  
25 if they keep any kind of records that say that

1 you were there and received your medication;  
2 that you were there and didn't receive your  
3 medication?

4 MR. SCHELL: No. I believe the way  
5 they do it is, if the card remains on the  
6 medication cart, they take note every day and  
7 they see who takes the medication, who is INS  
8 therapy and then they pull the card to see if  
9 the medication was dispensed.

10 REPRESENTATIVE MANDERINO: Can you  
11 explain to me, if you know, how a letter like  
12 this, which is saying that -- In essence, it's  
13 saying you failed to report because they are  
14 explaining to you, your policy is you have to  
15 report. Even if once you report you refuse to  
16 take the medication. They are basically saying  
17 you failed to report.

18 Do you know what kind of mechanisms or  
19 procedures they have that would have resulted in  
20 this letter, or do you know particularly what  
21 happened that resulted in this letter?

22 MR. SCHELL: I don't even know -- I  
23 can't even say with reasonable certainty that  
24 that letter did, in fact, come from Superin-  
25 tendent Vaughn, because that's a photostatic

1 copy that I received. It bears his signature,  
2 but I can't say that did actually come from him.  
3 This was personally handed to me by the Block  
4 Lieutenant.

5 Everybody who had tested positive for  
6 tuberculosis infection, their names were placed  
7 on a bulletin board in front of the block. They  
8 look at us like we're carriers or we're killers  
9 or something. We get a hell of an impression.

10 CHAIRMAN RICHARDSON: At no time did  
11 you refuse your medication? That's the question  
12 Representative Manderino is asking you.

13 MR. SCHELL: No, at no time.

14 REPRESENTATIVE MANDERINO: At no time  
15 you didn't just get tired of showing up?

16 MR. SCHELL: No, at no time. I have  
17 passes and everything to report for medication.

18 CHAIRMAN RICHARDSON: You weren't so  
19 sick that you couldn't get it?

20 MR. SCHELL: No. Every day I was  
21 there. That's a matter -- Here is the civil  
22 rights complaint filed in the court. Each of  
23 those allegations were addressed in here. It  
24 was a cause of action.

25 CHAIRMAN RICHARDSON: Do you have

1 copies of these?

2 MR. SCHELL: That's your copy there.

3 CHAIRMAN RICHARDSON: I want to let  
4 everyone know this is the first of three. We  
5 can't spend an hour on each panel or we'll never  
6 get out of here.

7 MR. PARRISH: Mr. Chairman, one short  
8 question. Mr. Warren, can you tell me one  
9 thing? What was the name of the soap?

10 MR. WARREN: The soap that I have  
11 been --

12 MR. PARRISH: The soap you felt most  
13 comfortable with and had helped you with your  
14 skin problems.

15 MR. WARREN: This is the soap that the  
16 dermatologist ordered and it did serve its  
17 purpose.

18 MR. PARRISH: What is the name of that?

19 MR. WARREN: It is Neutrogena soap. It  
20 went from a large bar to a medium bar. Now I  
21 get a little bar about this big (demonstrating)  
22 and about that thick. That's suppose to last  
23 me. They were giving me one bar a month, but I  
24 wash three times a day.

25 Right now I have 14 open sores on me



1 because two months went by and I did not receive  
2 the soap. I was using another soap. I broke  
3 out. They refuse to give me Benadryl or  
4 anything else. They said they can't order in,  
5 but yet -- You know, it keeps me from itching,  
6 because when you go to sleep people do scratch  
7 in their sleep. I wake up with blood on the  
8 pillow or sheets or whatever. It was Neutrogena  
9 soap.

10 Like I said, I will pay for it myself  
11 or ask the institution through the business  
12 office to purchase the soap to be sold in the  
13 commissary. Don't order some soap, order any  
14 brand, because any brand does not serve the  
15 purpose that the individuals need it for. This  
16 is one thing that happened like with the  
17 dandruff shampoo, any brand.

18 CHAIRMAN RICHARDSON: Mr. Warren, Mr.  
19 Sanger and Mr. Schell, thank you very much. We  
20 will cite these as Exhibits A, B and C, the  
21 documents that you have given us; under Mr.  
22 Schell, who submitted documents for other  
23 inmates and other suits that have been filed,  
24 and Mr. Warren is going to also give us other  
25 documentation, we'll mark that as Exhibit D.

1 Thank you.

2 ( Next group of inmates entered the  
3 hearing room )

4 CHAIRMAN RICHARDSON: Gentlemen, my  
5 name is David Richardson. I chair the House  
6 Health and Welfare Committee for the Common-  
7 wealth of Pennsylvania. Representative Harold  
8 James was sitting here, and Representative  
9 Strittmatter and Representative Manderino. The  
10 other person sitting at the desks are the  
11 Executive Director of the Judiciary Committee  
12 and the House Health and Welfare Committee, and  
13 Sam McClea is the gentlemen from the Department  
14 of Health, Secretary Allen Noonan's office.

15 We are here today to hear briefly from  
16 you. You have either written to us or you have  
17 written to the Senate or Prison Health -- a  
18 consumer group called the Prison Health Group,  
19 whatever it is -- Prison Law Project, and they  
20 have indicated that there was some concerns that  
21 you gentlemen have about health care here in the  
22 institution.

23 We need you to, without going into your  
24 written testimony that you have already sent in,  
25 we need you to give us a breakdown of what the

1 problem is here at the institution and our panel  
2 will ask questions. We'll start with you, sir.

3 MR. QUINN: There's a lack of concern  
4 from both the staff at the institution as well  
5 the medical department. The communication, in  
6 order to get any kind of treatment you have to  
7 be almost dead. I have seen it happen many  
8 times as well as to myself.

9 REPRESENTATIVE MANDERINO: Why don't  
10 you give us, just in a minute or two, how it  
11 happened to you, like what your medical needs  
12 were that were or weren't met?

13 CHAIRMAN RICHARDSON: Or are.

14 MR. QUINN: The first time it happened  
15 was, I had an impacted wisdom tooth that was  
16 down in the jaw. They knew it -- Like six  
17 months after I was here I had a tooth pulled.  
18 When they x-rayed it they seen the impact and  
19 said it had to come out. I had to be taken to  
20 an outside doctor to have it removed. It stayed  
21 inflammed, and about two years later it got so  
22 infected that it started poisoning me. I got up  
23 one morning to go to school and started passing  
24 out. I couldn't get out of the cell, so they  
25 had to come to the cell to get me.

1           CHAIRMAN RICHARDSON: Then what did  
2 they do? Take you to the hospital?

3           MR. QUINN: No. They gave me a  
4 codeine, which I have a reaction to. They said  
5 they put it on my chart. They kept giving it to  
6 me for three days and I ended up in the  
7 hospital.

8           REPRESENTATIVE MANDERINO: Do you still  
9 have the tooth or is it out?

10          MR. QUINN: That one finally came out.  
11 It took another three days.

12          REPRESENTATIVE MANDERINO: After you  
13 went to the hospital?

14          MR. QUINN: Yeah. It took another  
15 three days.

16          MR. BOYD: It was taken out or did it  
17 just come out?

18          MR. QUINN: It took them three hours to  
19 get the tooth out.

20          CHAIRMAN RICHARDSON: It was impacted  
21 and it got infected. They probably couldn't go  
22 in there and take it out like a regular dentist.

23                 Let me ask you this question. How long  
24 have you been here?

25          MR. QUINN: Little over four years now.

1           CHAIRMAN RICHARDSON:  When you came in  
2 were you given a physical?

3           MR. QUINN:  Visual.  I was looked at.

4           CHAIRMAN RICHARDSON:  You were  
5 physically just looked at?

6           MR. PARRISH:  They didn't give you a  
7 doctor or medical checkup, check your eyes,  
8 ears?

9           MR. QUINN:  When I first came in I was  
10 on the new side.  What they did was, they give  
11 you a pass one day to go give blood and then the  
12 next day you might get another pass to go see an  
13 eye doctor.  Then another time you might get a  
14 pass to go see one of the nurses to have your  
15 blood pressure taken.

16           CHAIRMAN RICHARDSON:  You're not given  
17 a physical examination at the time you entered  
18 in the institution?

19           MR. QUINN:  No.

20           CHAIRMAN RICHARDSON:  Or you weren't?

21           MR. QUINN:  No, not what you would  
22 consider a normal examination.

23           CHAIRMAN RICHARDSON:  What you would  
24 consider a normal examination.  In other words,  
25 where they do your blood pressure, your pulse,

1       respiration, they do your eyes, look at your  
2       teeth, and they did none of that?

3               MR. QUINN:  No.  They just might have  
4       asked you a few questions but that was about it.

5               CHAIRMAN RICHARDSON:  Do you have  
6       anything further at this point?

7               MR. QUINN:  No.

8               CHAIRMAN RICHARDSON:  Mr. Saab.

9               MR. SAAB:  I have a problem that I had  
10       all my life.  It's called eczema.  As you can  
11       see, my skin -- like you see, it's all over my  
12       body and I have been here going on two and a  
13       half years.  But, I never had it flared up this  
14       bad.  It's worrying me, worrying my family and  
15       everything.  I have my lawyer, everybody calling  
16       up.

17               They're experimenting on me, giving me  
18       different medicine.  The medicine they gave me  
19       one time put me in the hospital.  It swelled my  
20       arm up and my leg on one side.  One time I  
21       couldn't walk because of the medicine they give  
22       me.  At nighttime, I scratch and itch it all  
23       night long.  My family come up and see me like  
24       this.  They are all upset and everything.  My  
25       grandma don't even want to come up and see me no

1 more. It hurts me because my grandmother is  
2 like 95 years old. I want to see my grandma.  
3 She doesn't want to see me like this. I scratch  
4 and itch it all night long.

5 I tell them I'm allergic to Penicillin,  
6 but they had gave me other stuff called  
7 Prednisone, or something. That's what gave me  
8 the reaction. The stuff was helping me. It had  
9 cleared me up and everything, but then it  
10 swelled my leg up, swelled my arm up on my one  
11 side.

12 CHAIRMAN RICHARDSON: Have you been to  
13 a dermatologist? Excuse me if I interrupted  
14 you, but has a dermatologist seen you?

15 MR. SAAB: Yes.

16 CHAIRMAN RICHARDSON: A dermatologist  
17 of this institution or of the vendor that is  
18 presently the health care services for the  
19 institution?

20 MR. SAAB: The vendor that came here,  
21 but that's been like over a year ago.

22 CHAIRMAN RICHARDSON: They haven't seen  
23 you since then?

24 MR. SAAB: They haven't seen me since  
25 then.

1                   CHAIRMAN RICHARDSON: The same  
2 specialist that saw you for the first time you  
3 have not seen again?

4                   MR. SAAB: No.

5                   CHAIRMAN RICHARDSON: This condition,  
6 was it determined that it's a nervous condition?

7                   MR. SAAB: No. I never had nobody tell  
8 me nothing. Every time I see them, the doctor  
9 tell me, yeah, okay. He just looks at me and  
10 gives me some kind of pills.

11                   CHAIRMAN RICHARDSON: That's it?

12                   MR. SAAB: That's it.

13                   CHAIRMAN RICHARDSON: You have never  
14 been evaluated to determine what this skin  
15 disorder is?

16                   MR. SAAB: No.

17                   CHAIRMAN RICHARDSON: No records, no  
18 nothing to say that?

19                   MR. SAAB: No; just look at me. I tell  
20 them what my problem is, then he would tell me  
21 what I need.

22                   CHAIRMAN RICHARDSON: Go ahead,  
23 Representative Manderino.

24                   REPRESENTATIVE MANDERINO: Mr. Saab,  
25 prior to coming here, you said you have had



1 eczema for your whole life?

2 MR. SAAB: Yes; whereas, I just had it  
3 in here (indicating), but it was controllable.  
4 never had it flared up like this here. It's  
5 really scaring me.

6 REPRESENTATIVE MANDERINO: How were you  
7 treating it before? I'm a mild sufferer of  
8 eczema and I do know that in some people nerves  
9 flare it up, other people stress. A lot of  
10 different things can flare it up. My question  
11 is, what you're saying is prior to having come  
12 here it was never so bad that you needed special  
13 dermatological treatment?

14 MR. SAAB: No.

15 REPRESENTATIVE MANDERINO: You were  
16 kind of treating it on your own before you got  
17 here? Some kind of skin cream or --

18 MR. SAAB: A little cream, that's all.

19 CHAIRMAN RICHARDSON: It wasn't all  
20 over your body like it is now?

21 MR. SAAB: No, sir. The only place I  
22 had it was here, here (indicating) and like in  
23 the creases. Now I have it all over my body.

24 The only thing -- I had told them at  
25 sometime I would like to take baths, would be

1 like tar baths, but they don't give you that  
2 here. They give me some other stuff to go in  
3 the water. It helps me for awhile. At night-  
4 time that's when I really need it. I wake up  
5 and I scare myself. I see the blood all over  
6 and it's scaring me.

7 I keep going back and the doctor really  
8 don't -- he just looks at me. I'm telling him,  
9 I'm saying look, sir, I have it all over my  
10 body. They give me a little squirt of cream.  
11 You know, they give me a little squirt of cream.  
12 My wife called up there. She had got the lawyer  
13 to call up there. She even volunteered to pay  
14 for the medicine, something that would help me.

15 CHAIRMAN RICHARDSON: What did they say  
16 to that?

17 MR. SAAB: They tell me they can't do  
18 that.

19 REPRESENTATIVE MANDERINO: You have no  
20 cream that you can use on your own when needed,  
21 when you itch?

22 MR. SAAB: They give me a little cream,  
23 but I have it all over my body. It doesn't  
24 last. As soon as I use it one time it's gone.

25 REPRESENTATIVE MANDERINO: So they'll

1 give you a little tube?

2 MR. SAAB: Yes, maybe once week.

3 CHAIRMAN RICHARDSON: This is not a  
4 daily treatment is what she's asking?

5 MR. SAAB: No, sir.

6 REPRESENTATIVE MANDERINO: Yes.

7 MR. SAAB: No, ma'am.

8 REPRESENTATIVE MANDERINO: So you have  
9 no daily treatment in terms of cream?

10 MR. SAAB: No.

11 REPRESENTATIVE MANDERINO: You have no  
12 daily treatment in terms of an oral type of  
13 medication?

14 MR. SAAB: They give me some pills, but  
15 I tell the doctor I need it at nighttime. He  
16 gives it to me early in the morning. Right now  
17 I'm taking it early in the morning. But, do you  
18 see what I'm saying? They keep giving me  
19 different stuff. I tell them I'm allergic to  
20 Penicillin. Every time I go to them they give  
21 me something different.

22 REPRESENTATIVE MANDERINO: Do they give  
23 you any special soap?

24 MR. SAAB: Yes. I'm buying it out of  
25 commissary. Now, they just started having that.

1 It's something called Aloe Fresh or something.  
2 That helps a little bit, but I think mine is  
3 like internal. I need some kind of pill or  
4 something. They keep telling me they are going  
5 to send me to the dermatologist. I have been  
6 here two and a half years. I have seen them one  
7 time.

8 REPRESENTATIVE MANDERINO: How often  
9 are you able to make a request? Do you make a  
10 request regularly to see a dermatologist?

11 MR. SAAB: I go twice a week.

12 REPRESENTATIVE MANDERINO: And every  
13 time you go you say, when am I going to see this  
14 dermatologist?

15 MR. SAAB: Yeah. They keep telling me  
16 I'm on the list, I'm on the list.

17 REPRESENTATIVE MANDERINO: One other  
18 question. The last time you saw the derma-  
19 tologist, did he or she come in here or did you  
20 go out?

21 MR. SAAB: No, he came here.

22 CHAIRMAN RICHARDSON: Mr. Parrish.

23 MR. PARRISH: Mr. Saab, they give you  
24 the medication in the morning. Is it required  
25 that you take it when they give it to you?

1 MR. SAAB: Yes, sir.

2 MR. PARRISH: In other words, you  
3 cannot hold back on taking it?

4 MR. SAAB: No.

5 MR. PARRISH: I wanted to make sure we  
6 get this clear. They dispense a pill to you?

7 MR. SAAB: Yes.

8 MR. PARRISH: They stand there and they  
9 watch you down the pill?

10 MR. SAAB: Yes. They have gave it to  
11 me at nighttime. What I'm saying is, the doctor  
12 acts like I'm getting on his nerves. He's  
13 saying, you haven't been here all week. What's  
14 wrong? I'm saying, sir, what you are giving me,  
15 like I'm telling you, I need it more. If you  
16 are going to give it to me, can I have it at  
17 nighttime? That's when I really need it.

18 CHAIRMAN RICHARDSON: He wouldn't sign  
19 an order to that effect?

20 MR. SAAB: No. They just give it to me  
21 in the morning right now.

22 REPRESENTATIVE MANDERINO: Mr.  
23 Chairman, I don't mean to beat a dead horse, but  
24 now you have raised a question. The medication  
25 that you get in the morning, does it help for a

1 time period?

2 MR. SAAB: Yes, it helps, but it's the  
3 same medicine that broke me out before; that  
4 swelled me up. I'm taking it, but I'm waiting  
5 for the effect, for it to swell me up again.

6 REPRESENTATIVE MANDERINO: Have you  
7 been given any education in terms of what it is  
8 you take and if it's something that lasts for 24  
9 hours and is time released, or if it's something  
10 that you are only supposed to take when you  
11 itch?

12 MR. SAAB: No.

13 MR. PARRISH: No classes whatsoever?

14 MR. SAAB: No, sir.

15 MR. McCLEA: How long have you been on  
16 Prednisone?

17 MR. SAAB: Maybe like a month. While I  
18 was sitting out there I seen the doctor. I told  
19 her, I'm saying, I'm ready to see you all. You  
20 put me on the Prednisone and it helped  
21 me before, but it swelled me up. Then I seen  
22 another doctor and they put me back on it. I'm  
23 saying, I'm damned if I don't, I'm damned if I  
24 do. What can I do here?

25 MR. McCLEA: Did they explain to you

1 that's a natural consequence of that medicine?

2 MR. SAAB: She just told me I can't  
3 take it a long period of time because it messes  
4 my liver up and messes your bones up and all  
5 that, but I didn't know that prior to taking  
6 this medicine.

7 MR. McCLEA: A month isn't considered a  
8 long time for Prednisone.

9 CHAIRMAN RICHARDSON: It's long to him  
10 if he's feeling the way he's feeling. Mr.  
11 Young.

12 MR. YOUNG: The doctors here don't  
13 really have too much concern. You sign up for  
14 sick call. You go down and explain your  
15 problems, but they look at you like you're  
16 lying. I had a cyst under my arm for like seven  
17 years. I was constantly complaining about it.  
18 They hadn't done nothing about it until like  
19 three weeks ago.

20 CHAIRMAN RICHARDSON: What did they do?

21 MR. YOUNG: They operated on it and  
22 finally took it out three weeks ago.

23 CHAIRMAN RICHARDSON: How long have you  
24 been here?

25 MR. YOUNG: I have been here 13 years.

1           CHAIRMAN RICHARDSON: It came as a  
2 result of you being here that this cyst grew?

3           MR. YOUNG: Right. I had a hernia  
4 prior to that. It took me four years to get an  
5 operation of that. When I went out to the  
6 hospital before they operated they gave me a  
7 complete physical. They found out that I had a  
8 high cholesterol problem, high blood pressure.  
9 They put me on a special diet, low fat, no  
10 cholesterol. I was on that for like three  
11 years. They took me off. They gave me no  
12 reason why, nothing. I put in complaints about  
13 it, request slips to ask why they take me off  
14 the diet. They had me eating food that was  
15 unhealthy. They did nothing about that until  
16 like I had the operation. Then they put me back  
17 on the diet. I guess that was because you all  
18 are coming up here. Now all of a sudden they  
19 want to do something.

20           CHAIRMAN RICHARDSON: Did you ever  
21 write any of these points down? Did you make a  
22 Complaint or file a grievance to the fact that  
23 you were not receiving this treatment,  
24 particularly for your cyst for that period, that  
25 number of years?



1           MR. YOUNG: Yes. I also had a meeting  
2 with Mr. McMonigal. He was head of the Medical  
3 Department. You have Martin Lewis from the  
4 ACLU. I spoke about my medical problems. I  
5 spoke about my gums receding. One time they  
6 were giving me peroxide for it and they just  
7 stopped.

8           I spoke about my back. I'm having  
9 problems with my lower back. I spoke about --  
10 Now and again I spit up blood, blood comes out  
11 my stool. I have never heard nothing about  
12 that. He never got back with me about that.

13           CHAIRMAN RICHARDSON: This is as a  
14 result of you going through sick call?

15           MR. YOUNG: Right.

16           CHAIRMAN RICHARDSON: All these records  
17 that are kept, a doctor examined you?

18           MR. YOUNG: Yes.

19           CHAIRMAN RICHARDSON: A certain  
20 medication was supposed to have been given as a  
21 result of the doctor seeing you?

22           MR. YOUNG: I never got no medication.  
23 They tell me they'll get back with me and that  
24 was it.

25           CHAIRMAN RICHARDSON: Never received

1 anything for it?

2 MR. YOUNG: No.

3 CHAIRMAN RICHARDSON: This is the  
4 gentleman I was telling you about that's coming  
5 in the room, Representative Harold James.

6 What is your sickness now, if you have  
7 any?

8 MR. YOUNG: I have problems with my  
9 back. Every now and then I spit blood.

10 CHAIRMAN RICHARDSON: Right now?

11 MR. YOUNG: Right.

12 CHAIRMAN RICHARDSON: You have been to  
13 the doctor about that?

14 MR. YOUNG: Right.

15 CHAIRMAN RICHARDSON: They have  
16 provided no medical information?

17 MR. YOUNG: He asks me, you spit blood  
18 when. I told him every now and then. When I  
19 get up in the morning I spit up blood. They  
20 don't believe nothing you say. Yeah, all right,  
21 okay, and out of here.

22 CHAIRMAN RICHARDSON: Is this the same  
23 doctor you see each time?

24 MR. YOUNG: No. I have seen different  
25 doctors. Everybody here says the same thing.

1           CHAIRMAN RICHARDSON: Let me ask you  
2 this question. Is it like they are just there  
3 to tolerate the fact that they have to see you,  
4 or are they there because they are concerned  
5 about your real health?

6           MR. YOUNG: They are not concerned at  
7 all.

8           MR. SAAB: No concern at all.

9           CHAIRMAN RICHARDSON: Representative  
10 Manderino and then Mr. Parrish.

11           REPRESENTATIVE MANDERINO: Mr. Young, I  
12 want to ask you a few questions. The cyst that  
13 you talked about, when it was finally removed  
14 did they tell you what it was? Was it a benign  
15 cyst? Was it just a growth? Did they do any  
16 kind of biopsy on it?

17           MR. YOUNG: They didn't tell me  
18 nothing.

19           REPRESENTATIVE MANDERINO: Did it hurt  
20 or was it just there?

21           MR. YOUNG: It hurt and itched.

22           REPRESENTATIVE MANDERINO: When was the  
23 operation?

24           MR. YOUNG: About three weeks ago.

25           REPRESENTATIVE MANDERINO: Do you still

1 have a patch on it or something?

2 MR. YOUNG: No.

3 REPRESENTATIVE MANDERINO: Have you had  
4 anybody check up on you to see -- any sort of  
5 follow-up on it?

6 MR. YOUNG: No.

7 REPRESENTATIVE MANDERINO: You weren't  
8 told one way or another whether it was just a  
9 kind of benign growth or whether they had sent  
10 it out to a lab?

11 MR. YOUNG: No.

12 REPRESENTATIVE STRITTMATTER: I just  
13 ask, next time you go to sick call ask them for  
14 the results of the biopsy of the cyst.

15 CHAIRMAN RICHARDSON: Who does he ask?

16 REPRESENTATIVE STRITTMATTER: When he  
17 goes to sick call, you ask -- that will be on  
18 the medical records. That will come back. It  
19 might take longer than three weeks.

20 MR. YOUNG: You go to sick call and you  
21 ask, and they say why don't you ask the doctor  
22 that operated on you?

23 REPRESENTATIVE STRITTMATTER: You won't  
24 see that doctor. That doctor is not here.

25 MR. YOUNG: I'm telling you this is

1 what they tell you down in sick call. They  
2 won't tell you nothing.

3 CHAIRMAN RICHARDSON: He won't be able  
4 to get the written response that we would  
5 because he asked them and they said why didn't  
6 you ask the doctor.

7 MR. YOUNG: We wind up in an  
8 argument --

9 REPRESENTATIVE STRITTMATTER: Because  
10 you wouldn't know at that time.

11 MR. YOUNG: No, I'm saying --

12 CHAIRMAN RICHARDSON: Here's their  
13 attitude. What you're saying is common sense.  
14 If he goes to ask them, they're going to -- he  
15 gets into a fight he's going to punch somebody  
16 and then we have a problem. They're not going  
17 to give him an answer.

18 REPRESENTATIVE MANDERINO: Mr. Young,  
19 another problem that you mentioned was blood,  
20 spitting up blood on occasion and blood in the  
21 stool. Did you report, for example, the blood  
22 in the stool?

23 MR. YOUNG: Yes.

24 REPRESENTATIVE MANDERINO: What was the  
25 response?

1 MR. YOUNG: He'll sign me up to see a  
2 doctor.

3 REPRESENTATIVE MANDERINO: Did you see  
4 a doctor?

5 MR. YOUNG: I seen a doctor a couple of  
6 times, but that was it.

7 REPRESENTATIVE MANDERINO: Did they  
8 give you any tests?

9 MR. YOUNG: They took my urine. That's  
10 about it.

11 REPRESENTATIVE MANDERINO: Did they do  
12 a colon/rectal type of exam, anything to check  
13 for cancer or anything?.

14 MR. YOUNG: No.

15 CHAIRMAN RICHARDSON: A chest x-ray?

16 MR. YOUNG: Yes, they took an x-ray.

17 CHAIRMAN RICHARDSON: But you never got  
18 the results? See, what they are trying to find  
19 out, any test that you have ever taken do you  
20 ever get the results? Who gives you the results  
21 after they do any of these tests?

22 MR. YOUNG: They tell you to sign up  
23 for sick call to get the results, but when you  
24 go down there they don't know nothing. You tell  
25 them, how can you not know nothing? You have my

1 records here.

2 CHAIRMAN RICHARDSON: They showed us  
3 the whole room.

4 MR. YOUNG: They always have something  
5 smart to say. Why didn't you do all this when  
6 you were in the streets? They always have  
7 something smart to say. If you have something  
8 to say about what they just said, that's a  
9 writeup. You go into the hole or something.

10 REPRESENTATIVE STRITTMATTER: Tell them  
11 that they're just so smart you thought you'd  
12 wait to ask them since they're such a nice  
13 person.

14 REPRESENTATIVE MANDERINO: Mr. Young,  
15 the other question that you mentioned was your  
16 gums and them receding and you used to get  
17 peroxide treatments. When did that stop, your  
18 ability to do that? First of all, let me ask  
19 this. Were you doing the peroxide as a result  
20 of something that the dentist told you to do?

21 MR. YOUNG: Right.

22 REPRESENTATIVE MANDERINO: A dentist  
23 here?

24 MR. YOUNG: Right.

25 REPRESENTATIVE MANDERINO: When did

1 that stop?

2 MR. YOUNG: See, what happened is, they  
3 changed the staff so much because they be  
4 getting into lawsuits. They get rid of one  
5 staff and they bring another staff. If you're  
6 dumb you let them know the type of medical  
7 treatment that the other staff was giving. They  
8 tell you, well, we don't have no records of  
9 that. We don't give out peroxide. You don't  
10 get no peroxide. I said, what am supposed to do  
11 about my gums? They say, I don't know. It's  
12 like that.

13 REPRESENTATIVE MANDERINO: When did  
14 that treatment stop?

15 MR. YOUNG: That stopped about two  
16 years ago.

17 REPRESENTATIVE MANDERINO: Have you  
18 been to a dentist since then?

19 MR. YOUNG: No.

20 REPRESENTATIVE MANDERINO: You don't  
21 know if you have a continuation of gum disease  
22 or any kind of --

23 MR. YOUNG: I don't know nothing.

24 REPRESENTATIVE MANDERINO: Finally, are  
25 you currently on any kind of medication or being



1 treated for anything that you take medication  
2 for?

3 MR. YOUNG: No.

4 MR. PARRISH: I don't know how you ask  
5 questions about attitudes, but I'm going to make  
6 an attempt at this. It took you how many years  
7 to get this impacted tooth resolved?

8 MR. QUINN: The first time?

9 MR. PARRISH: The first time.

10 MR. QUINN: Two years.

11 MR. PARRISH: And the poisoning took  
12 place and it took you how long to get that  
13 resolved?

14 MR. QUINN: The first time?

15 MR. PARRISH: The first time.

16 MR. QUINN: I guess it was about 8 or 9  
17 months. It started becoming inflammed and  
18 swollen and I sent in requests, but they were  
19 never answered.

20 MR. PARRISH: The picture that I'm  
21 trying to outline here is that, there seems to  
22 be a consistency about the attitude among all  
23 three of you that are talking here, would you  
24 agree with that?

25 MR. QUINN: Absolutely. The second

1 time I was down there --

2 MR. PARRISH: Mr. Saab, would you agree  
3 with that?

4 MR. SAAB: Yes.

5 MR. PARRISH: Mr. Young?

6 MR. YOUNG: Yes.

7 MR. PARRISH: That there's an attitude  
8 of indifference?

9 MR. QUINN: Yes.

10 MR. PARRISH: Callousness?

11 MR. QUINN: Absolutely.

12 MR. PARRISH: I don't want to put words  
13 in your mouth, so if I am, tell me to be quiet  
14 and put your own words out here on the table.

15 REPRESENTATIVE MANDERINO: Say, what do  
16 you think the attitude is?

17 MR. PARRISH: Okay. What do you think  
18 the attitude is?

19 MR. YOUNG: Can I say something? When  
20 I went out to the hospital for an operation on  
21 my stomach, hernia, the doctors out at  
22 Montgomery County at the hospital, they told me  
23 that these people here don't care about inmates  
24 at all. They say they wait until you're damn  
25 near dead before they send you out. The

1 majority of the guys wind up dying out here and  
2 they're making it look like the people out there  
3 ain't doing nothing, but it's really the people  
4 here.

5 At the time we had a doctor -- Doctor  
6 Umar was here and the people at the hospital  
7 outside told me Doctor Umar's job is to help  
8 save state money. That's why he don't do  
9 nothing when we come complaining about a medical  
10 problem. They always hire these old reject  
11 doctors. These foreign doctors that come here,  
12 they don't understand what you're saying. You  
13 don't understand what they say. You're trying  
14 to communicate with them. They don't know.

15 It's just the attitude. They look at  
16 us -- You know, we're criminals. Everything we  
17 say is, excuse my expression, but it's a bunch  
18 of bullshit. They don't really have no real  
19 concern for us. They wouldn't care whether you  
20 dropped dead today or tommorow. They just don't  
21 care. That's why it takes so long.

22 Before you get some type of medical  
23 problem you have to wind up keep complaining to  
24 your people. Half the stuff that they tell you,  
25 they can't really believe that this is

1 happening. They call up here and they complain.  
2 You have to put in a lawsuit or something to  
3 make these people really do something.

4 It's like, if it wasn't for you all I  
5 wouldn't have had this operation under my arm.  
6 I still would have the knot, still be going to  
7 sick call and they'd still be saying there ain't  
8 nothing wrong with you. That's natural. What  
9 is it? It ain't nothing. They don't care.

10 MR. SAAB: Another thing, like he was  
11 saying, it's a lack of concern. You might go to  
12 a doctor and tell him that you have a problem.  
13 Instead of him checking you out, he would do it  
14 by eye. Sometimes they don't even look at you.  
15 He just writes something down. I'm saying, sir,  
16 could you explain to me what you're putting down  
17 there? Don't worry about it. It will be on  
18 sick call. It will be on the cart. I'd say  
19 what will be on the cart?

20 CHAIRMAN RICHARDSON: I'm not laughing.  
21 It's just sad that somebody would be treating  
22 you that way, because if you're going to a  
23 doctor they'd have to explain what they have  
24 given you because you are hearing what that  
25 person is saying about your condition.

1           What you're saying to us, which is  
2           sickening to our stomach -- It is not that we  
3           are laughing outward. It's just appalling to  
4           hear somebody ask them, what are you prescribing  
5           for me? He says you'll get it on the cart at  
6           night. That sounds sad. That sounds sad.

7           MR. SAAB: Sometimes you're crying  
8           because you are so much in pain and you need  
9           this and you need that. You try to tell them,  
10          sir, I'm itching. I'm losing sleep. My family  
11          is upset. They have never seen me like this.  
12          I'm worrying about different stuff happening in  
13          the street with my family. Then they have to  
14          come up and see me like this. What's the  
15          problem? I'm saying I'm itching and can't  
16          sleep. What are you prescribing for me? What  
17          do you think is wrong with me?

18          I try to tell them, I say look, it's  
19          here, it's here. They don't even look at that.  
20          I said I have a fever. They don't even feel  
21          your head or nothing. One time I almost passed  
22          out. I stopped taking the medication when I was  
23          so irritable and my wife said, just go ahead and  
24          take it. You have to do something in here.

25          It's scary. Sometimes it's scary to

1 even go to sick call because whether you tell  
2 them one thing, they do what they want to do.  
3 If you go on the street and go to a doctor, the  
4 doctor will do this, do that, check you out.  
5 They don't do nothing, man. It's pitiful. Then  
6 they basically want to cut you out.

7 MR. QUINN: The second time, it was  
8 during Christmas, I had broke a filling and I  
9 kept sending in requests. They were never  
10 answered. In the meantime, the tooth kept  
11 breaking and chipping off and became abscessed.  
12 This whole side of my face became swollen. I  
13 kept sending in these requests and went to my  
14 boss at work. He had tried to called. They  
15 told him it was none of his business. I went  
16 over to the CI office. I spoke with Mr.  
17 Cunningham.

18 CHAIRMAN RICHARDSON: What's CI?

19 MR. QUINN: The CI office is CI  
20 Industries for the plants. I work in the shoe  
21 shop. That's the head office over there. I  
22 went to Mr. Cunningham. He had called Doctor  
23 Greenberg personally and asked him to get me in  
24 there. He kept telling me he'd put me on a pass  
25 for two weeks. I never got in.

1                   Finally, it was one afternoon I went  
2 down with some friends. They were having hot  
3 tea with dinner. I went down and I thought it  
4 would help the swelling and everything. I'm  
5 sitting down there and I kept passing out at the  
6 table.

7                   There was a Lieutenant Wickley. I'm  
8 not sure of his name, but they got ahold of him  
9 and brought him over to the table and showed him  
10 the whole side of my face was swollen out almost  
11 the size of my shoulder. He finally got me down  
12 to the hospital that night. By the time I got  
13 down there I had a 104 temperature. By the time  
14 they decided to put me into the infirmary my  
15 temperature went to 106.

16                   They tried to put needles into my arm.  
17 It was a Nurse Pue. Something happened. When  
18 he tried to put the I.V. in, something happened.  
19 It looked like my vein was ripped out and blood  
20 just exploded everywhere. They said that if my  
21 temperature didn't come down in the next minute  
22 or two they were going to drop me in ice water.  
23 It finally did come down, but it was still  
24 almost another week after that before they got  
25 me over to see Doctor Austin to have the tooth

1 removed.

2           When I did go in, I was sitting in a  
3 chair. Doctor Austin and Doctor Greenberg was  
4 consulting my chart. They were talking about  
5 the first time I was in there when the same  
6 thing had happened with the impacted tooth. I  
7 heard them say something about complications on  
8 the surgery. I asked him what. They said not  
9 to worry about it. It was none of my business.  
10 There was nothing I could do. They refused to  
11 tell me, wouldn't let me see my chart, what the  
12 complications were.

13           CHAIRMAN RICHARDSON: You had two  
14 similar operations, the same situation, and  
15 almost the same kind of response time because  
16 you had to wait for it to be impacted, swollen,  
17 and I don't know how many times you spoke and  
18 asked for assistance. Although they physically  
19 had seen that, they waited. What's the  
20 condition of your mouth now?

21           MR. QUINN: When they took the last one  
22 out I sent requests in telling them I think they  
23 broke the tooth or cracked the one next to it  
24 when they removed it. About three weeks after  
25 that, maybe a little longer, they called me



1 down. I seen another doctor down there, a  
2 dentist I had never seen before. He put some  
3 black dye or something on my tooth and he said  
4 there was nothing wrong with it, but he took a  
5 diamond head drill and he shaved it down. He  
6 said it had just raised up and that's what was  
7 causing the pain.

8 It's still the exact same way. I can't  
9 chew on it. I can't bite with it because of the  
10 pain. The fillings on the other side, they are  
11 coming loose. I can't chew anything hard. I  
12 have to chew on the left side of my mouth. I'm  
13 scared to go back down there now.

14 CHAIRMAN RICHARDSON: Representative  
15 Manderino.

16 REPRESENTATIVE MANDERINO: Mr.  
17 Chairman, thank you. Mr. Quinn, I want to take  
18 you back to when you said the incident you just  
19 described to us with the tooth that ended up in  
20 your having the high temperature and needing the  
21 operation.

22 MR. QUINN: That was the second time.

23 REPRESENTATIVE MANDERINO: When that  
24 second-time incident started, where you said you  
25 kept putting in slips to go to the dentist

1 because the filling had stopped up and while you  
2 were waiting for these slips, pieces of the  
3 tooth started to break off and you explained  
4 that whole scenario to us, can you give me a  
5 time frame in terms of weeks or months from the  
6 beginning to the end? I was trying to get a  
7 feel how long that process took.

8 MR. QUINN: It happened shortly after  
9 Christmas the filling had broke out. It was  
10 damn near Christmas again by the time I got down  
11 there.

12 REPRESENTATIVE MANDERINO: It was  
13 almost a year?

14 MR. QUINN: Yes.

15 REPRESENTATIVE MANDERINO: I asked a  
16 question earlier today in terms of, if somebody  
17 needed -- Like a filling fell out, I was told  
18 that was considered non-emergency dental.

19 MR. QUINN: It's not.

20 REPRESENTATIVE MANDERINO: I asked what  
21 time frame it takes to get something like that  
22 dealt with. Before I tell you the time frame I  
23 was told, I want to hear if you have an opinion  
24 in terms of what the time frame is for getting  
25 something like that done.

1           MR. QUINN: I have a filling that, when  
2 I first came in here on the top side it had come  
3 out. That's when I was still on the new side,  
4 over by the infirmary. When it came out I went  
5 to the CO and I told him. He called down and  
6 they made an appointment for me like three or  
7 four days. I got it fixed; as a matter of fact,  
8 like three or four times the same one. He put  
9 it in, a couple days later it would fall out.  
10 Every time it took longer and longer. The first  
11 time it was only a matter of days. The second  
12 time it was like three or four weeks. Then it  
13 went to months. Then with my last two those  
14 were years.

15           REPRESENTATIVE MANDERINO: So when I  
16 was told that for a filling that had dropped out  
17 that the average is two months, you would agree  
18 with me that maybe a couple years ago that that  
19 was accurate; that it took --

20           MR. QUINN: Probably two or three years  
21 ago that was fairly accurate.

22           REPRESENTATIVE MANDERINO: What do you  
23 think is a more accurate time frame for now?

24           MR. QUINN: I couldn't even make a  
25 guess. If they want to and when they get around

1 to you, you might be lucky.

2 REPRESENTATIVE MANDERINO: Mr. Saab,  
3 you looked like you wanted to add something.

4 MR. SAAB: It probably takes something  
5 like -- because I had a filling. It took me  
6 almost like three months.

7 REPRESENTATIVE MANDERINO: Mr. Young,  
8 when was the last time you saw a dentist?

9 MR. YOUNG: Two years.

10 REPRESENTATIVE MANDERINO: When was the  
11 last time you requested to see a dentist?

12 MR. YOUNG: I put a request slip in  
13 last week for a dentist and an eye doctor.

14 REPRESENTATIVE MANDERINO: You haven't  
15 heard?

16 MR. YOUNG: I have been putting in  
17 requests for a long time.

18 REPRESENTATIVE MANDERINO: In that two-  
19 year period have you put in other requests to  
20 see the dentist?

21 MR. YOUNG: Yes, the dentist and the  
22 eye doctor.

23 CHAIRMAN RICHARDSON: Mr. Quinn.

24 MR. QUINN: The second time before it  
25 became inflamed, before I had to go to the

1 block lieutenant and the CI office, I had sent  
2 in a number of requests; at least 15 of them to  
3 have the tooth fixed or removed. There was  
4 never a response on any of them.

5 CHAIRMAN RICHARDSON: We thank you  
6 gentlemen very much. This has been very helpful  
7 to this Committee. Any documentation or  
8 information that you have to send to us, would  
9 you please send it to our office so we can  
10 communicate back with you. We will follow-up.  
11 Tomorrow we will be holding public hearings in  
12 Philadelphia at City Council and will be getting  
13 some people from the state to testify. We will  
14 be able to share some of these concerns that you  
15 have raised here today with them.

16 MR. SAAB: The outcome of this, can we  
17 possibly know what's happening?

18 CHAIRMAN RICHARDSON: We have your  
19 names and we have your numbers. We will get  
20 back to everybody on this list.

21 MR. QUINN: After I have got in touch  
22 with the ACLU, actually my getting involved with  
23 them in the first place was trying to get ahold  
24 of a private attorney to file a suit. Once I  
25 did get in touch with ACLU and started sending

1 out legal mail wasn't to court-appointed  
2 attorney for my crime, I haven't gotten any  
3 responses to any of them.

4 MR. YOUNG: Maybe the mail didn't go  
5 out.

6 MR. QUINN: That's my question.  
7 Because of the situation, I know a lot of people  
8 are getting involved in the suits and  
9 everything, I question whether the mail even  
10 leaves.

11 CHAIRMAN RICHARDSON: Let me ask you  
12 this question. Do you know whether or not  
13 you're a part of the ACLU suit at this present  
14 moment?

15 MR. QUINN: Yes, sir, I am.

16 CHAIRMAN RICHARDSON: If you are, then  
17 we will be in touch with Mr. Agnes and we will  
18 find out the additional information that we  
19 need to know, because all of this is probably  
20 predicated upon this same lawsuit for all 13  
21 state institutions.

22 MR. QUINN: I have three  
23 correspondences that I sent to Mr. Love  
24 directly. I haven't received any responses to  
25 any of them. This is why I asked the question.

1                   CHAIRMAN RICHARDSON: We will ask him.  
2 If he has not received them we will find out  
3 why.

4                   MR. QUINN: I'd appreciate it.

5                   CHAIRMAN RICHARDSON: We'll raise that  
6 with him tomorrow. He'll be at the hearing  
7 tomorrow. Thank you, gentlemen.

8                   ( Next group of inmates entered the  
9 hearing room )

10                  CHAIRMAN RICHARDSON: My name is David  
11 Richardson. I'm Chair of the House Health and  
12 Welfare Committee for the Commonwealth of  
13 Pennsylvania. Representative Strittmatter,  
14 Representative Manderino are members of the  
15 House Health and Welfare Committee, House  
16 Judiciary Committee and they are here along with  
17 the Executive Director of the Judiciary  
18 Committee and the Executive Director of the  
19 House Health and Welfare Committee and its  
20 staff, and Mr. Sam McClea with the Department of  
21 Health.

22                  We are here because tomorrow we will be  
23 holding public hearings in City Council based on  
24 health care for the Commonwealth of Penn-  
25 sylvania. We are trying to find out what are

1 the conditions and the problems as it relates to  
2 health care or people in institutions,  
3 particularly here at Graterford. We heard many  
4 of you had some concerns. We have your papers,  
5 so as opposed to reading the whole paper all we  
6 want to hear from you today is what are some of  
7 those concerns, raise them with us so we can  
8 raise some questions back as many of these  
9 concerns will be raised tomorrow. Why don't we  
10 start with Mr. Roberts.

11 MR. ROBERTS: First of all, I'm a  
12 diabetic. I have been a diabetic since 1983.

13 CHAIRMAN RICHARDSON: How long have you  
14 been at Graterford?

15 MR. ROBERTS: I have been incarcerated  
16 since 1990 here at Graterford. The problem is,  
17 my insulin has been changed 17 different times.  
18 It's different dosages. It's out of control.  
19 They have not stabilized it. They don't do the  
20 blood workup properly to see what amount I'm  
21 supposed to take.

22 When I came in I was taking 8 and 4  
23 twice a day; 8 of MPH and 4 of regular insulin.  
24 They increased it to 52 units twice a day  
25 without proper blood work. The reason I say



1 without proper blood workup is because of how  
2 they manage to first put me on the insulin from  
3 taking my sugar -- testing my sugar before I eat  
4 and after I eat. Where, they don't take the  
5 blood workup here but maybe once a month or once  
6 every two or three months. It's caused me some  
7 great problems.

8 I was told I have diabetic neuropathy.  
9 I was not tested for it. I'm in constant pain  
10 in my left leg from my toes up to my thigh. I  
11 suffer from low back pain. It took them two  
12 years to get me any type of medical treatment  
13 whatsoever for that. What I'm receiving is  
14 physical therapy which consists of heat  
15 treatments and on a bicycle and exercise.  
16 That's about that.

17 CHAIRMAN RICHARDSON: Are you on  
18 insulin?

19 MR. ROBERTS: Yes, I am. I'm insulin  
20 dependent.

21 CHAIRMAN RICHARDSON: Someone gives you  
22 a needle every day?

23 MR. ROBERTS: Yes, sir. Seventeen  
24 times in two years, that's ridiculous. That's  
25 where each doctor I have seen has changed it

1 numerous times without doing any blood workup  
2 whatsoever. I have had kidney problems that  
3 just started to occur. I brought it to the  
4 doctor's attention last week, Doctor Chae. She  
5 told me you don't have no kidney problems, which  
6 I knew I had those symptoms before. I had a  
7 slight kidney problem before I was incarcerated.  
8 That's how come I was able to distinguish what  
9 the problem was. I'm supposed to be getting a  
10 urinalysis test, but I haven't yet been called  
11 down for it at all.

12 CHAIRMAN RICHARDSON: How many doctors  
13 have you said that you have seen, sir, in the  
14 last three years?

15 MR. ROBERTS: Doctor Brown, Doctor  
16 Oyefule, Doctor Rahman, Doctor Soul, Doctor  
17 Chae. That's here at Graterford.

18 CHAIRMAN RICHARDSON: You have seen  
19 each one of those doctors?

20 MR. ROBERTS: Yes, I have.

21 CHAIRMAN RICHARDSON: Each one of them  
22 prescribed something different for you?

23 MR. ROBERTS: Each time. That  
24 jeopardizes my life.

25 REPRESENTATIVE MANDERINO: Mr. Roberts,

1 when there was a change in your insulin dosage,  
2 each time were you complaining about a  
3 particular symptom or something that caused the  
4 change or that made somebody look at, let's  
5 change the dosage?

6 MR. ROBERTS: Yes, because I was bottom  
7 out or was not enough insulin or was not getting  
8 enough food to carry the insulin I was  
9 receiving. Sometimes in the morning I can't  
10 take the insulin because of the fact of what the  
11 meal consists of, and I would bottom out.  
12 That's where the sugar level drops, maybe about  
13 ten o'clock in the morning.

14 Rather than the medical staff taking  
15 the time to do the blood workup to see how much  
16 insulin I should probably take, the doctors just  
17 take and change it automatically without doing  
18 anything medically to see just what I should  
19 receive.

20 REPRESENTATIVE MANDERINO: In that  
21 two-year period where there were all these  
22 changes, did you have any -- even one time, did  
23 you have any blood work done?

24 MR. ROBERTS: Yes, I had.

25 REPRESENTATIVE MANDERINO: How many

1 times?

2 MR. ROBERTS: I'd say maybe about three  
3 or four times in those two years. It was one  
4 year's time.

5 REPRESENTATIVE MANDERINO: So 17  
6 changes and 3 or 4 blood workups?

7 MR. ROBERTS: That's it. Yes, ma'am.

8 REPRESENTATIVE MANDERINO: After the  
9 blood work and then there was a change, did that  
10 stabilize you?

11 MR. ROBERTS: No.

12 REPRESENTATIVE MANDERINO: We toured  
13 before we talked to you and we were told about  
14 clinics around certain chronic illnesses, one of  
15 which was for people who are diabetic. It's  
16 something that happens once a month I was told.  
17 Is that accurate, and what happens at those?

18 MR. ROBERTS: Excuse me. Could you say  
19 that again, please?

20 REPRESENTATIVE MANDERINO: Maybe I'm  
21 not understanding it correctly, but I was led to  
22 understand that there is a clinic for diabetic  
23 people that happens once a month.

24 MR. ROBERTS: Yes, it is.

25 REPRESENTATIVE MANDERINO: Do they

1       happen once a month? Do you go to them, and  
2       what happens when you are there?

3               MR. ROBERTS: Yes, they have it once a  
4       month and I do attend, but it's not accurate  
5       because you can sit there and tell the doctor  
6       what the problem is and she'll just adjust it  
7       without doing any blood workup. Allow me to put  
8       this with what I'm saying, what causes those  
9       insulin changes; not the insulin changes, but  
10      the reaction from the insulin changes.

11              We are given so much starches here.  
12      That's like not taking no insulin whatsoever,  
13      even though we are taking the insulin. That's  
14      just one is serving bad and the other one is  
15      serving good.

16              CHAIRMAN RICHARDSON: You are not on a  
17      special diet?

18              MR. ROBERTS: Yes, I am.

19              CHAIRMAN RICHARDSON: And starches are  
20      consistent with your diet or not consistent with  
21      your diet?

22              MR. ROBERTS: They have plenty of  
23      starches on that diet.

24              CHAIRMAN RICHARDSON: Excuse me for the  
25      interruption.

1                   REPRESENTATIVE MANDERINO: And it is a  
2 diet that is presumably for somebody who is  
3 diabetic?

4                   MR. ROBERTS: It's supposed to be, but  
5 the things I was eating in the street as opposed  
6 to what we are given here, it's entirely too  
7 much starches. We are not even supposed to have  
8 any canned foods at all because of the  
9 preservatives.

10                   REPRESENTATIVE MANDERINO: Can you  
11 self-regulate the food that you eat? Can you  
12 skip the starches and get something else or more  
13 of something else?

14                   MR. ROBERTS: When you do that you're  
15 not having ample food in you to cover that  
16 insulin. So if you do it like that, then you  
17 have to skip the insulin altogether.

18                   REPRESENTATIVE MANDERINO: You would  
19 not be getting enough caloric intake is what  
20 you're saying?

21                   MR. ROBERTS: Correct.

22                   REPRESENTATIVE MANDERINO: My other  
23 question had to do with any effects that you  
24 have had because of the various adjustments, or  
25 whatever, with your insulin. You did mention a

1 kidney problem. When did that happen? Was that  
2 recent?

3 MR. ROBERTS: Yes. I have had that  
4 about -- Over a week now I've had a problem with  
5 my kidney, pain.

6 REPRESENTATIVE MANDERINO: Do you have  
7 an appointment scheduled?

8 MR. ROBERTS: No.

9 REPRESENTATIVE MANDERINO: Do you have  
10 a slip in to get one scheduled?

11 MR. ROBERTS: I saw the doctor. I  
12 spoke with Doctor Chae about it. She said she  
13 would have an urinalysis test taken on me, but  
14 nothing has changed with that issue yet; not  
15 yet, nothing.

16 REPRESENTATIVE MANDERINO: Other than  
17 this recent occurrence within the past week of a  
18 kidney problem, have you had any other problems  
19 or health effects that you attribute to the lack  
20 of regulation of your sugar?

21 MR. ROBERTS: Yes.

22 REPRESENTATIVE MANDERINO: What are  
23 they?

24 MR. ROBERTS: My left leg, the  
25 constant -- It's like pins and needles, like

1 throbbing constantly in my upper thigh all the  
2 way down my leg and to my toes, and constant  
3 cramping. The medication they would give me for  
4 that was Elavil and the other one was Tylenol  
5 No. 3 with Codeine, and the reaction from that,  
6 I couldn't even tie my shoestrings the next  
7 morning. I had bad side effects.

8           What they have me on now is Robaxin.  
9 Robaxin does seem to ease it some but not  
10 enough. I have requested on numerous occasions  
11 that I could go to a hospital and get the proper  
12 testing to see what it is that's causing all  
13 these problems within my left leg and down to my  
14 toes and within my foot, and in my low back as  
15 well. I was refused. I was told flat out, you  
16 don't need it.

17           REPRESENTATIVE MANDERINO: How long  
18 have you had those symptoms?

19           MR. ROBERTS: I have had those symptoms  
20 for over two years now.

21           CHAIRMAN RICHARDSON: Maybe we can hear  
22 from Mr. Rice.

23           MR. RICE: My name is Jerry Rice. I  
24 have been incarcerated since 1981. I have been  
25 here at Graterford since 1982. My problem is,



20

1 in 1988 I had pain in my groin and I went on a  
2 sick call. I seen a Doctor Roeder here. He  
3 diagnosed me as having an infection. After a  
4 period of time he gave me antibiotics for this  
5 infection that he said I had. I went on sick  
6 call.

7 When you go on sick call again like the  
8 following week, you're not sure you are going to  
9 see the same doctor. Anyway, I seen like three  
10 different doctors and they kept diagnosing me of  
11 having an infection.

12 From '88 all the way up to '90 I have  
13 been filing grievances complaining about this  
14 pain in my testes or groin and asked for seeing  
15 a special urinalysis doctor. They took me out  
16 to Montgomery County Hospital. They gave me an  
17 ultra scan and said there was nothing wrong with  
18 me. I continued to complain about the pain.

19 In 1991, I seen a Doctor Carbone that  
20 was working here. He examined me and told me  
21 that I didn't have no infection; that I had a  
22 hernia and explained to me the process of the  
23 hernia, the operation that would have to be done  
24 for it to be repaired. He referred me to see a  
25 surgeon here. I can't recall his name. I seen

1 the surgeon, but I had seen him before and he  
2 said there was nothing wrong with me.

3 When I seen him the second time with  
4 Doctor Carbone he said I didn't have no hernia.  
5 He said there was nothing wrong with me. I  
6 stated that Doctor Carbone said I had a hernia,  
7 and then he agreed I had a slight hernia.

8 At that time I was supposed to be  
9 scheduled for an operation because that's the  
10 only way it could be repaired, pertaining to the  
11 information I read in encyclopedias. From '91  
12 even to now my hernia has never been taken care  
13 of. I went through the process again of filing  
14 grievances.

15 Last year I was given a hernia guard.  
16 You know what I'm saying; that I was going to be  
17 seeing a surgeon again. I went through the  
18 process again of filing grievances. Now, I  
19 filed a grievance in January -- No, sometime in  
20 November of 1992. They said that I was  
21 scheduled to be examined and they claimed there  
22 was nothing in the record pertaining to me  
23 having this hernia.

24 From the 1988 process to now, as time  
25 had gone on, this thing had got so bad that when

1 I deficate or urinate I have a very bad pain in  
2 my testes. Even as I sit here right now I have  
3 this pain.

4 Pertaining to what I read on a hernia,  
5 it could cut my wind off. It's life-threatening  
6 and the only cure for it is an operation. Half  
7 the time you go on sick call here, the only  
8 thing you come up with is a hand examination.

9 I'm in the process now, I seen a doctor  
10 last month the 22nd, a Doctor Moore. He is  
11 supposed to be a surgeon here. He said I have  
12 no hernia, but he can't tell me what's wrong.  
13 From then to now I have been scheduled to see a  
14 doctor and I haven't seen nobody.

15 I'm saying, as time is going on my  
16 problem is getting worse. When I use the  
17 bathroom I'm constantly in pain down in my  
18 testicles and my groin, and it feels like I tore  
19 something on the other side. Now I'm like at a  
20 standstill waiting on the institution, or the  
21 medical staff to make a move.

22 I've wrote from the Grievance Committee  
23 to the captain, the counselor, superintendent,  
24 Harrisburg. Where it comes to the point where  
25 everbody is passing the buck and they only say

1 they agreed with the staff, the medical staff  
2 here, but the medical staff ain't doing nothing  
3 other than telling me from time to time I'm  
4 going to see this doctor, see this doctor. When  
5 I do see one, it ain't nothing but a hand  
6 examination.

7 It got to the point that I even got a  
8 cyst on my hand now, but I won't complain about  
9 that because I'm trying to get this fixed up.  
10 Even if I don't have a hernia, what do I have?  
11 I only had one doctor that said he'd stake his  
12 job on it that's what I got and took me off the  
13 antibiotics. I have been having this pain since  
14 1988.

15 CHAIRMAN RICHARDSON: How many doctors  
16 have you seen, Mr. Rice?

17 MR. RICE: Maybe 10 from a period of  
18 1988 to now.

19 CHAIRMAN RICHARDSON: You have never  
20 had the operation?

21 MR. RICE: I only had one doctor verify  
22 that I had this. That was a Doctor Carbone in  
23 1991. He don't work here no more, but in 1991  
24 after I seen the surgeon he told me he was going  
25 to put me down for the operation, but there is

1 some kind of policy here that there was somebody  
2 over him who had to approve for the operation.

3 CHAIRMAN RICHARDSON: When you filed  
4 the grievance, did you get an answer within 15  
5 days?

6 MR. RICE: Yes, sir.

7 CHAIRMAN RICHARDSON: After that what  
8 did you do?

9 MR. RICE: I appealed it to the  
10 superintendent.

11 CHAIRMAN RICHARDSON: What happened  
12 after that?

13 MR. RICE: When I appealed it to the  
14 superintendent pertaining to the inmates  
15 handbook and the grievance coordinator system,  
16 he didn't answer it back in enough time so I  
17 appealed it to Harrisburg, to the C.O.R. or  
18 something like that. I can't recall what it is.

19 CHAIRMAN RICHARDSON: C.R.O.

20 MR. RICE: They wrote me back and said  
21 they couldn't answer my grievance because I  
22 didn't get no opinion from Superintendent  
23 Vaughn. When I did get the answer from Superin-  
24 tendent Vaughn I was already in the process of  
25 sending it to Harrisburg. I wrote them back

1 stating that I did finally get a decision from  
2 Superintendent Vaughn, but he agreed with the  
3 medical staff here saying I was scheduled for an  
4 operation.

5 But, from the grievance coordinator  
6 they said I was scheduled for an examination.  
7 Between the grievance coordinator and  
8 Superintendent Vaughn, each one of them was  
9 saying two different things.

10 CHAIRMAN RICHARDSON: Let me ask you a  
11 question. Since you have been here since '81,  
12 '82, has there ever been a time when the  
13 superintendent disagreed with the medical  
14 people?

15 MR. RICE: Not to my knowledge, because  
16 before this superintendent, Superintendent  
17 Zimmerman was here. I filed and went through  
18 the same procedures with him. They replied back  
19 one time that I went on sick call one time and I  
20 was complaining about something else. They  
21 forwarded me to see another doctor, a Doctor  
22 Rowland, who was the first doctor I had seen who  
23 had diagnosed me of having an infection.

24 I wrote Superintendent Vaughn and  
25 somebody else who was handling the grievance

1 explaining to them the three doctors who I had  
2 seen, Roeder, Doctor Ennis, and I think a Doctor  
3 Khannas pertaining to that, I had already seen  
4 them on sick call and they had diagnosed me as  
5 having an infection. When they diagnosed me of  
6 having an infection, they also stated they  
7 didn't see no swelling or nothing, but they  
8 still put me on antibiotics. I was taking  
9 antibiotics off and on to a period in 1991 when  
10 I seen Doctor Carbone and he diagnosed me as  
11 having a hernia.

12 CHAIRMAN RICHARDSON: Okay.

13 MR. RICE: Can I say one more thing? I  
14 want to state for the record, this problem is  
15 bothering me so much that if it ain't no hernia,  
16 what's happening to me? My body is  
17 deteriorating inside.

18 CHAIRMAN RICHARDSON: Mr. Rice, let me  
19 say this to you. I don't know what you have,  
20 but I'm going to find out who can see you and  
21 look at this matter. If it's bothering you,  
22 it's bothering us. Before I leave here, this is  
23 one case we will take to Deputy Superintendent  
24 Vaughn and to the medical people here; plus,  
25 raise it tomorrow in my public hearing at City

1 Hall.

2 MR. RICE: Mr. Richardson, if you want  
3 me to I will send you a folder. I have a folder  
4 here with paperwork where I have filed  
5 grievances from time to time, write counselors  
6 and everybody. They have been stamped,  
7 processed.

8 CHAIRMAN RICHARDSON: Jawal, see if  
9 they'll let you get copies.

10 MR. RICE: I'll mail it to you in the  
11 mail.

12 CHAIRMAN RICHARDSON: No, I'm going to  
13 ask them to have it because that's serious and  
14 I'm here. I'm going to ask them to have a copy  
15 of this made right now. See if you can get it.  
16 Mr. Watson.

17 MR. WATSON: My name is Gene Watson.  
18 I've been here 12 and a half years. I have  
19 known Mr. Richardson for over 20 years.

20 CHAIRMAN RICHARDSON: That's right.

21 MR. WATSON: I used to campaign for you  
22 when I was 12 years old in Germantown. It's sad  
23 to be here, but certain things happened. I  
24 think my mother tried to contact you quite a few  
25 times, Jane Watson. She passed on.



1           I have been dealing with the medical  
2 system here for over 12 years now. We do have a  
3 problem. We have a problem with understanding  
4 one another, with the institution and the  
5 medical staff. I came here with a problem. I  
6 have had a problem since 1981 since I have been  
7 here. They knew of me playing football before I  
8 got in here because I went to college at  
9 Jacksonville University. I had dislocated my  
10 right knee, which happened in Vietnam first.  
11 Then I continued to injure myself. They were  
12 aware of this problem. They never corrected it.

13           To this day I never received any  
14 physical therapy ever. To this day they never  
15 gave me physical therapy. They did after three  
16 years give me another operation, which was  
17 arthroscopic surgery. At the time I had the old  
18 surgery where they cut from here all the way up  
19 here. I had a reconstruction of the entire  
20 right kneecap, which I had torn cartilages and  
21 ligaments. Today I don't have any ligaments.  
22 Right now my leg just goes back and forth.

23           CHAIRMAN RICHARDSON: This operation  
24 happened since you have been incarcerated?

25           MR. WATSON: No, sir. I had this

1 operation at a Veterans Hospital and I had  
2 another one in 1985 here since I have been  
3 incarcerated.

4 CHAIRMAN RICHARDSON: You did have one  
5 since you've been in here?

6 MR. WATSON: Yes, sir. What's now  
7 developed is what they call phlebitis or  
8 cellulitis.

9 CHAIRMAN RICHARDSON: Are you taking  
10 Heparin or Coumadin, which is another  
11 anticoagulant to thin out the blood when you  
12 have a clot?

13 MR. WATSON: They give me nothing. I  
14 have had this problem for two years. I have  
15 been at Suburban General six times. I have been  
16 admitted five times. They claim that I have a  
17 piece of metal in my knee that might be outdated  
18 that the Veterans put in there, but this  
19 institution has refused to remove it since they  
20 said the Veterans put it in there.

21 My understanding is that the Veterans  
22 will remove it if this institution will bring me  
23 down there to have it removed. The institution  
24 was informed they could not bring their guns  
25 with them. The Veterans said they have their

1 own security. They said, if we can't bring our  
2 guns we won't bring the inmate. They have  
3 denied me --

4 CHAIRMAN RICHARDSON: A judicial  
5 problem, which means that this simple matter of  
6 taking somebody -- They can stand on the  
7 outside, they can stand on the inside. They can  
8 surround the place when they finish and they can  
9 take him back. What's the point?

10 MS. MILOHOV: I have a friend who had  
11 this same operation. She had to have it  
12 completely removed after five years because,  
13 12 years ago removing all the ligaments was the  
14 state of the art. But now they have a different  
15 way of replacing ligament type film that's in  
16 your leg so you don't have a problem with the  
17 kneecap moving out and you don't have any metal,  
18 so you don't get pain. There's a brand-new  
19 operation, orthopedic operation that probably  
20 would be more appropriate.

21 CHAIRMAN RICHARDSON: It would be  
22 appropriate for this time period since this was  
23 over 12 years ago. Representative Manderino.

24 REPRESENTATIVE MANDERINO: Thank you,  
25 Mr. Chairman. Mr. Watson, who told you you have

1 phlebitis?

2 MR. WATSON: I have several doctors.  
3 The bigger ones are Doctor Allday and Doctor  
4 Rahman. As a matter of fact, Doctor Allday was  
5 the one who said that I have phlebitis syndrome.  
6 Doctor Rahman said I have cellulitis. Doctor  
7 Oyefule said I have phlebitis. Then I have this  
8 doctor saying you have cellulitis.

9 REPRESENTATIVE MANDERINO: How long ago  
10 was that first diagnosis?

11 MR. WATSON: Two years ago. What it  
12 was, they was debating about what I had because  
13 I said something bit me. They said -- My  
14 temperature -- Every time I get this attack I'm  
15 in the hospital. I'm in the infirmary now. I  
16 just had another attack Friday, so I'm in the  
17 infirmary right now.

18 I saw you when you came. I'm the one  
19 that banged on the door when you all were  
20 leaving because I thought I wasn't going to see  
21 you because I saw you standing, you were right  
22 there by the bubble when you come in in the  
23 infirmary and you stood down there for awhile  
24 and then you walked up to the other end. And  
25 then when I saw you leave I said, he's setting

1 us up. They're not coming this way.

2 What I wanted you to do was see the  
3 place in its entirety. More than half of those  
4 inmates down there are bedridden and can't get  
5 up and do for themselves. I get up out of my  
6 bed, and God as my witness, I help clean for  
7 them, help (inaudible word) for them; things the  
8 nurses should be doing and other people they  
9 have working there should be doing, but I do it  
10 because I'm concerned about people in my  
11 condition. They said, Mr. Watson, you should  
12 get a job here. I said I should do more than  
13 that. I should run this place.

14 REPRESENTATIVE MANDERINO: Mr. Watson,  
15 I want to take you back if I may. You said it  
16 was about two years ago that this first  
17 debate -- that your leg swelled up and the first  
18 debate about what happened. In that two-year  
19 period, the four different doctors you mentioned  
20 they were all here at the institution?

21 MR. WATSON: Three was here. There was  
22 Doctor Umar, Doctor Oyefule and Doctor Allday.  
23 Doctor Rahman was here too, but at that time he  
24 didn't make any diagnosis.

25 REPRESENTATIVE MANDERINO: Have you

1 ever been sent outside of the institution?

2 MR. WATSON: Yes. I've been to  
3 Montgomery County. I've been to Suburban  
4 General seven times. In the past two years I  
5 have been admitted five times.

6 REPRESENTATIVE MANDERINO: You did tell  
7 me that. I'm sorry. At any of the times when  
8 you were being seen by physicians outside of  
9 institution, did any of them diagnose what was  
10 wrong with your leg and prescribe any kind of  
11 treatment or medication?

12 MR. WATSON: I went through the same  
13 problem. One doctor said I had phlebitis and  
14 another doctor said I had cellulitis. I'm still  
15 in a Catch 22. What do I have? I don't know  
16 what I have. They never gave me any medication.

17 REPRESENTATIVE MANDERINO: Is the  
18 reason they are not giving you any medication is  
19 because they don't know what it is or because  
20 there's nothing that can treat it in your  
21 understanding?

22 MR. WATSON: They gave me Keflex  
23 antibiotic. I always have to take them  
24 interavenous. As a matter of fact, they just  
25 took it out. When I came down here they just

1 pulled it out. When the swelling goes down --

2 As a matter of fact, it's swollen now  
3 so I can kind of somewhat demonstrate. What  
4 they do is, they let the swelling go down. You  
5 can still see the puffiness. It comes to the  
6 surface of the skin. Here it's still swollen.  
7 See how it's shiny? Well, I just got out of the  
8 shower so I'm kind of ashy too. This is where  
9 it comes. It comes to the surface of the skin.  
10 If I push (demonstrating) you can see the fluid  
11 is still there.

12 REPRESENTATIVE MANDERINO: You are  
13 currently being treated to figure out what you  
14 have?

15 MR. WATSON: Right. I have been going  
16 through this problem for two years. What they  
17 have been doing is giving me antibiotics. My  
18 problem is that my temperature goes up high. My  
19 temperature goes to 103, 104 and 105. I have  
20 been at 105 three times and that's because they  
21 have let me sit there overnight. If you are  
22 sick over the weekend you're in trouble because  
23 a doctor won't come back in until Monday.

24 CHAIRMAN RICHARDSON: Oh, no, no, no.  
25 Excuse me. What happens to the emergency doctor

1 that's here on the weekend?

2 MR. WATSON: If he's gone you're in  
3 trouble.

4 CHAIRMAN RICHARDSON: I'm saying  
5 there's a stationary individual, an emergency  
6 doctor on hand each weekend.

7 MR. WATSON: That's what they told you.  
8 I have been here 12 years. That's what they  
9 told you.

10 REPRESENTATIVE MANDERINO: What's  
11 reality?

12 MR. WATSON: As a matter of fact, when  
13 I first got sick I had to wait till Monday to  
14 see a doctor. When I got sick this weekend, it  
15 just so happened I got sick on a Friday this  
16 time and the doctor was here. But, if you were  
17 to come in here on a weekend you may not see a  
18 doctor. If you got sick on a Sunday, you won't  
19 see a doctor until Monday.

20 CHAIRMAN RICHARDSON: No matter what  
21 your condition is?

22 MR. WATSON: No matter what your  
23 condition is, if it happens to be life or death  
24 situation. I meant to bring a name down for you  
25 to prove my point because we had an inmate that



1 died Monday. I forgot his name. He should not  
2 have been released because he was on a dialysis  
3 machine. He was just down there three weeks.  
4 They released him this week and he died. They  
5 released him two Mondays ago, okay, they  
6 released him.

7 CHAIRMAN RICHARDSON: Put him back in  
8 population?

9 MR. WATSON: Put him back in  
10 population. He was still sick. He died this  
11 Monday.

12 CHAIRMAN RICHARDSON: Do you know  
13 whether that was a result of his kidney problem  
14 or not being on the dialysis machine? Do you  
15 know what he died of?

16 MR. WATSON: We both are on the same  
17 block. What they tried to say, he ate something  
18 he should not have ate. That's what they said  
19 the result was.

20 REPRESENTATIVE MANDERINO: One last  
21 question, Mr. Watson. You have been in and  
22 out -- You're currently in the infirmary now?

23 MR. WATSON: Right now.

24 REPRESENTATIVE MANDERINO: You have  
25 been in and out of the infirmary for the past

1 two years?

2 MR. WATSON: Yes, ma'am. I have had  
3 these attacks. Seems like since 1990 I have  
4 been having these attacks like every three or  
5 four months.

6 REPRESENTATIVE MANDERINO: So they put  
7 you in until the swelling goes down?

8 MR. WATSON: They put me in until the  
9 swelling goes down, until the fever goes down.  
10 Sometimes it takes three days to break my fever.  
11 What they would do is, they give me Tylenol 3.  
12 As a matter of fact, that's all they ever give  
13 me is Tylenol 3 to break the fever.

14 REPRESENTATIVE MANDERINO: Is it fair  
15 to say they are treating flare-ups, but yet  
16 haven't yet discovered what is causing them?

17 MR. WATSON: That's what they are  
18 doing, treating the flare-ups. What happened  
19 was here now, I have another problem here which  
20 I explained to them. I don't know why. It  
21 seems my left side was being affected. I said  
22 I'm getting a tingling in my arm. Maybe you  
23 should check it out, so the doctor said maybe  
24 it's just a pinched nerve. I said no. It seems  
25 like more than a pinched nerve because I feel

1 this thing going completely down the left side  
2 of my arm. I complained about this for two  
3 years. Each time I have this problem, this side  
4 gets weak also.

5 What they have been doing for me is,  
6 they send me to a neurologist. Every test I  
7 take I pass they say with flying colors. It  
8 seems like they can't find anything wrong with  
9 me. I don't smoke. I don't drink and I ain't  
10 never did drugs, but I seem to have a physical  
11 problem that I can't find out what the problem  
12 is.

13 Now, the neurologist told me this  
14 Wednesday just past, I don't know what the  
15 problem is. I just threw it out. Maybe I had a  
16 stroke. He said that's it, maybe you had a  
17 stroke. Now he tells me I don't have strength.  
18 I can't do nothing with this hand. I can't hold  
19 nothing with this hand. If I hold anything in  
20 this hand it comes right open by itself.

21 REPRESENTATIVE MANDERINO: Do that to  
22 the best you can with your left hand?

23 MR. WATSON: (Demonstrating) Again, I  
24 make my point. You see where the muscle comes?

25 REPRESENTATIVE MANDERINO: Now, how

1 long has that been happening?

2 MR. WATSON: Every time I have this  
3 problem, this problem occurs.

4 REPRESENTATIVE MANDERINO: Okay. When  
5 your swelling goes down will you regain use of  
6 that?

7 MR. WATSON: I gain nothing. I can't  
8 even squeeze now. That's as much as I can  
9 squeeze my hand.

10 REPRESENTATIVE MANDERINO: So, for two  
11 years your hand has been deteriorating?

12 MR. WATSON: Right. My left side  
13 deteriorates. The neurologist said, you do limp  
14 when you walk. I do like this here. See the  
15 muscle? That's it (demonstrating). Now the  
16 doctor says there's nothing I can do for you,  
17 but I think I have been making a mistake. I  
18 think we need to send you to see an orthopedist.  
19 I think you have a defect between the bones from  
20 the shoulder and the elbow and the wrist. Now  
21 you need to see an orthopedic. You should have  
22 seen an orthopedic a long time ago.

23 REPRESENTATIVE MANDERINO: Do you know,  
24 Mr. Watson, have they ever done any tests on you  
25 to see if you did suffer a stroke?

1           MR. WATSON: I have had numbers of  
2 tests that they took. They put me in a CAT  
3 Scan. As a matter of fact, I had so many  
4 different kind of CAT Scans I thought I was  
5 professionally a CAT Scan. They come up saying  
6 nothing is wrong with me, period.

7           As far as testing me, I have had  
8 numbers of tests. I can't say they didn't test  
9 me. The thing is here, they did not solve  
10 whatever the problem it is. Either they don't  
11 know or they need to refer me to someone else.

12           CHAIRMAN RICHARDSON: It's a rare  
13 situation. Therefore, you need some real  
14 specialist.

15           MR. PARRISH: Mr. Watson, have you ever  
16 seen an orthopedic specialist?

17           MR. WATSON: Only for my knee.

18           MR. PARRISH: How often have you seen  
19 him?

20           MR. WATSON: I haven't seen an  
21 orthopedic specialist now in a year.

22           MR. PARRISH: Have any of the doctors  
23 that you have named before, and I believe there  
24 were four or five of them, have any of them made  
25 a specific recommendation that you see an

1 orthopedic specialist?

2 MR. WATSON: No, sir.

3 MR. PARRISH: Have they made any  
4 recommendations that you go to a sports medicine  
5 doctor?

6 MR. WATSON: No, sir. As a matter of  
7 fact, the only sports medicine doctor I ever saw  
8 I saw on my own before I came here. As I said,  
9 I never had any physical therapy. I never saw  
10 anyone dealing with my knee or even this problem  
11 now as far as orthopedics is concerned.

12 MR. PARRISH: I believe we were told  
13 earlier this afternoon during our tour, please  
14 correct me if I'm wrong, that there's a physical  
15 therapist on duty twice a week?

16 MR. WATSON: That must be a joke  
17 because I know the physical therapist. I do  
18 more physical therapy with these guys than she  
19 does. I have been housed down there. If you  
20 had gone into some of these rooms and they said  
21 well, who helps you, who gives you, helps you  
22 with your condition, and most of them would have  
23 called me by my Moslem name (inaudible word).  
24 They would have all pointed to me, and another  
25 guy they call Beetle. He's a great help to

1 these guys.

2 If you're asking if the staff is doing  
3 their job, the staff is not doing their job. If  
4 you would have came, you would have seen how  
5 filthy some of these places are that we sleep  
6 in. I'm saying this thing is a farce today.  
7 This place has never looked that clean since  
8 I've been here. They know how to hide their  
9 wrong and they hide it very well. I'm saying,  
10 when you leave here today it's business as  
11 usual.

12 I only have two and a half years left.  
13 I don't think they'll do too much to me, other  
14 than, you're getting ready to go home. The only  
15 reason why I can't go home now is because they  
16 are holding me up because of my medical  
17 condition.

18 My father is a reverend, Reverend James  
19 Watson. He comes up here and he says, I would  
20 like to take my son out for a medical physical.  
21 They say, Mr. Watson, he can't go out for a  
22 medical physical. Guess what? We don't have no  
23 such thing as a medical referral here. This is  
24 something they will tell my father they would  
25 take care of, only simply because he's a

1 reverend. He'd been through the same thing.  
2 They told me they would take good care of you  
3 son. I said daddy, I have been here 12 years.  
4 I took good care of myself and prayed. God took  
5 care of me; not this institution.

6 CHAIRMAN RICHARDSON: Representative  
7 Manderino.

8 REPRESENTATIVE MANDERINO: No  
9 questions.

10 CHAIRMAN RICHARDSON: I want to hear  
11 now from Mr. Thomas.

12 MR. THOMAS: My name is Wayne Thomas.  
13 I have been at Graterford since 1989. I'm  
14 having a problem getting any form of treatment,  
15 any type of physical. They say I'm hyperactive.  
16 They prescribed psychotic therapy, drugs. The  
17 drug they gave me was called Novaine (phonetic).  
18 It had a choking effect on me. I became short  
19 of breath. My face started blocking up on me.  
20 Something goes wrong with my tongue, but I  
21 normally black out and they usually inject me  
22 with something. They rush me to the hospital  
23 and inject me.

24 This happened like almost two years  
25 ago, but I kept trying to get off the



1 medication. They would not get me off of it.  
2 They kept lowering the dosage, raising the  
3 dosage, trying to find the right dosage for my  
4 hyperactiveness, whatever.

5 I think the beginning of this year in  
6 January I had another attack where the same  
7 symptoms came up and I couldn't control my  
8 facial movement. I started to choke and I  
9 blacked out. They rushed me to the hospital, or  
10 the infirmary. They shot me with an injection  
11 and put me in, I guess the place he's in, the  
12 infirmary section for four days. They kept me  
13 in the infirmary section for four days. The  
14 time I was in there I never seen any doctor.

5  
15 The time they took me over there I had  
16 busted, or the area where I fell, had cut my  
17 scalp open. I don't know. I had a gash of  
18 blood, but they laid me in the bed for four  
19 days. After four days they gave me a pass and a  
20 cane to leave the infirmary. I said, could I  
21 see a doctor, get an examination? And they said  
22 no. You go back to your block and you'll get a  
23 writeup.

24 Ever since January I have been  
25 having -- Since I've been seen by the Mental

1 Health Department, the Mental Health Department  
2 passes it off and says your complaint is with  
3 the Medical Department. They should have done  
4 something before. Since you were complaining  
5 about the symptoms they should have done  
6 something instead of letting me fall out.

7 The Medical Department, when I go up  
8 there they'll say, you should see the psyche  
9 department. They should give you a physical.  
10 Right now the problem I'm having is that,  
11 sometimes my legs and arms don't go where I want  
12 them to go. I walk into things. I walk into  
13 things and lose track of things sometimes for  
14 minutes, sometimes for hours.

15 I'm just having a problem of getting  
16 any type of medical attention. I put in  
17 grievances. They figure since you're a psyche  
18 patient, a lot of times they ignore you more  
19 easily than they would a regular inmate prisoner  
20 because they figure they can just give you any  
21 type of medication if you keep pressing the  
22 issue. You end up in Fairview or something like  
23 that, which I don't want to go there.

24 I have a problem. Sometimes I fall  
25 into things. I just can't get a physical.

1 It's been four months. Nobody wants to examine  
2 me.

3 CHAIRMAN RICHARDSON: Let me just ask  
4 this one blanket question that Mr. Parrish asked  
5 earlier. You can give me a one-sentence answer  
6 or it can be as brief as you want to. Do you  
7 believe that there's an overall caring of your  
8 health conditions by the doctors or the group  
9 that is presently the vendor here in this  
10 institution?

11 MR. WATSON: Not at all.

12 MR. ROBERTS: They don't care. They  
13 are not concerned. They laugh in your face.

14 MR. WATSON: Especially if you have  
15 been admitted as many times I have been  
16 admitted. I'm admitted now. That's one of the  
17 reasons they had the doors locked so we couldn't  
18 come out and talk to you.

19 CHAIRMAN RICHARDSON: Normally the  
20 doors are not locked?

21 MR. WATSON: Normally the doors are not  
22 locked.

23 MR. ROBERTS: I have been back in that  
24 dispensary several times myself. If I was to  
25 take sick any upcoming days in the future, I

1 would rather be in my cell where I know I will  
2 be looked in on by other prisoners than to go  
3 back in that hospital. That's how it is.

4 MR. WATSON: He's telling the truth. I  
5 cleaned a man who was laying in his own blood  
6 for three days. They would not change the  
7 sheets.

8 CHAIRMAN RICHARDSON: You cleaned a man  
9 that was laying in his own blood?

10 MR. WATSON: For three days, yes, sir.  
11 He has a hole in his side where he had a cyst on  
12 his behind and it constantly leaked. You only  
13 get sheets once a week.

14 CHAIRMAN RICHARDSON: Even in medical?

15 MR. WATSON: Even in medical; sheets  
16 once a week. You get a washcloth. Your  
17 washcloth, they change your washcloth maybe  
18 every three weeks. I have been there. I have  
19 been there for four months straight. When I had  
20 this last problem I was there for four months  
21 straight. That's when I went around helping  
22 other individuals.

23 I had five bedridden guys who could not  
24 get out of bed. They were completely paralyzed.  
25 They would lay there. The cap would come out

1 and they would urinate all over themselves.  
2 They will not change the sheets. We wipe them  
3 off. We don't have soap down there. These are  
4 the many things that you did not see.

5 MR. THOMAS: They don't use soap to  
6 wash the sheets. They just use a gray tank of  
7 water, a thing they call a recycler with  
8 recycled water. They don't use no soap powder  
9 or nothing.

10 MR. WATSON: The rooms do not get  
11 cleaned on the weekend because they don't want  
12 inmates down there on the weekends. Your rooms  
13 do not get cleaned on the weekend. You go from  
14 Monday to Friday. Today was a special day. The  
15 floors got waxed today. Everybody got a bath.  
16 Everybody got cleaned up. They said if you have  
17 any extra food, please hide it away. We didn't  
18 end up with dirty trays today because we had you  
19 here today.

20 Today was a farce as I said before.  
21 Everybody was cleaned today, but if you come  
22 down on an off day and say, I thought I would  
23 drop in, and you'll see the zoo that it really  
24 is.

25 You do have some nurses who do care,

1 but you have many nurses like Oyefule who quit  
2 because he was fed up. We had a black doctor  
3 who was here. She quit because she was fed up  
4 with the medical facilities. We had several  
5 nurses that work in the back that are fed up and  
6 about to quit because they could not get any  
7 kind of help. You have an institution of over  
8 3,000 men, but they built a hospital for only 25  
9 men to be in the hospital.

10 CHAIRMAN RICHARDSON: That wing only  
11 has 25?

12 MR. WATSON: Only 25, sir.

13 CHAIRMAN RICHARDSON: The 19 on the  
14 special unit which is considered to be the  
15 mental health unit?

6  
16 MR. WATSON: Downstairs where you went  
17 at? That doesn't include us. I'm talking on  
18 the level we are at.

19 CHAIRMAN RICHARDSON: Twenty-five on  
20 that level?

21 MR. WATSON: Right. It's not always  
22 25. It's four men to a room. It's a large  
23 room.

24 CHAIRMAN RICHARDSON: That's on the  
25 ward?

1           MR. WATSON: Yes, sir. One thing they  
2 have a problem with right now, if you had a  
3 window inside, see today they treated us nice.  
4 They turned the air conditioning down. We don't  
5 know why they do it, but every day those rooms  
6 are freezing temperatures. We ask, why are  
7 these rooms a freezing temperature?

8           They have the control set so you can't  
9 touch it. It's overbearing in the summertime  
10 and in the wintertime it's too hot. In the  
11 summertime it's too cold. Now they consider the  
12 summertime, it is freezing temperatures. That's  
13 why some of the nurses they can't speak up  
14 because they want their jobs.

15           If you were to walk in the rooms that  
16 were locked, you'd say it's cold here. Then you  
17 would say, how can you guys sleep in here? We  
18 sleep in there 24 hours a day. The guy just  
19 broke the one in our room so we could turn it  
20 down, but he'll get a writeup along with it and  
21 they'll probably put him in one of those hard  
22 cells where he'll really freeze.

23           I'm just saying it's a shame that I  
24 have to sit up here and say -- We call this a  
25 correctional institution. I said earlier

1 because of the Ohio situation, I said, why don't  
2 we prevent this, an Ohio situation, because this  
3 is what it is going to come to. I've said, had  
4 it not been for the Muslim organization in this  
5 institution, this institution would have went up  
6 in flames a long time ago, because we are  
7 constantly telling each other to be patient; to  
8 wait. There will be help. We have to use the  
9 law. Then we have the Christians say, Jesus  
10 will come. Everybody keeps praying, but we hear  
11 the same problems over and over again.

12 It's the staff members. We have more  
13 guards who will tell you that we are friends  
14 with the inmates more than we are with our own  
15 co-workers. What you have here, we have people  
16 like the superintendent who came around today,  
17 he says he writes the superintendent. We all  
18 wrote to the superintendent. Superintendent  
19 does not respond to our needs.

20 We were the same people who felt sorry  
21 for him when he lost his son and we gave his son  
22 a private funeral. We never even knew his son.  
23 Him and Mattie Humpfrey, we gave them -- because  
24 Mattie Humpfrey's son died. What we did, the  
25 Muslims gave him a private viewing. We showed



1 our appreciation to the staff members. We are  
2 saying we can get along if we just understand  
3 one another.

4 Like I say, it's business as usual.  
5 I'm here for a paycheck and could care less  
6 about your conditions. We are going to continue  
7 to have these problems until someone steps in  
8 and says enough is enough. We are tired of the  
9 staff lying to us. We're tired of the media  
10 lying to us. We are just a problem. We don't  
11 have to have this. You say why do guys continue  
12 to go out into society and you're saying he's  
13 not being corrected.

14 Look here. If I depended on this  
15 institution to correct me, I would be a fool. I  
16 would be the one you would not want back out in  
17 your society because I'm not being corrected  
18 here. My belief in God has corrected me. My  
19 moral upbringing by my mother and father has  
20 corrected me, and 12 years also changes your  
21 mind too.

22 I'm just saying, we have a lot of  
23 problems. You're being misled. I'm saying that  
24 I spoke out on behalf of many of the inmates who  
25 wish they could have spoken to you, especially

1 the ones who are back there in the rooms that  
2 could not speak to you. If you could have saw  
3 it, it might have brought some tears to your  
4 eyes because you're thinking all right, they are  
5 hiding something from you and that ain't right.

6 CHAIRMAN RICHARDSON: We are glad we  
7 had it this way than the other way, because if  
8 we had talked to them first, then it would have  
9 been a whole different thing on the tour the  
10 other side. I'm glad we did the tour and heard  
11 all they had to say, and then that allows us the  
12 opportunity to hear from inmates in terms of  
13 some of the things that are going on. I believe  
14 we are getting an honest review of that which is  
15 taking place here in this institution.

16 I'm appreciative in knowing that it's  
17 also a situation for all of you to put  
18 yourselves in this jeopardy because we know you  
19 don't have to come forward. We know you don't  
20 have to come forth and say the things that you  
21 said because you could jeopardize yourself in  
22 terms of having repercussions afterwards. We  
23 understand that.

24 MR. WATSON: Some of us will get  
25 solitude after this. Since opening up the new

1 jail they have been doing that already.

2 CHAIRMAN RICHARDSON: We are going to  
3 make a notation. I'm going to indicate that  
4 anyone that is on our list to testify, and I'll  
5 put this in our record today and I'll put it in  
6 tomorrow, that testified before us that no  
7 repercussions. If we see any repercussions are  
8 taken as a result of anything you have said to  
9 us -- We know it comes in different forms and we  
10 know that if you slip on a banana peel or you do  
11 something, they are going to write you up and  
12 say that's the reason why.

13 We're going to say any strange kind of  
14 situation barring that you didn't do anything  
15 yourself to get yourself in there, we understand  
16 what conditions they are, we are definitely  
17 going to say to the superintendent and  
18 Commissioner Lehman that no repercussion be  
19 taken against any of those individuals that came  
20 before this Committee and spoke before us based  
21 on the information you brought to us. We now  
22 have questions to ask them as to what has been  
23 done as a result of these concerns. We are  
24 going to ask about your condition before we  
25 leave here today.

1           MR. RICE:  When he was saying about  
2 that weekend thing, they have a doctor in.  Most  
3 of the time when he does come in in the morning,  
4 when I have done time in the hole all these  
5 years, he might be out in the hole when an  
6 emergency comes about.  Like my pain, one  
7 weekend I went up there with pain.  What  
8 happened to me, I got two Tyenols and was told  
9 to get on sick call Monday morning.

10           CHAIRMAN RICHARDSON:  That was the  
11 emergency treatment?

12           MR. RICE:  That was the treatment I  
13 got, two Tyenols and told to get on sick call.  
14 When you go on sick call, if you could see some  
15 the doctors sometime they had and how they  
16 examine you, you try to figure out how this  
17 person is still a doctor for so long.

18           CHAIRMAN RICHARDSON:  You may have an  
19 idea about this.  They are talking about going  
20 regional in terms of letting out requests for  
21 proposals--they are called RFPs--to give  
22 central, eastern and western regions which will  
23 have about 6 or 7 institutions in each of those  
24 regions for one provider to take care of all of  
25 those institutions of health care for those

1 institutions. Do you think that will work?

2 MR. WATSON: No. That's a gag, man.

3 MR. RICE: If it's coming under the  
4 same administration or treatment like we get  
5 now, it will make no difference.

6 MR. WATSON: All the institutions are  
7 shut down.

8 MR. ROBERTS: Same game; different  
9 name.

10 MR. WATSON: Remember, this is the only  
11 institution that's open like this. Frackville,  
12 all those institutions are shut down 24 hours a  
13 day. They showed already the condition of  
14 humanity are being distraught there.

15 MR. RICE: I have never been in the  
16 medical part of the hospital, but I can be a  
17 witness from living in the population of this  
18 jail, what he said about that hospital -- I know  
19 people that went out and had got operations and  
20 you have to be in the medical hospital certain  
21 period of time. They sign out the next day or  
22 that night because they say it's so cold up  
23 there.

24 MR. WATSON: It's so miserable. It  
25 doesn't make sense if you have the nurses'

1 station right there and it takes 15, 20 minutes  
2 to come and answer your response. Then when she  
3 gets there she doesn't have the tools that you  
4 need. That's what I'm saying, a lot of us try  
5 to help one another. I'm saying, you're only  
6 seeing -- It's like a book. This book really  
7 looks like, but when you read the story it's  
8 not.

9 CHAIRMAN RICHARDSON: We appreciate  
10 everything -- Yes, sir, Mr. Parrish.

11 MR. PARRISH: One question. Thank you,  
12 Mr. Chairman. I want to ask Mr. Thomas, how did  
13 they diagnose you to start giving you these  
14 psychotropic drugs? Were you given any  
15 evaluation before they put on the drugs you're  
16 now taking?

17 MR. THOMAS: Yeah. My past history of  
18 different -- I have been hyperactive since I was  
19 a teen. I have been on different psychic drugs.

20 MR. PARRISH: So they took a look at  
21 your past medical history and said because of  
22 that they should put you on psychotropic drugs?

23 MR. THOMAS: Yeah.

24 MR. PARRISH: Did you have any  
25 consultation with a psychologist or psychiatrist

1 or a battery of those individuals?

2 MR. THOMAS: They just read your prison  
3 record. They may have medical, whatever they  
4 get medical records. They don't do no test,  
5 nothing like that. They just make their --

6 MR. PARRISH: They read your jacket and  
7 then make a decision about this is what you  
8 should be doing?

9 MR. THOMAS: If something goes wrong,  
10 then they don't want -- they ignore you. I put  
11 requests, grievances in to every doctor, Doctor  
12 Rahman, whoever, Mr. Jeffes. I put requests in  
13 to them tomorrow because I'm kind of hurting  
14 because -- I can hurt myself and I don't --  
15 Anything can happen because I lose track of  
16 time. I'm just sitting someplace. They come  
17 and get me and take me back to the block.

18 MR. PARRISH: Mr. Watson, earlier Mr.  
19 McClea asked a question when we were on the tour  
20 about the number of individuals in general  
21 population that might be using some form of  
22 psychotropic drug. They told us like 10  
23 percent of the population.

24 MR. WATSON: Absolutely.

25 MR. PARRISH: Would you say that's

1 accurate?

2 MR. WATSON: I think it's a little  
3 more. We have a psychiatric unit and we have  
4 guys on the block taking Thorazines.

5 MR. PARRISH: Guys on the block?

6 MR. WATSON: Oh, yes, sir; especially  
7 the C Block. I have been on C Block for ten  
8 years now.

9 CHAIRMAN RICHARDSON: Is that the  
10 forensic unit?

11 MR. WATSON: No; general population  
12 block.

13 CHAIRMAN RICHARDSON: General  
14 population?

15 MR. PARRISH: They have general  
16 population --

17 MR. WATSON: With guys on Thorazine.

18 MR. PARRISH: -- residents taking  
19 Thorazine --

20 MR. WATSON: Yes, sir.

21 MR. PARRISH: -- on a regular basis?

22 MR. WATSON: On a regular basis. What  
23 difference does it makes because we have guys  
24 with TB walking in population? You have got  
25 guys with AIDS walking on population. What we



1 are doing is walking amongst each other's bunch  
2 of germs. You have to understand. We are  
3 inmates. There is no big sweat off the public's  
4 eye. You get rid of everybody in here you --

5 CHAIRMAN RICHARDSON: If a person is  
6 diagnosed as having H I.V. or having full-blown  
7 AIDS, are they separated?

8 MR. WATSON: No, sir. You are right on  
9 the block.

10 CHAIRMAN RICHARDSON: Do you know who  
11 has it?

12 MR. WATSON: Yes. We have a list. We  
13 have a full-blown H.I.V. inmate on the block.  
14 We have inmates who are having sex with H.I.V.  
15 on the block. We have full-blown TB. One guy  
16 admitted himself. Again, he was in isolation  
17 room. He took himself down to the infirmary and  
18 said, you know I have TB. I have to be in  
19 isolation.

20 What he done was, they said we have TB  
21 tests. Ones who came up positive they say you  
22 have to take this medicine for six months, and  
23 you should not miss or else. TB itself will  
24 reinact itself. We have quite a few guys on  
25 that medication. Institution isn't doing

1 anything about it.

2 CHAIRMAN RICHARDSON: There are people  
3 here in this institution that have TB?

4 MR. WATSON: Absolutely. As a matter  
5 of fact, you might have walked among some and  
6 H.I.V. positive. I'm talking about full-blown  
7 AIDS. What they are doing is putting two to a  
8 cell. When you have that kind of disease you  
9 should be in a single cell.

10 CHAIRMAN RICHARDSON: It's overcrowded  
11 conditions here. Of course, we're not allowed  
12 to have that happen. Representative Manderino.

13 REPRESENTATIVE MANDERINO: Mr. Watson,  
14 we heard testimony earlier from another inmate  
15 about the unavailability of the tuberculosis  
16 medicine. Are you aware of any instances or  
17 more than one instance where people would want  
18 to take that medication but it wasn't available?

19 MR. WATSON: I can't say per se I know  
20 of any one individual. I just heard talk. I  
21 know some were positive. They got a negative  
22 reaction. I know they almost locked C Block  
23 down we had so many people that turned up  
24 positive. What they did was, they said, you  
25 might be all right, and people like Doctor

1 Rahman left them go. You don't have to take  
2 this medication. What happened was, some guy  
3 said I'm going to take the medication because I  
4 came up positive that something is wrong with  
5 me.

6 REPRESENTATIVE MANDERINO: Mr. Thomas,  
7 the first time that you said you had or have  
8 been on psychotherapeutic type of drugs since  
9 you were a teen, did I understand that  
10 correctly?

11 MR. THOMAS: Yes.

12 REPRESENTATIVE MANDERINO: Was a  
13 diagnosis made -- At the time of first diagnosis  
14 was made, were you incarcerated or were you  
15 outside of the system?

16 MR. THOMAS: I was incarcerated. They  
17 don't have none of those records. They just  
18 have the criminal records. They don't have no  
19 past history, whatever.

20 CHAIRMAN RICHARDSON: When you were a  
21 teenager you were in YDC?

22 MR. THOMAS: Yes.

23 CHAIRMAN RICHARDSON: What Represen-  
24 tative Manderino was asking, were you then given  
25 some type of psychotherapeutic drug at that

1 institution and do you know what that was?

2 MR. THOMAS: It was Thorazine.

3 CHAIRMAN RICHARDSON: As a result of  
4 you coming out of there, those records -- Did  
5 you ever go back home? Did you go back home  
6 from YDC before you came here?

7 MR. THOMAS: Yes.

8 CHAIRMAN RICHARDSON: Were you given  
9 drugs outside of the community while you were at  
10 home?

11 MR. THOMAS: No.

12 CHAIRMAN RICHARDSON: You didn't  
13 receive any drugs while you were at home. The  
14 whole time you were out you weren't diagnosed  
15 and you weren't seen from a teenager to the time  
16 you were adult before you went back in the  
17 institution?

18 MR. THOMAS: That's right.

19 MR. WATSON: One other problem too if I  
20 may. I don't think I can say every nurse here  
21 should be held accountable for what the doctors  
22 refuse to do. We also have a gentleman on  
23 C Block, him and I both are Vietnam veterans.  
24 He gets \$300 every month. Institution allows  
25 him to spend \$50 twice a week, but you're only

1 allowed to go to the store once a week; spend as  
2 much money as he wants to spend without any  
3 problem because he's been on Thorazine and they  
4 don't want to offset him. This institution will  
5 bend. Like I said, when we have so much  
6 corruption going on in this institution, you get  
7 a medical call, we have so many other problems  
8 going on too.

9 CHAIRMAN RICHARDSON: That's why the  
10 Judiciary Committee is with us. I don't want  
11 you to think what you're saying is not being  
12 heard. There's a twofold purpose here, health  
13 and welfare and judiciary. What I don't get on  
14 the medical side, certainly Representative  
15 Manderino and Mrs. Milohov, who are here, and  
16 Representative Strittmatter and myself  
17 certainly.

18 I don't want anyone to assume anything.  
19 Those kinds of other concerns that you raised  
20 from another advantage point will be a way by  
21 which the Chairman will determine how it will be  
22 handled. I don't want anyone to feel that they  
23 can't share what it is that is necessary shared  
24 across the board on a broad scope, and not just  
25 on the medical side. I don't want anybody to

1 think that.

2 MR. WATSON: Couple reasons that's  
3 happening, to make a long story short. I don't  
4 have much time. This institution was aware when  
5 I was in federal courts a few months ago, almost  
6 last year and a half, they found out I brought  
7 the institution's attention, district attorney  
8 in my case he changed the heat of the crime. We  
9 gave them documented proof, and I was granted by  
10 this institution PCHA hearing.

11 I went before Judge O'Keefee who  
12 recognized the district attorney in my case  
13 changed the year of the crime from 1980 to 1981,  
14 because in 1980 I was being operated on in the  
15 Veterans Hospital. I could not have committed  
16 the crime.

17 My counsel at that time was George  
18 Newman (phonetic) came in and testified he knew  
19 from the beginning of the case that the district  
20 attorney had changed the year of the crime to  
21 convict Mr. Watson. With this information they  
22 had, went to the federal courts with the help of  
23 an individual here who was a captain and at this  
24 time is no longer a captain here helped me.

25 What happened was, the judge rendered

1 his decision, although he's aware the district  
2 attorney was in error, because I did not file  
3 prosecution of misconduct, he would not hold  
4 counsel accountable for what the district  
5 attorney did. Denied my appeal, and this  
6 institution never let me receive a copy of my  
7 denial. If you do not appeal the denial within  
8 a certain amount of days, which is 30 days, you  
9 lose your appeal rights.

10 Almost two years now, they're just now  
11 informing me you got denied and never brought it  
12 to my attention until recently here three weeks  
13 ago.

14 CHAIRMAN RICHARDSON: Send us a copy of  
15 that. Mr. Rice, you have the final say.

16 MR. RICE: What I want to say about  
17 this Doctor Rockmine (phonetic) that was working  
18 here, there was an incident when I filed my  
19 grievance about my pain. He stated that I seen  
20 him January 11, 1993, when he gave me a hernia  
21 trust. I hadn't seen no medical staff that day.

22 When I appealed the decision to  
23 Superintendent Vaughn, I stated to him that  
24 Doctor Rockmine had falsified medical records  
25 because I didn't see no medical staff that day.

1 He didn't give me no hernia trust, and there was  
2 no need to give me a hernia trust at that time  
3 because 1992, June or May he gave me a hernia  
4 guard. By receiving that hernia guard it should  
5 have been established then that I had a hernia  
6 and nothing happened.

7 I went on sick call one day and seen  
8 Doctor Rockmine. He tried to tell me he said he  
9 reviewed my jacket that day. I had seen him  
10 five times prior to that. It seemed like he  
11 should have reviewed my medical jacket then  
12 stating that. Those papers that you got copies  
13 of, it's in there.

14 Seems like every time we get a medical  
15 director here, they are just a coverup doctor.  
16 You have to really fall out, be on the stretcher  
17 to get some medical help. Meaning, if you have  
18 a problem, it waits until it deteriorated all  
19 the way before you get the medical attention  
20 that you should get ahead of time.

21 CHAIRMAN RICHARDSON: Mr. Roberts, Mr.  
22 Rice, Mr. Watson and Mr. Thomas, we thank you  
23 very much.

24 We have heard from ten inmates today.  
25 Major concerns I'd like to state on the record



1 before we leave, there are no objections from  
2 the members of the Health and Welfare Committee  
3 and Judiciary Committee, that we say to  
4 Superintendent Vaughn that on the case of  
5 Mr. Jerry Rice, we'd like for him to be seen by  
6 a doctor. If this man has a hernia, that he be  
7 given his operation he was told he could have a  
8 year ago and to see whether or not they will  
9 examine him and determine once and for all what  
10 he has as opposed to giving him the runaround.  
11 If there's no objection from the members of the  
12 Committee?

13 REPRESENTATIVE MANDERINO: No  
14 objection.

15 CHAIRMAN RICHARDSON: No objections, we  
16 will turn that over to him. Tomorrow at the  
17 hearing in Philadelphia when we recess these  
18 hearings to adjourn tomorrow in Philadelphia at  
19 9:30, City Council Chambers, that these persons  
20 from the state, that if this matter is not  
21 resolved by Superintendent Vaughn, that it be  
22 raised tomorrow in the hearing at City Council  
23 to that State Department person, Department of  
24 Corrections on the same matter Jerry Rice and  
25 other complaints we receive here today.

1  
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It's a quarter after five. We will recess.

( At or about 5:15 the interviews concluded; to reconvene tomorrow morning at 9:30 a.m.)

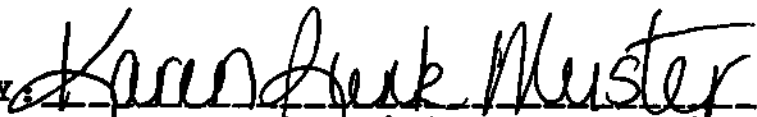
\*\*\* \*\*

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I, Karen Runk Meister, Reporter, Notary Public, duly commissioned and qualified in and for the County of York, Commonwealth of Pennsylvania, hereby certify that the foregoing is a true and accurate transcript, to the best of my ability, of the testimony taken by me and subsequently reduced to computer printout under my supervision, and that this copy is a correct record of the same.

This certification does not apply to any reproduction of the same by any means unless under my direct control and/or supervision.

Dated this 13th day of May, 1993.

BY:   
Karen Runk Meister - Reporter  
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