

TESTIMONY BEFORE THE HOUSE
JUDICIARY COMMITTEE

BY
NAN McVAUGH

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Testimony Before The House Judiciary Committee
April 5, 2000

Chairman Birmelin, distinguished committee members, my name is Nan McVaugh. I am a retired educator from the Pennsylvania School System, a Graterfriends Board member and a Convener and Official Visitor of the Pennsylvania Prison Society to several state prisons. I have been involved with prisoners and prisons for 10 years and serve on a Citizens Advisory Board for Parole and Probation. I also participated in Victim-Offender facilitating training in 1999, through the office of the Victim Advocate. I consider myself an individual who always looks at all sides and view myself as balanced. Before I continue with the following testimony, I want to state strongly that I support the dedicated, cooperative and polite staff members with whom I have interacted. These include superintendents, their assistants, unit managers and counselors, health administrators and many correctional officers from various prisons and regions throughout the years.

The following represent actual cases and relate to medical, mental health and drug and alcohol issues. It is my hope that by stating this information that the system can be improved. I fault no particular group or individual. To save money at the present time does not always make sense. To delay treatment may drastically increase tomorrow's costs in both medical treatment and potential lawsuits.

I would like to begin with an individual who first was referred to us for parole reasons. When he arrived to meet with us, he was in pain. He had just reported from his kitchen job. At first he thought we were doctors. He insisted on showing us an open wound of about one inch. Due to oozing, he had tucked bits of toilet tissue around it. He said he had had a lymph node removed. This was done in a facility without a complete infirmary. When the stitches were removed, the man asked about it perhaps being

too early to do this. The reply given to him was, "God will heal it for you". About a year later we saw him again. He was so emaciated and ill, we barely recognized him. He appeared ready to fall off the chair. I went quickly into the visiting room to report that he was extremely ill and asked that he return to his cell immediately. I also suggested that he should be seen by the medical department. We faxed the institution upon our return home (it was Sunday). He was sent to receive proper medical care the next day. This man is seriously ill (HIV positive) as of this day and encounters problems at another institution.

Another individual, a paraplegic, was forced to reuse catheters. The instructions on the box stated this product was for a single usage and then to be disposed of correctly! We called the company which made the catheter. They indicated that people do reuse this product in an individual's home (due to cost), but this is ***absolutely not recommended*** in an infirmary situation. In addition he was made to reuse inexpensive latex gloves to remove feces from his person! He was actually told to just wash them off and reuse them.

Another prisoner was given his medications by way of a plastic medicine holder. The pills were very tightly sealed. He, at the time was taking his medicine 3 times a day for he was and still is suffering from Ulcerated Colitis. The medicine was to prevent him from bleeding so much in his lower intestines and lower bowel. He would go and get his medication in advance for a couple of weeks at the "Med Line" and would take them as the doctor ordered. One day he began to see a red rash all over his body. He felt very swelled up from a lot of fluid, broke out in sweats, felt very sluggish, and experienced chest pains. Since his medicine dosage had just been increased, he thought it was the side effect of the medicine that he was taking. However, he got a slip and immediately went to see the nurse. The nurse explained to him that the medicine he was taking was not for colitis, and that

it was for another prisoner in the institution who had a serious heart problem. It should be noted at this point that the prisoner had been taking this medication for a couple of weeks. We were told that a company called Statlanders is the company that pre-packs the medication, and that the medication, in this case pills, was pre-packaged before it was delivered to the institution.

The staff at the institution did nothing to insure that this medicine would not have further effects, which would harm the prisoner. Finally the WIFE of the prisoner make contact with a captain. It was only after this that the medical staff looked into the effects that this incorrect medication had had on the prisoner. They tried to assure the wife that the milligrams that he was taking 3 times a day were not high enough to have a drastic harm to his body. They did run blood tests, and they said they were all in line. However, nobody went out of their way to call his family. No tests were in the planning to be run on him. If the wife had not strongly requested testing, considering the side effects experienced by her husband, is it possible the prisoner could have suffered severe medical problems, perhaps even death?

A similar event occurred with a prisoner, in another prison. This prisoner was also given the wrong medication. As a result he is now deceased, and the case is in litigation. He was not even ill prior to the medication, which was given to him while he was in the R.H.U.

To comment briefly on medical situations while held in the R.H.U., I have grave concerns about John W., who has congenital cerebral palsy with spastic paralysis and cannot urinate on command. Due to this medical disability he has spent seven plus months in the R.H.U. with multiple misconducts. Previously, during nine years of incarceration he had no misconducts. To drink the amount of water required in two hours has made him have serious consequences relating to his bladder. He would

willingly give blood as a sample, but the answer is no! Therefore, a 59 year old man will have accumulated almost two years time in the R.H.U., where he endures severe coldness, and is given medication as a bladder relaxant, which is destroying the bladder function. In 1994 a medical doctor did review his medical file and issued a medical message which stated, "May not be able to give spot urine on demand. He may use bag to carry books." We have a copy of this memo. In addition, the large amount of water to be drunk also aggravates his " angle closure glacoma", which can eventually cause retinal damage, vision loss or even blindness. When he tries to explain his situation to the hearing examiner the comment is, "Tell it to the Secretary." So, I am doing this today.

Health matters can become serious in the R.H.U. due to various reasons. They often are associated with mental health issues. To give a prime example, there is the case of a prisoner who was sent to a forensic unit. He had a history of slashing his wrists. While he received positive treatment at the unit for his depression, he was moved back to his home institution, there to serve multiple months in the R.H.U.. When the concerns were brought to the attention of prison officials, one official commented, "He enjoys slashing his wrists." ! Ultimately he was transferred to another institution, where he experienced positive mental health care at times, but once again he had to endure R.H.U. time. Within a period of time he, too, became a statistic, deceased. The reason for death was alledged heart problems. Apparently he complained of pains in his chest, but as a mental health prisoner in the R.H.U., he was not believed.

The following conversation was reported to me by prisoners who overheard this in conjunction with officers who finally came to quiet the prisoner who was making a commotion to get help.

"Nigger, you'll max out right here in this R.H.U.. I don't care what I or my officers have to do, we'll do whatever it takes, you piece of shit." Then to two officers present he asked, " Isn't that right?"

They both stated, " Yes, sir." One went on to say, "I'll pass the

word." This situation could have and should have been prevented. I guess the officer was correct. The prisoner maxed out in the R.H.U.

A case which had the same results occurred in February 2000 with a death row inmate at a western prison. I have attached details to my testimony as reference. As a newspaper reporter wrote, "A simple virus succeeded where the state had failed." Another may have died of neglect after being ignored.

I could cite many cases involving mental health and medical issues while in the R.H.U., and I have documentation. They range from severe mental health diagnoses, such as paranoid schizophrenic to mild depression. They include men, with past addiction problems, who are in wheelchairs, having spent four years in isolation to those individuals in wheelchairs sent to mental health units due to thoughts of suicide, and, once again, after receiving positive treatment, they are sent back to their original institution, where they receive "blatant neglect" (as quoted from a staff member) from untrained officers.

It has been reported that in some Special Needs Units, prisoners receive little or no recreation, zero programming and they are exposed to correctional officers with little sensitivity training. These prisoners in S.N.U. and M.H.U. often are not taken to parole hearings or even have staffings. Even if a staff member has a schedule to follow they may not arrive and may even falsify records.

I might add that nurses and other positions in these units are understaffed. As a result, the quality of care is decreasing. Staff can become easily "burned out". Perhaps more beds and staff are needed for these units at the various institutions.

Men in the R.H.U. are often confronted with the lack of medical

care, particularly those with chronic illnesses, such as diabetes and high blood pressure. They state they are only seen through windows or doors, not examined properly and their records are inaccurate. Log books should be checked.

After reading through numerous cases, one major problem seems to be that even when the prisoners are sent out to various specialists and receive additional opinions, the recommendations are often not followed, due to the outside vendor refusing the necessary treatment. They may involve hernia cases causing severe pain and surgery being denied.

One severe case deals with an injury while working in the inmate dining-room in 1995. After 40 months of pain, it was determined that several disks were damaged. He received surgery in June 1999. Yet it took multiple efforts and countless visits with medical to convince them. It had previously been suggested his injuries did not exist or were psychosomatic. He is now in the S.N.U. with a strap-on cast from his hip to his chest and walks with a cane, permanently disabled.

This type of scenario appears to be prevalent. The prisoner keeps complaining, blood tests, etc. are done, but follow up work is neglected. Finally the prisoner keeps protesting. Some medical staff makes every effort to intervene, but the person in charge refuses. This results in cases of prostate cancer, dangerous cysts in a throat, liver problems requiring a biopsy, ruled out as not hepatitis, extreme weight loss, judged as not important, severe vision problems, even blindness, where the person is denied a cane and is unable to walk without assistance.

It is reported that a company stated if it was not a life or death situation, then the surgery or procedure is not needed. This applies also to those maxing out.

There are also veterans to consider. They too are suffering from all types of mental and physical problems. Disabled veterans at 30% and above are entitled to free medical treatment. However, those incarcerated were deemed 10% dating back to 1976. It was thought that those in prison receive free medical care and other necessities. However, in recent times they must now pay for many of these services, and with a lack of jobs, this is often impossible.

In ending, I could refer to hundreds of cases, from across the state.

I have included several letters, written by prisoners or parents, dealing with some of the issues I presented. All have given permission to include them in my testimony. Thank you very much.

APPENDIX

CASE I

Drug and alcohol and Hepatitis C treatment approval or disapproval (name withheld)

CASE II

Diabetes and R.H.U. medical treatment

CASE III

Family frustration--letter plus letter from Bureau of Health Care Services which lists the wrong institution and wrong Health Administrator--Inmate is not at that prison!!!

CASE IV

Family letter of loved one who maxed out in the M.H.U. and sent to a State Hospital

CASE V

Prisoner letter in detail of his experiences in D and A treatment, R.H.U., and M.H.U.-- plus medical problems

CASE VI

Death Row death due to medical situation

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" My NAME IS _____ . I'M
INCARCERATED AT SCI-COAL TOWNSHIP. My "STORY"
ISN'T ONE THAT "BLAMES SOCIETY". IT ISN'T ONE
THAT PORTRAY'S AN ADDICT'S LIFE AND ABOUT
HOW "PRISON" WAS RUINED MY LIFE. IT IS ONE
ABOUT HOPE, SOBRIETY AND AN HONEST CHANCE
AT LIFE.

" I WAS BROUGHT UP IN A MIDDLE-CLASS
FAMILY. THE CHOICES I'VE MADE WERE MY OWN. THE
CHOICE I DID NOT MAKE, WAS TO BE TREATED AS
"SUB-HUMAN" BY A PRISON SYSTEM IN THE YEAR 2000.
TOO MUCH TECHNOLOGY AVAILABLE.

" ALL DURING THE 1980'S. My FAMILY
DOCTOR TRIED TO CONVINCE ME TO STAY CLEAR OF
DRUGS. My FAMILIES MEDICAL HISTORY IS ONE OF, HEART DISEASE,
HIGH BLOOD PRESSURE, DIABETES & LUNG CANCER. ANY ONE
OF THESE COULD STRIKE ME AT ANY TIME.

" IT WAS ABOUT 1985 THAT I STARTED
NOTICING THAT I WOULD SWEAT TOO EASILY DURING
EXERCISE, I WOULD GET DIZZY FOR NO REASON, AND
HEAD ACES WERE A CONSTANT PROBLEM. I IGNORED
ALL THIS.

" ONE NIGHT, FRESH OUT OF BUCKS CO +
MONTGOMERY CO. PRISONS (I DODGED THE 'STATE PRISON SENTENCE'
ONCE AGAIN), I BOUGHT SOME GOOD "METH" (METHAMPHETAMINE).
I MIXED IT UP, AND INJECTED ABOUT 60 UNITS INTO
MY VEIN. ABOUT 5 SECONDS LATER, I FELT LIKE
A BASEBALL BAT STRUCK ME IN THE BACK OF MY HEAD.
AS OF TODAY, I STILL DON'T RECALL EVERYTHING THAT
HAPPENED. ALL I CAN REMEMBER IS "WAKING UP" IN
ST. MARY'S HOSPITAL IN LANGHORNE PL., 7 DAYS LATER.
I DIDN'T KNOW A WHOLE WEEK PASSED BY OR
HOW I GOT THERE. SOMEONE MUST HAVE CONTACTED
MY FAMILY, BECAUSE MY MOTHER WAS SAYING THE ROSSBY

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OVER ME WHEN I CAME TO, A DOCTOR CAME RUNNING IN WITH NURSES. I HAD TUBES UP MY NOSE^s IN MY ARMS WITH A HEART MONITOR BEEP-BEEPING IN MY EAR. MY HEAD WAS POUNDRING. I ASKED THE USUALLY "HEY, WHAT HAPPENED TO ME, WHERE AM I?". MY MOTHER JUST HELD MY HANDS.

"THE DOCTOR EXPLAINED THAT I HAVE "ACUTE 'HYPERTENTION'" (OR HIGH BLOOD PRESSURE) AND MAY HAVE SUFFERED A STROKE OR A POSSIBLE "ANEURISM"; CAUSED BY THE INJECTION OF METHAMPHETAMINE. THE HIGH BLOOD PRESSURE I'LL HAVE FOR THE REST OF MY LIFE". THE POSSIBLE STROKE OR ANEURISM NEEDED PROPER TESTING. AT FIRST I AGREED TO FIND OUT WHAT WAS WRONG. THE PAIN WAS SO BAD ALL I COULD DO WAS, HOLD MY HEAD AND ROCK BACK AND FORTH WHILE I WAITED FOR THE NEXT DOSE OF MORPHINE.

"TWO DAYS LATER I SIGNED OUT-AGAINST MEDICAL ADVICE. MY GIRLFRIEND FELT I WAS NEEDED MORE AT HOME. I NEVER COMPLETED THE TESTS. I LEFT WITH PRESCRIPTIONS FOR HIGH BLOOD PRESSURE PILLS AND A PRESCRIPTION FOR DEMORAL.

"WHEN THE PILLS RAN OUT, I COULD BARELY HANDLE THE PAIN. I SWITCHED FROM METHAMPHETAMINE TO HEROIN TO EASE THE PAIN. IN DOING SO, IT LOWERED MY BLOOD PRESSURE ALSO.

"IN 1987, I GOT MY FIRST TASTE OF THE "STATE CORRECTIONAL SYSTEM". I WENT TO SCI-GRATEFORD FOR 3 MONTHS WAITING FOR MY APPEAL. DURING THAT TIME, I SOON REALIZED THAT I COULDN'T GET ANY MEDICAL ATTENTION EXCEPT FOR MY HIGH BLOOD PRESSURE. BUT THAT TOOK 2 1/2 MONTHS. MY SENTENCE WAS OVER TURNED, REMANDING ^{ME} BACK TO BUCKS CO PRISON. I SPENT 3 YRS THERE. MY BLOOD PRESSURE MEDICATION CONTINUED. AND MY MEDICAL RECORDS FROM ST. MARY'S HOSPITAL WERE SENT TO ME. THE DOCTOR'S PRESCRIBED DARVOCEP 4 X'S A DAY, 2 OF THEM. I SWORE NEVER TO

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USE DRUGS AGAIN. WHEN I GOT RELEASED IN 1990, I WENT TO N/A MEETINGS, TOOK MY PRESCRIBED BLOOD PRESSURE MEDICATION WITH LITTLE OR NO HEADACHES OCCURRING FOR QUITE AWHILE.

" THEN IN 1991 I RELAPSED BECAUSE MY HEADACHES WERE BEGINING TO OCCUR ALL OVER AGAIN. I USED STREET DRUGS TO EASE THE PAIN. I SOON WAS BACK IN PRISON. NOW I WAS IN PHILA. Co PRISON AND WAS ABLE TO HAVE SOME TEST DONE. IT SHOWED I HAVE A "WEAK ~~W~~ VESSEL" ON MY BRAIN, ENLARGED AORTA VALVE ON MY HEART AND "HEPATITUS C". I SPENT 20 MONTHS I THE DRUG TREATMENT PROGRAM AT P.I.C.C. (Philadelphia Industrial CORRECTIONAL CENTER).

I NEVER TOUCHED HARD DRUGS AGAIN. NOT EVEN A "DRINK OR A SMALL JOINT". I CELEBRATE 9yrs sobriety ON APRIL 21, 2000.

AFTER BEING PAROLED, I WENT TO MY DOCTOR. HE WOULD HELP ME KEEP A CLOSE WATCH ON MY HIGH BLOOD PRESSURE AND WHEN MY HEADACHES BEGAN, I WOULD TAKE DARVOJET AND MIDRIN COMBINED FOR 3 OR 4 DAYS UNTIL IT PASSED. I HAD TO TAKE THE MILD NARCOTIC AS SOON AS THE HEAD BEGAN. BECAUSE IF I TRIED TO GO WITH-OUT ANYTHING, I COULDN'T DO IT. THE HEADACHES WOULD BE INCREDIBLY POWERFUL. THEY WOULD LAST FOR WEEKS, SOMETIMES MONTHS.

IN 1996, I WAS PULLED OVER BECAUSE MY CAR WAS HAVING MECHANICAL PROBLEMS ON THE WAY TO WORK. THE POLICE OFFICER REALIZED I HAD AN "OUTSTANDING - WARRANT" FROM 1985 PROBATION VIOLATION FROM MONT. Co. I RECEIVED A 1 TO 5yr STATE SENTENCE. NO MORE PAID LAWYER'S COULD SEE ME CLEAR OF THE D.O.C. THE JUDGE COULDN'T BELIEVE I WENT SO LONG WITHOUT "BEING DETECTED".

AT SCI-GAFFERFORD I MADE IT KNOWN THAT I HAVE HIGH BLOOD PRESSURE, HEPATITUS C, AND ACUTE

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" HEAD ACHE SYNDROME. I WAS PLACED ON MY USUAL "High Blood Pressure" MEDICATION. I EXPLAINED MY HEAD ACHE SYNDROME AND HEPATITUS C TO THE MEDICAL STAFF THERE. I WAS TOLD I'LL BE AT SCI-CAMPHILL WITHIN 2 WKS FOR "DIAGNOSTIC ASSESSMENT". I HADN'T FELT ANY HEADACHES YET. I FELT OK.

"I GOT TO SCI-CAMPHILL, WENT THRU THE T.B. TEST'S etc. etc. A DR. LASKY REALIZED MY HEPATITUS C WAS SHOWING SIGNS OF AN EXTREMELY HIGH ENZYME COUNT. FURTHER TEST PROVE I NEEDED THE "INTERFERON TREATMENTS". I WAS TOLD "IT'S NOT A CURE - IT ONLY WORKS IN ABOUT .40% OF PATIENTS THAT TRY IT - USUALLY PEOPLE WHO HAVE BEEN CLEAN & SOBER FOR AWHILE". I AGREED TO DR. LASKY'S BIOPSY AND POSSIBLE TREATMENT. ONE WEEK LATER I WAS TRANSFERRED TO SCI-COAL TOWNSHIP. HE ASSURED ME THAT I "WOULD CONTINUE ON THE PATH OF HEPATITUS C TREATMENT AND ANY OTHER MEDICAL TREATMENT I SHOULD NEED".

"THE OLD "BLUE GOOSE" -(DR. BUS FOR TRANSFERS) PULLED UP TO SCI-COAL TOWNSHIP. I THOUGHT "HEY, A BRAND NEW FACILITY! WOW I CAN CONTINUE MY TREATMENT IN GOOD CLEAN SURROUNDINGS". THAT IMPRESSION VANISHED ~~WHEN~~ WHEN I MET DR. X.

"WHEN I ARRIVED HERE, I WENT THRU THE SCREENING PROCESS AND PLACED ON THE "M.D. LINE IN ORDER "TO CONTINUE ANY PRESCRIBED MEDICATIONS OR TREATMENTS". THE NEXT MORNING, NOW 2 DAYS WITH NO MEDICATION FOR ANYTHING. MY BLOOD PRESSURE WAS UP TO 120 TOO, AND CLIMBING. DR. X PRESCRIBED MY CONTINUAL BLOOD PRESSURE MEDS. I ASKED HIM ABOUT MY HEAD ACHE MEDICATIONS SHOULD THE NEED ARISE.

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DR. X JUST LOOKED AT ME AND SAID "I DON'T GIVE NARCOTIC'S TO DRUGGIE'S THAT'S ALL YOU WANT ANYWAY".

I WAS SHOCKED AT HIS CALLOUSNESS AND COLD HATED WAY TOWARDS ME. I THEN ASKED HIM ABOUT MY TREATMENT THAT DR. LASKY WAS ABOUT TO BEGIN FOR MY HEPATITIS C.. HE ACTUALLY STARTED LAUGHING AND COLDLY TOLD ME "I'M NOT WASTING THE TREATMENT ON YOU, YOU'RE A DRUGGY. I DON'T HELP NOR WILL I EVEN CONSIDER TREATING YOU FOR HEPATITIS C. THERE'S NO CURE ANYWAY.

SEVERAL TIMES I ATTEMPTED FOR TREATMENT. ONLY TO RECEIVE HIS SAME COLD REPLY.

THANK GOD I WAS ONLY HERE ~~FOR~~ AFTER APPROX 9 MONTHS UNTIL I WAS PAROLED NO HEAD ACHES OF THE SEVERE TYPE DURING THAT TIME.

UNFORTUNATELY, MY FREEDOM WAS SHORT LIVED. I VIOLATED PAROLE AND WAS BROUGHT BACK ON ~~ON~~ Aug 31, 1998.

ONCE AGAIN I TRIED TO RECEIVE TREATMENT FOR MY HEPATITIS C. ONCE AGAIN I GOT THE SAME COLD HATED.

IN JULY I STARTED GETTING MY HEAD ACHES WITH AN EXTREME VENGEANCE. I WENT TO SICK CALL, GAVE THE PHYSICIANS ASSISTANT ALL THE HISTORY AND DETAILS CONCERNING MY HEAD ACHES SYNDROME. MY FATHER WAS DYING OF LUNG CANCER AND MY STRESS LEVEL WAS HIGH. ALTHROUGH JULY, AUGUST, SEPTEMBER + OCTOBER I SIGNED UP FOR SICK CALL. ONLY TO RECEIVE MOTRIN 600mgs. NO RELIEF AT ALL. IN OCTOBER I RECEIVED A MISCONDUCT BECAUSE A % STUOLACK KNEW I WAS UNDER ALOT OF STRESS AND UP FOR PAROLE SOON AND HE KNEW HOW TO "PUSH MY BUTTONS". I SNAPPED. I RECEIVED 60 DAYS IN R.H.U. FOR "THREATENING A STAFF". I CONTINUED TO SIGN UP FOR SICK CALL.

I NOW MY WORST HEAD ACHES AND MY WORST FEARS MATERIALIZED. I SIGNED UP FOR

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"SICK CALL ONLY TO BE spoken TO THRU ~~a~~ my CELL door. I KEPT RECEIVING EITHER MOTRIN OR MIDRIN. FROM OCTOBER 1999 TO TODAY MY MIGRAINE HEAD ACRE CONTINUING. I ASKED REPEATEDLY TO SEE A DOCTOR. I EVEN ASKED THE DEPUTY SUP. INT. MR. LANE, WHO SITS ON THE PROGRAM REVIEW COMMITTEE OR P.R.C. IN R.H.U. TO HELP ME GET AN EXAMINATION. DR. X REFUSE'S TO SEE ANYONE IN R.H.U. (THE HOLE). I FINALLY GOT TO SEE A NUREROLOGIST WITHOUT DR. X EVEN SEEING ME. ONE MAJOR PROBLEM, THE NUREROLOGIST SPOKE TO ME THROUGH MY DOOR. *NEVER EXAMINED ME!! HE ASKED ME 2 OR 3 QUESTIONS, SAID HE WOULD "SEE WHAT HE COULD DO". ?? I WAS STUNNED! HE DIDN'T EVEN EXAMINE ME. I HAVE NOW GONE OVER 4 MONTHS WITH NO ACTUAL EXAMINATION!!!

"DOES DR. X OR THE NUREROLOGIST HAVE SOME MAGICALLY POWERS?"

ON 12-29-99, DR. X ASKED FOR ME TO COME TO THE EXAMINATION ROOM. I THOUGHT, 'YES! FINALLY SOME KIND OF EXAMINATION FOR THESE DAMN HEADACHES!!!'

TWO C/O'S ESCORTED ME FROM MY CELL IN R.H.U. WITH "WAIST BELTED-HAND CUFF'S ON TO THE MEDICAL ROOM. THE C/O'S ASKED DR. X TO ~~BE~~ "LEAVE FOR PRIVACY". DR. X TOLD THE C/O'S TO "STAY!" I THOUGHT 'OKAY, IT ONLY FOR MY HEADACHES'. DR. X THEN TOLD ME I WILL ~~BE~~ "POSSIBLY RECEIVE HEPATITUS C TREATMENT. IN FRONT OF THE C/O'S! WHAT HAPPENED TO MY RIGHT TO CONFIDENTIALITY??! DR. X THEN EXPLAINED, AND I QUOTE:

"YEAH, YOU KNOW, WE ARE BEGINNING THE HEP C TREATMENT. I WOULD GET MY HOPES UP. YOU ARE ONLY A

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"CANDIDATE RIGHT NOW. IT WON'T WORK ON EVERY BODY. YOU'LL NEED TO BE CLEARED BY THE PSYCHIATRIST FIRST. AND THEN I WOULDN'T, YOU KNOW, GET MY HOPES UP."

I STOPPED HIM THERE. I EXPLAINED I'VE BEEN TRYING FOR 3 YRS. TO FOLLOW UP ON DR. WASKY'S RECOMMENDATION OF HEP C TREATMENT. HE "WAIVED ME OFF" WITH HIS HAND AND CONTINUED WITH, "IT ONLY WORK ON LESS THAN 30% OF 'YOU PEOPLE'". I ASKED WHEN IT WOULD BEGIN. HE SAID "ABOUT 2 MONTH'S". I ASKED HIM ABOUT PROCEDURE OF BLOOD WORK, DOSAGE'S & A BIOPSY. HE TOLD ME "NAAH, NO BIOPSY'S", I'LL OR SOMEONE WILL BE IN TOUCH."

I FIGURED SINCE I HAD HIS ATTENTION I'LL TRY FOR HELP WITH MY HEAD ACHES. HE ONCE AGAIN "WAIVED ME OFF WITH HIS HAND" AND SAID, AND I QUOTE :

"I'M NOT FOR YOUR HEADACHES, YOU'LL GET NO NARCOTIC'S FROM ME! OFFICER'S! COULD YOU ESCORT HIM AWAY?"

I COULDN'T BELIEVE IT!

I THOUGHT DOCTOR'S TO AN OATH? TO "pledge TO HELP OTHER'S etc. etc. MY EX WIFE IS A RN. SHE TOLD ME THE OATH DOCTOR'S + NURSE'S HAD TO TAKE."

I FILED A GRIEVANCE, ON DR. X, THE MEDICAL DEPT. AND MS. SEWELL (THE DIRECTOR). THE GRIEVANCE GAVE MY GRIEVANCE TO MS. SEWELL TO ANSWER!! WOW! WHAT A WAY TO DENY ME DUE PROCESS AND ALTER MY MEDICAL CHART!! I FILED A COMPLAINT TO THE SUP. INT. MR. FRANK D. GILLIS. NO REPLY YET.

WHAT AM I? SCUM? ONLY A #?

Sub-HUMAS?

NO! I'M A HUMAN BEING!

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" AS OF THIS DATE, 1-23-2000, I STILL
HAVE NOT RECEIVED ANY ACTUAL EXAMINATION.

ATTACHED you will find copy's
OF ALL my REQUEST SLIPS, grievance's and
Complaints TRY DESPERATELY TO GET MEDICAL
ATTENTION."

GOD HELP ME!

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(One)

3/28/2000

Dear the McVaugh,

Hello!, How's your new Millenium starting out? Productive and in good health I pray.

Me? Not so well. It seems the 'guidelines' for the upcoming 'HEPITUS C' treatments are extremely blurred.

I hope you recall my desire to receive this treatment. I would ~~have~~ describe it as 'STRONG'.

I signed up for 'M.D.-LINE' to find out when DR. will begin my treatment, therapy. I told him I have 16 1/2 months until my max date of 8-17-2001. That I'm not interested in my 'parole review' of Oct 2000. How I've 'passed' all criteria required to receive this treatment. He, Dr. told me that my "liver-count" is very bad with 'HepC', that my 'liver functions' are not great but okay. Then Dr. told me that since I have a review date with parole in Oct. 2000, and only 10 months from there to max-out, HE won't "allow" me to be treated.

He says guidelines are "12 MONTHS before minimum or 12 month before max-out". I then argued again that I'm not interested in parole.

I'm only interested in receiving this one time treatment.

I don't have insurance. My liver is failing. I'm an ex drug addict. Soon to be ex-con. I'll NEVER get another chance at this treatment.

P.S. ANY CHANCE
YOU COULD SEE
ME ON YOUR NEXT
VISIT?

Help!

Sincerely

January 13, 2000

TO: Mrs. Jane Dando, Nurse Supervisor
FROM: Ronald Townes AM5914 RHU

The result of my medical situation provides more questions than there are answers. First, let me say, I pray that your holiday well spent with family and friends was enjoyable.

You tell me to come to you, and that's a good thing, but there are some things in this health care system that even you can't correct. Everyone here is not as balanced as you are and cannot always readily set aside whatever their life-long prejudices may be. Often this results in deliberate indifference to their work.

I know my illness comes under the American Disabilities Act. I also know that I'm getting less than minimum care. What I don't know is whether that is due to deliberate indifference or cost cutting.

The night I came to the RHU, I was given an accu-check. I was told the 227 reading was normal for someone in an agitated state. I beg to differ, but I didn't. I accepted that reading and signed up for sick call because my insulin was giving out early in the day. If the accu-checks I requested, and probably paid for, were done at different times of day, the up and down slide of my insulin would be detected. Instead, they were done before anything else first thing in the morning. That is not a barometer of how I feel by 3:30 pm and at other times during the day under these solitary confinement conditions or anywhere else, for that matter.

When I initially became sick, I was in population and was able to supplement my diet with candy, etc. while I was being treated. I was able to make it from point A to point B with snacks during the day. Here in RHU, however, I am unable to have anything sweet and there is nothing on my dietary tray that is sweet, not even sugar. So I must ask around for sugar or weather the storm because the RHU hospital is a joke for a diabetic.

As you know, every month I am to get a chronic check which includes blood pressure, weight check, and when lucky, sometimes an accu-check. My due date was December 28, 1999. No one knew what I was talking about that day; I was told by prisoners they don't do chronic checks in the RHU. Dr. Kort saw people in the RHU December 29, 1999, but didn't see me. I was told by the nurse that day that it was done without me and everything was cool, my passes are renewed. I'm not even going to touch that. I'm asking - is it the policy of your staff to not review chronic checks with chronic patients while they are in the RHU? Even the damn parole board comes down and looks people in the face now when they are in RHU. Once again, deliberate indifference or cost cutting?

The average diabetic on the streets gets about 3 to 5 accu-checks a day to monitor their insulin. The average diabetic in penitentiaries, not these overnight breaking camps, gets an accu-check at least every other day, some once a day. Here I may sometimes get one every thirty days, every sixty days, or every ninety days. Once again, deliberate indifference or cost cutting?

I'm not asking for special treatment, just treatment that meets civilized standards. My point is that within a few months the loss of my mother, brother and grandson has disrupted my emotional equilibrium. I should have been pulled to the side to discuss these matters. You know my distrust of various aspects of this system and this latest set of circumstances doesn't win any blue ribbons, especially when the man next door to me had his blood pressure taken and was told it was for his chronic check December 31, 1999, the day of his chronic check. This man has hepatitis and he's not, by his choice, in the diet line. The man across from me who takes insulin had his blood pressure checked through the door with the wick open December 30, 1999 as his chronic check. He isn't on diet line either. Do they get some treatment because they defied you? I know that the blood lady has been consistent taking my blood.

I don't know the legal logistics of this. My concern, first and foremost, is my well being. Must I or someone else die before safeguards are put into a system which has been defiant in its reckless abandonment?

As you know, I see the Podiatrist every ninety days. I saw her recently after you straightened out the error when I was left off the schedule. Shortly after that a problem arose. I have what looks like skin irritations on the side and front of my feet. They could be anything, but they weren't examined. I was only given a cream that I had to pay for before he would order it, despite having a chronic condition. Whatever it was, it didn't help and the problem still exists.

Correct me if I'm wrong, it seems that even on the insulin line in population, only about five of us are on the diet line, we are the ones that don't get the safeguards that those who defy Kort's plan do. Is that, by chance, because it is believed they would cause more (legal) problems than those of us who follow the program? If that is the line of thinking it is a bad one. I want equal protection; otherwise, I want to be told why I can't have it.

Respectfully Submitted,

cc: Mrs. Sewell, Hospital Director
Deputy Superintendent Bernon Lane
Nancy Winters
Nan McVaugh, PPS
Joe Heckel, PPS
Rita Foderaro, PPS
files

LEANNA M. WASHINGTON, MEMBER
200TH LEGISLATIVE DISTRICT

1555-D. WADSWORTH AVENUE
PHILADELPHIA, PENNSYLVANIA 19150
PHONE: (215) 242-0472/73

ROOM 308 SOUTH OFFICE BUILDING
HOUSE BOX 202020
HARRISBURG, PENNSYLVANIA 17120-2020
PHONE: (717) 783-2175



House of Representatives
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

January 11, 2000

COMMITTEES

HEALTH AND HUMAN SERVICES
URBAN AFFAIRS, DEMOCRATIC CHAIR —
SUB-COMMITTEE ON FIRST CLASS CITIES
AND COUNTIES
JUDICIARY

CO-CHAIR, PHILADELPHIA DELEGATION
SECRETARY, PA LEGISLATIVE BLACK CAUCUS
SUBSTANCE ABUSE CAUCUS
DEMOCRATIC POLICY COMMITTEE

Mr. Ronald Townes, #RM 5914
1 Kelley Drive
Coal Township, PA 17866

Dear Mr. Townes:

I am writing in response to your letter dated December 28, 1999. I am also in receipt of a copy of your letter to Frank D. Gillis, Superintendent, Coal SCI.

I contacted the Pennsylvania Department of Corrections on your behalf. An Inmate Specialist for the Department informed me that **you have been seen by the Institution's medical staff, seven times in the last two months.** Moreover, I learned that your last visit to receive medical treatment for your chronic illness, diabetes, was on December 28, 1999.

I am very pleased to know that your particular medical concerns are being addressed and hope that this information is helpful and gives you some peace in this matter.

In closing, I do wish you the very best and certainly will remember you in my prayers.

Sincerely,

A handwritten signature in cursive script that reads "LeAnna M. Washington".

LeAnna M. Washington
State Representative

LMW:egc

Page 1

My Medical Situation:

I was concerned about my health after not to long ago being diagnosed with diabetes.

I've tried to follow the program that was given to me which was very little and its enclosed. I never received any other programs or education on Diabetes.

My concern was the fluctuation in my body at certain times of day. I was only given a accu-check once every 90 days which is contrary to the standard (see Rouse v. Plantier 987 F. Supp. 302 (D.N.J. 1997) page 311. About 75% of the insulin dependent diabetics here are not on the diet line, due to the deliberate indifference but I am.

I was brought to the L.H.U. and after suffering all the deaths around me by family especially my mother it was a jolt to my system and after the nurse had to bring me some sugar down a couple of nights. I signed up for sick call and was put on a seven day accu-check system but I only got it every other day (3 times). The trouble didn't start until I wrote State Rep. LeAnna M. Washington - she called and was informed (see enclosed letter) that I saw the medical staff seven times in the last two months. That was the untruth but I knew I needed prove before I reached her again. I was listed for a seven day accu-check run but only saw them 3 days. I never saw anyone on the 28th of December 1999 for my chronic check but yet its in my file that I saw someone.

The L.H.U. records will prove this. Everything you do is documented. Shower, clean your cell or whenever you leave your cell. I have documented proof that I didn't leave my cell on that day. I lived in Lt Martin's 3T

Page 2

is being held by someone for safe keeping. The weight, blood pressure etc are the result of my numbers in November - just doctored a little bit.

Lt. Martin's knew no-one came to see me on the 28th so he had the male nurse nurse as a favor to him (I believe his name is Gabriel) to take my weight and blood pressure on 1/12 I believe. Filed a complaint etc. and no one checked the records in the R.H.U. which are perhaps the most accurate records in the system when treating a prisoner.

State Rep. Washington's call provoked Dr. Kort to stop by my cell on a Saturday morning and ask me why am I starting trouble. I told him I was only trying to get some help. He told me I was going about it the wrong way. State Rep. Washington's call also after this conversation initiated an act of retaliation against me. I was sentenced to 60 days in the hole and given 30 more days for writing a witness in on my misconduct that I wasn't allowed to speak with. DC Policy DC ADM 801 G. #7 says retaliation. The Program Review Committee may not impose a greater punishment than has been designated by the Hearing Examiner. The Program Review Committee will provide a brief written statement to the inmate of the reasons for its decision within (5) working days of receipt of an appeal." unquote.

The Hearing Examiner never recommended me or the other person for transfer or separation. yet this punishment is being placed on me not the other person and it looks like retaliation for speaking up especially when my overall adjustment before my misconduct here is reviewed in any light.

I'm very nervous when it comes to diabetes because my mother and sister died as a result of

3/ it.

I ~~got~~ obtained some type of rash behind my ankle on both feet and got very nervous because my mother had a couple of toes and on the other foot, a half of foot removed. I signed up for sick call and told the PA about this and the fact that during the middle of the day my underwear was giving out on me. I asked to be examined - instead he looked thru the door down at my feet and wrote a prescription for creme - this creme burnt me and hurt. I signed up again and explained both problems. I was put on a vitamin drink until I leave and was told he would come back that afternoon to examine me - he didn't come and signed me up for a new creme. That hasn't worked. I'm supposed to see the Podiatrist every 60 or 90 days to check my feet and clip my toenails. I haven't seen her in almost 6 months because I want to show her my feet and what this creme has done to me. It appears as if its by design to keep me from her because my previous appointments were automatic. Dr. Kort took me off the vitamin drink after 4 days and ordered three accu-checks about my problem. 2/11 it was 122; 2/12 it was 155; 2/13 it was 181 but yet no follow-up or discussion. The Case White v. Myerum 897 F.2d 113 (3rd Cir) about improper treatment. I am still suffering from this unknown problem.

I also requested some confidentiality in my treatment as a diabetic. Everyone on the pod who is always on the door when the nurses come around - so that I take two needles a day. HIV/AIDS patients have more confidentiality than diabetics have. Without someone ~~knowing~~ not knowing the details of my situation - cuts etc. I

Page 4
Could be jumped on and die as a result of an injury
due to being diabetic. There is a treatment room
in the K. H. U. but it is not used for Confidential
matters and I wrote the two people involved
and got two different answers.

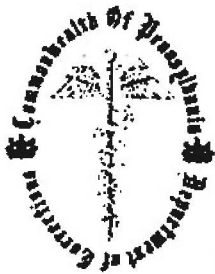
I fear more retaliation if moved and the
latest was this - if you check my paperwork
my monthly Chronic checks is around the 28th of
each month. Yesterday (Tuesday 3/21/00) I was
in the law library until about 3:00 P.M. on my
way out - I was told the PA was waiting to
see me. I went in and was told this was
my Chronic check - I told him I have never got
one since being down here but its never this
early in the month - he said he was told to
do it now. I got weighed and my blood pressure
and when I came back to my cell and got my
mail - the letter from Mrs. Pam Mc Vaughn was
then asking me about approval to use my
name and situation - Co-incidence - normally
I try to bear my own cross but this oppressive conspiracy
is so entrenched that I will say it. The mail
room read my mail and contacted the Hospital
about the letter concerning medical testimony.

With Respect,
Ronald Brown
2/22/00

Page 5

This was the latest part of my situation I didn't include. Usually this one nurse in the morning takes her time and comes around late after we eat breakfast and then I take my insulin after I eat. I've been taught to take my insulin first. This situation caused me for three days to eat first and my insulin was giving me a headache when I took it. Although it's chronic - I signed up for sick call and was charged four dollars \$4.00 for 10 Tylenol and the hospital refused to reimburse me and check me out.

Thank You.



BUREAU OF HEALTH CARE SERVICES PENNSYLVANIA DEPARTMENT OF CORRECTIONS

P.O. Box 598/2520 Lisburn Road Camp Hill, PA 17001-0598

Telephone Number: (717) 731-7031

Fax Number: (717) 731-7000

August 27, 1999

Rogene Wallace
146 E. Old York Road
Carlisle, PA 17013

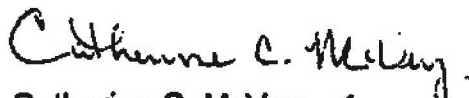
Dear Mrs. Wallace:

This is in response to your recent letter to Governor Thomas Ridge regarding your son Terry Wallace, who is incarcerated at the State Correctional Institution at Frackville. Your letter was referred to the Bureau of Health Care Services for review.

Department of Corrections Administrative Policy 003 prohibits the release of confidential inmate information without signed authorization from the inmate. However, I can inform you that your son is receiving extensive medical treatment for his condition. A member of my staff reviewed your concerns with the medical staff at SCI-Frackville. We have determined that the plan of care prescribed for Terry is appropriate.

I urge you to contact Corrections Health Care Administrator Linda Nauroth to obtain authorization for the release of Terry's medical information to you. CHCA Nauroth will be able to address your concerns and questions about Terry's medical care.

Sincerely yours,


Catherine C. McVey ✓
Director
Bureau of Health Care Services

CCM/RE/cj

cc: Governor Thomas Ridge, Control #99030814
Secretary Martin F. Horn
Superintendent Chesney
Deputy Superintendent Smith
CHCA Nauroth
File(Wallace.re/8.27.99)

Phone 249-5588

March 20, 00

Hi Nan,

This Thursday I will talk to Terry about what we discussed. I sure hope, something will come of this to help him. He just told me on the phone about, having something he can eat, besides mashed potatoes. I told him God is with us, keep faith. Nan, I hope this will help him, do you think it will?

To get down to business, here are different people I have got in touch with

Al Masland office, talked to a young lady there named Lorraine, dozen times or more. The last time, she said there wasn't any thing more they could do. What they did was called the prison with know results.

Marva Cerullo Head of medical records at prison. Guess I talked to her about five, six times, told me they were keeping a close watch on him etc.

Stevens Center Brenda Winkler
(head of medical records)

Tried, talked to prison personell to

know avail.

Carol Potter (assistance superintendent)

Called talked to her quite a few times. She sounds like a nice person.

But, she said, has never seen him to know how thin he is, but she said, he was getting top care. If so ^{why} what is he so thin?

Catherine McVey director of health care service

satisfied Camp Hill, Pa.

She was satisfied with the doctors report there, that they gave her.

Brian Sleseski

Dept. of Corrections
Bureau of Health
Care and food Service
Fennwood Ave.
Camp Hill

Send letter. Called them left message, no call back. They didn't care at all.

Angus R. Love

Pa. Institutional Law project
Philadelphia Pa.

Called many times, have alot of cases, say they are trying. Got in touch with him for medical records release. Lady I talked there was Rose, nice person, I think.

Gov. Ridge (office)

Secretary said can't do anything.
I called them quite few times. They did send a
letter to health dept. which they sent to wrong
prison.

Rick Santorium (office)

His secretary is very nice, she has
tried by sending letters to prison, but she
has got no response from them.

Also I talked to state probation office

They have no say until he's out.

Gave me Nan name

Judge Bayby

They said try the state probation
office.

Also Nan, I had his doctors ~~ok~~
on the outside, to send his medical records
to Mahoney. Of course Nan there are
other little things I have wrote down, but
I think this should be of help.

Call me.

Thank You Kindly
Regena Wallace
146 E. Old York Rd.
Carlisle, Pa. 17013

(#5.
out)

March 6, 2000

Why is it that so many mentally challenged people end up in the Prison system, quite a few of them innocent victims? They are easy targets to blame because of their handicaps, and are automatically presumed guilty.

My son, now thirty eight years old, is in a state hospital after an eight year incarceration for something he never did. He has a history of hospitalizations since age seventeen, for Manic Depression. He was accused and convicted in a Landmark Hearsay Test Case in Northampton County. After the trial, he was allowed to go home and await sentencing at a later date. During that time, he was harassed, received threatening phone calls, and shortly thereafter, ended up in a mental hospital for one year. His longest hospital stay ever.

Three months after leaving the hospital, he was sentenced Feb 10, 1992 to three to eight years in a state prison. There were many appeals, all denied, even though lawyers told us errors were made during the trial. We were told nothing could be done about it. He believes politically there was nobody that wanted to get involved to reopen the case.

After a few weeks in prison, he became manic and delusional. I hardly recognize my son. There was no real help for him at Camp Hill and guards only made him worse by harassing him.

After writing to Orlen Specter, my son was taken to Waymart Prison Hospital, after he was well, he was taken to Tractorsville Prison to finish his sentence.

He was told by his lawyer, now deceased and very ill during the trial, that if he did everything he was told to do he would be paroled in three years or less. This he did, however, three years passed and Parole was denied, thus ending him back to Waymart Prison Hospital again.

He was hospitalized three times after that, but only after I begged and pleaded with authorities to please help him. Once was during a visit.

Family, friends and I wrote many letters to the Parole board, Prison Authorities and senators asking them to let him finish his sentence in a state hospital

where he could be rehabilitated, counseled and given proper medication. This was denied over and over again. Hence, after eight years of claustrophobia, agoraphobia, manic depression and mental tortures, my son in a horrible manic state was transported to Allentown State Hospital, Jan 27, 2000 two days prior to end of sentence. We begged them to take him sooner but were refused.

At present, he is having a hard time recovering and we are told they don't know how long it will take.

Why do these people have to suffer in prisons, with little or no help. Isn't having a mental disability enough to bear. We need more caring people, that understand mental illness, guards that help rather than provoke for their own entertainment, well staffed medical units and trained guards in our prisons. We do not want to force these people to become criminals when they are returned to society. With care and understanding and rehabilitation, these people can and will become better citizens.

Don't build more prisons build more hospital facilities for the mentally challenged.

I have been through eight horrifying years for no reason. I'm sure other mothers feel the same. I give much thanks to Nan and George McVaugh of the Pa. Prison Society for helping me through this time. I couldn't have done it without their caring and understanding of my situation. My son thanks them also. When he needed someone they were there for him.

Can't we do something to help families have peace of mind while our mentally challenged loved ones are in prisons.

Theresa M. Krytenberg
 Ac R #1 Box 60 Hemlock Lane
 Saylorsburg, Pa 18353

Mr. Gregory Bryant

BB-0208

One Kelley Drive

Coal Township, PA. 17866-1021

George and Nam McVaugh

103 W. Main Street

Hatfield, PA. 19440-2419

January 19, 2000

Dear Mr. & Mrs. McVaugh,

Hi. I'm writing to inform you of what's taken place here since your Dec. 27, visit. First, I must thank you again for that visit; it really was a comfort and a pleasure to see you. I would also like to express my gratitude for your contact with my mother because from what I read and sense from her writings, you've helped to ease her feelings of anxiety and I'm extremely appreciative for that. I thank you very much.

I truly wish that I'd had some good news to share with you but unfortunately, my problems are escalating. I currently put on acts of bravado because I don't want to worry my mother but actually, I'm very concerned for my health. In a recent letter from my home, I was informed that you would speak with Mr. Angus Love regarding my situation here. For quite sometime, I've been requesting that of my family but for whatever reason(s) they've never done so. From my personal records, I've been constructing a lengthy letter which I intend to submit to Mr. Love via certified mail, with hopes of obtaining an opportunity to consult with this Attorney. It's taking me awhile to complete this because without my eyeglasses, my vision will continuously shift in focusing. If my vision permits, I expect to complete my complaint within a few days and I can only pray that it reaches its destination.

* / Well, as I've explained, a biopsy surgery was performed here on Dec. 8th. It's been well over a month now and I'm still being informed by the medical personnel that there are no results yet, which I find to be absolutely unbelievable. Since your visit, I've discovered two new lumps which are enlarging, causing me a great discomfort. When signing for Sick-Call, a medical staff person will visit this RHU and will only examine me through the window of my cell door. I'm then always asked when is my maximum date

of release from prison, which puzzles me. I'm then told that he must go
review my medical files, and he never returns. It's not prudent to dispu-
te whatever I'm being told because the medical person will simply say
you're uncooperative and therefore I've refused treatment. I don't want
to provoke them to claim this. I've now estimated at least four hundred
pea-sized (some larger) lumps which are expanding to other areas of
my body. Since 1995, the staff here has surgically removed five. I've
got to sleep in certain positions, otherwise many of these lumps will
seep blood and other fluids as I sleep. Once I've completed my complaints
to Mr. Hove, I'll file a complaint here and request to be taken to an area
hospital because my body is deteriorating.

2. On 11/19/99, because of my hunger striking in protest of being mist-
reated by staff, I was temporarily committed to SCI-Graterford's
MHU. While there, a bag containing me eyeglasses and case, toiletries,
articles of clothing were lost by the property officers. After investigati-
on by the MHU staff, on Dec. 6, I was instructed to file a grievance
against the officers, but I was unexpectedly return to SCI-Coal on that
same day. After speaking with the officer here who took my property, I
mailed a grievance to Graterford Grievance Coordinator Leslie S. Hatch-
er on Dec. 9. She replied on Dec. 28, by sending me a xeroxed copy of
my complaint and an Inmate Transfer sheet which simply reveals that I
was at Graterford from Nov. 19, to Dec. 6. This reply was not in accordan-
ce with the procedures of the inmate grievance review system (DC-ADM-
804) because I should have received a written reply, summarizing the
conclusions and any action taken or recommended to resolve the issue.
On the same day, I appealed to the next level.

eyesight * My eyesight constitutes a health care or medical issue; according to
DC-ADM 804, I can bypass an appeal to the superintendent and appeal
directly to the COMRC at Central Office. I therefore repeated my complaint
to Mr. Robert S. Butler, at the Central Office. On Dec. 30, I was notified
by the SCI-Coal eye care staff that they've deducted \$15.25 from my
account for state issue eyeglasses, which I've yet to receive. I wrote an
immediate letter to Graterford and the Central Office, requesting to be
reimbursed the costs. On Jan. 6, the Central Office replied, by stating

that the COMBC has been abolished, and that I must submit my appeal to Supr. Vaughn at Greaterford. I complied, but I don't expect a reply; it's a sample of what I'm currently going through.

3. Regarding my previous confinement in protective custody for 13 months, the security office claims to have no record of it. But it's only an act of vindictiveness because I cannot provide them with name and numbers. *attacked* Because of this neglect, I was physically attacked on Aug. 18, 1999, and on June 25, 1999; both attacks required medical attention. I'm certain that medical records will show that the 2nd attack left me wearing a patch over my right eye for 32 days! I can never tell this to my mom; it would probably kill her.

4. During my Jan. 4th, PRC review, I tried to explain the mental, physical, psychological anguish that I've been through; that my mental, physical, and psychological state is as essential to a good, healthy life as is food, water, and sleep. The PRC then stated that they may transfer me, providing I go out in population for awhile and my custody level drops. I've more than enough evidence to believe I'm being lied to once again, and when politely confronting them with it, their impulse is to speak harsh words, when in all actuality, their upset because they've been caught lying to me.

PRC
1/7/00

5. After serving 23 months of an 18 month term, I was finally given my parole hearing on Oct. 27, 1999. During the hearing, I discussed the possibility of being placed into a treatment facility with a true therapeutic atmosphere because it's very important for my sobriety and overall rehabilitation. I was turned down as an escape risk, which I'd immediately disputed to no avail. The Board then informed me that I cannot be granted parole because of misconducts. I then informed the Board that I'd spent a great deal of time in protective custody in order to avoid trouble, and I should not be denied parole when the staff here forces me into danger. I was informed by the Board that they've no records on this. At the close of the hearing, I've surmised that I was given a hearing 5 months after term only as a formality; they had no intentions of releasing me. Later, I learned from my counselor that "escape" has been part of my file since my return, although he could give me no reasons why it's in there. It's an injustice of falsified record; because allegedly failing an treatment program doesn't constitute escape. In my opinion, it's intentionally done.

to assure denial of parole to any programs, and knowing that I cannot be paroled to my home leaves nothing but maximum term. (NOTE: It's only stated as an opinion but the evidence suggests it).

6. I awaited my Green Sheet because I'd intended to appeal if the reasons for denial were the same as those stated during the hearing. I held on to the hope that the Board would grant me a treatment facility that's out of Philadelphia as I'd requested. On Dec. 26, I wrote to my parole agent here to inquire on my Green Sheet. She replied on Dec. 30, informing me that I failed to appear so she sent the sheet to me on Nov. 23. Along with the reply was a xeroxed copy of my Green Sheet and as expected, I was given the maximum term. I immediately wrote my agent to inform her that I'd failed to appear because I was temporarily away at Graterford and I reminded her that I had 30 days from the Board's decision to appeal which has expired. I requested that she please inform me as to where the original Green Sheet was sent because if I chose to appeal, the Board will never accept my claims of never receiving my Green Sheet on time. She replied, the mailroom; the mailroom denied it. To date, I don't know who has my original sheet, but I've decided to allow the issue to dissolve. I really don't agree with their rationale for denying my parole.

*
mailroom

Mr. + Mrs. McVaugh, below written are two situations which has me in a confused state. If I may, I would like to solicit your opinions and for instruction concerning them.

7. While at Graterford's MHU, I was explaining to Dr. Holland-Hull the previous biopsies of infected lumps and the ridiculous tests results from 1995. But as I'm explaining this, I'd noticed the look of skepticism on Dr. Holland-Hull's face. He suddenly asked me, quote; "What year was this done?" I replied 1995. I then learned that the entire 1995 year, as well as other treatments were missing when my medical files were sent to the MHU; files which could have explained and verified my claims. I don't wish to leap to any pre-conceived notions, but why are parts of my medical files excluded? Where are these parts? Are they concealing something? If so, what can it be?

1995
file
missing

8. As explained during your visit: In Sept., as an inmate paralegal was reviewing my Sentence Status Report sheet, he found that my maximum sentence had actually expired on June 15, 1999, and that I'm now being

Falsely imprisoned due to errors made by court clerks and/or the PA, DOC. After researching and repeated checks, the information was deemed to be factual. On Sept. 27, a petition for writ of habeas corpus was sent via certified to the Office of The Prothonotary and Office of The District Attorney; both offices in Philadelphia, PA. On Oct. 21, the Philadelphia Common Pleas Court returned my petition, along with a Civil Cover Sheet, with the instructions on how to complete my petition before they would accept it. On Dec. 10, from my RHU cell, I again submitted my habeas corpus petition to the Prothonotary, via certified mail. The inmate accounting sheet shows that the certified postage of \$4.08 was deducted from my account on Dec. 14. On Dec. 30, I wrote a letter of inquiry to the prothonotary because I'd received no verification that my petition was received; I've received no reply. On Jan. 18, I wrote a second letter of inquiry, via certified mail. I now await reply. Although a postage was deducted, I've no knowledge of what they've mailed, and where to. Is there any way that the destination of my petition can be verified?

During your visit, I was asked to explain what I'll do once I'm finally released from confinement. I don't recall explaining my full plans in depth, but your question is one that I've been asking myself for two years. In a forthcoming letter, I would like to explain my goals upon release to you.

I must go now but I hope to hear from you when the time permits. Take care. God bless.

Sincerely,
Gregory Bryant



Greene County Chapter
PO Box 240 Route 40 East • Farmington, Pennsylvania 15437-0240

PHONE (724) 329-8573
FAX (724) 329-8674

Charles Rossi
Corrections Health Care Administrator
SCI Greene
169 Progress Drive
Waynesburg, PA 15370

February 15, 2000

Dear Mr. Rossi,

We have learned of the recent death of Ronald O'Shea AP-9993 apparently from acute bronchitis and bronchial pneumonia.

We have been told by other inmates that Mr. O'Shea began to complain on or about January 31st to Staff members on the L-unit about difficulty breathing and his blood not circulating properly.

We have also been told the following day the PA assistant came to see Mr. O'Shea. Apparently she did not take any vitals or perform any type of physical examination to determine if his condition required the consultation of a Doctor, but only looked at him through the cell window. She apparently prescribed him anti-inflammatory medication and left it at that.

We have also been told on the 3rd of February Mr. O'Shea hit his call button and informed the Officer in the bubble that he was having a hard time breathing and had chest pains. The Officer and/or Sargeant in the control booth called the Medical Department. Supposedly about five minutes later Unit Manager Kent Warman walked into the Unit and was informed of Mr. O'Shea's condition. Unit Manager Warman supposedly walked to Mr. O'Shea's cell door and upon seeing Mr. O'Shea's condition became concerned. He then apparently called again for Medical and a Nurse came about 15 minutes later to the L-Unit without any oxygen tank, stretcher, or any other medical equipment to treat Mr. O'Shea. Apparently after 5 minutes Mr. O'Shea was taken away in a wheelchair, and then taken by ambulance to Greene County Memorial Hospital where he died a few hours later.

We are concerned that the death of an inmate could come about through an illness that could have been easily prevented with simple antibiotics. Please correct us if we are wrong, but it would appear to us that medical attention was lacking and proper medical protocol was not observed.

We assume that proper steps will be taken to ensure that something like this never happens again. We look forward to your response.

On behalf of the Pennsylvania Prison Society,

Nick Compy
Convener

VI cc. Bill Di M
SPT. BLANK