A REVIEW OF THE QUALITY OF HEALTH CARE AT THE LACKAWANNA COUNTY PRISON

Project completed by:
PAX CHRISTI
OF
NORTHEASTERN PENNSYLVANIA

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Submitted to:
WARDEN JEANINE DONATE
and the
MEMBERS OF THE
LACKAWANNA COUNTY PRISON BOARD

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Copy to:
Bishop Joseph Martino

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AT THE
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I. INTRODUCTION

BACKGROUND

Partially because of the incident during the summer of 2007 when an inmate of the Lackawanna County Prison gave birth unattended to a child in her cell, but also because of other concerns raised before and after that incident, Pax Christi of Northeastern Pennsylvania[1] decided to see whether we could (at least informally) determine the quality of health care at the prison. At the onset, we understood that we did not have the means or the access to conduct a formal evaluation. Even so, given our and others' concerns, we determined that we would rather do something than nothing.

We were also motivated by the fact that despite calls for such by various members of the community, including County Commissioner Michael Washo, no formal investigation of the summer incident has yet been conducted by an impartial third party. Instead, what happened, why and how has been inconsistently chronicled in news releases and reports which, we believe, collectively provide incomplete and incorrect information.

PROCESS

1. In the fall, we formed a committee of several area professionals to discuss the idea and to consider how we might proceed. We determined that we would develop a questionnaire that would structure our interviews; we intended to ask each interviewee exactly the same questions.

2. We attempted to publicize our plan and invite participation by placing an announcement in the Scranton Times/Tribune. Despite several submissions over several weeks, the newspaper did not print our announcement. We therefore resorted to a letter-to-the editor, which the newspaper did print. After the letter, it printed our announcement; however, by that time we were well behind our self-imposed schedule.

In addition, we placed fliers around the community and asked participants in the Diocese of Scranton's Prison Ministry Program to mention the project during their visits.

Our announcements told former and current inmates who wanted to be interviewed for the project to submit their names, addresses, and phone numbers to our post office box. We did not ask for letters, but got several - which we did not use.

3. We received thirty-eight responses. Because most were from current inmates, we asked the warden for permission to interview in the jail. She denied our request.

4. During late December 2007, our teams interviewed former inmates in the community. During late December 2007 and early January 2008, participants in the Diocese of Scranton's Prison Ministry Program who volunteered to help, interviewed current inmates during the course of their regular visits to the prison.

5. Within the time line we set for the project, we were able to complete only sixteen interviews. For logistical reasons (e.g., distance), we were not able to interact with a few former inmates who volunteered. Because our access was restricted, we were also not able to interview all the current inmates who volunteered.

6. Our original team of professionals reviewed the information we collected; we summarize it here.

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[1] Pax Christi is an international organization of Catholics. It and its national and regional offices advocate for peace and justice, globally, nationally, and locally.

INTENT

We decided to submit this report to the prison's warden with copies to the members of the Lackawanna County Prison Board. In doing so, even though we only sampled a portion of the prison's population, we hope that the warden and the Board would give serious consideration to our findings and recommendations. For informational purposes, we also submitted a copy to Bishop Joseph Martino.

II. PROTOCOL

INTERVIEW FORMAT

All interviews were with individuals and face-to-face; we conducted no small or large group interviews. With all, we used our twenty-question questionnaire (seven additional questions for women who were pregnant while in prison).

We read an introduction in which we stated that we were members of Pax Christi of Northeastern Pennsylvania and that we were conducting interviews to determine the interviewees' views of the quality of the medical care at the Lackawanna County Prison. We told them that we would ask twenty questions (and seven additional for women who were pregnant while in prison). We promised that their individual reports would remain anonymous, but noted that we intended to summarize our findings to the prison's officials. We noted that we were interested only in their personal experiences; even so, several told us about the experiences of other inmates.[2]

After the interviews, we asked the interviewees to review our notes to verify that we correctly captured their views. We thanked them for volunteering to be interviewed.

We collected information such as gender, date of birth/age, place of birth, and occupation prior to incarceration, as well as dates of incarceration and release. Those data did not relate to our project; we did not summarize them other than to determine that eight of our interviewees were female and eight were male. We did not ask why they were incarcerated. All interviewees spoke English. Given the incident this summer, we were especially interested in the women's accounts.

III. FINDINGS

FINDINGS RELATED TO INTAKE

Most of the people we interviewed reported that they were given only a cursory medical check at intake. They answered some questions asked by a nurse or nurse practitioner (or once by a secretary) and had their temperatures and blood pressure taken. Some reported being tested for TB. Preexisting conditions were not addressed. Based on the intake reviews, none reported that they were given any medical recommendations, except to drink water and exercise.

Several of the interviewees said they presented challenging information. For example, a female informed the prison's reviewer that she was four months pregnant; she was given a pregnancy test that confirmed her claim and also a TB test. However, there were no adjustments made for her condition and no follow up.

Several had conditions or injuries at entry, such as broken ribs, pneumonia, the complications of back surgery, heart problems, and stomach problems. Most felt their current medical problems were ignored.

Months after entry, one inmate who reported heart problems at intake had received no treatment and had no money for medications. One reported that after three weeks, the medical staff changed the inmate's heart medications, then failed to give any for three additional weeks.

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[2] Although we did seek second-hand accounts of other inmates' experiences, several such reports concerned us and we intend to follow up. For example, we received reports that after the summer 2007 incident, women who were pregnant (including one with an Rh-condition and who had not received adequate care while incarcerated despite requests) were transferred out of LCP. Additionally, we determined that there probably are a half dozen women currently incarcerated who are now pregnant (and we assume receiving the same care, or lack thereof, that we report here).

One, because of a growth on his spine needed surgery - his personal doctor was available to explain the situation but the prison did not follow through. He maintains he was not evaluated or monitored, received no medications, and was told by a nurse that "we're all going to die sooner or later."

Based on their experiences with the intake reviews, none felt as though there was a planned follow up program in place, regardless of their conditions at intake. Medications they were supposed to take were often changed or discontinued (understandably in cases where inmates were addicts). Often medications needed were unavailable for long periods.

INTAKE WHEN SUBSTANCE ABUSE WAS INVOLVED.

Half of the inmates we interviewed reported that they had overused/abused drugs/alcohol and/or were dependent at time of entry. At entry, they had the typical detox/withdrawal symptoms (i.e., tremors, sweats, cramps, pains). None thought they were evaluated for their situations; instead they were asked a series of questions by a nurse or an intake guard. One saw a doctor. None were given prescriptions or recommendations for medical treatment. All were placed in the prison's special until their symptoms subsided or were manageable. None thought they were medically monitored while in that unit.

MEDICAL CARE WHILE INCARCERATED

Several of the interviewees needed medical care after entry. A few reported that they asked for and received appropriate treatment. Most, however, had bad experiences.

One had hepatitis C, broken ribs, sleep problems, etc. and was happy when sent to a counselor to get treatment for depression. However, the inmate did not receive prescribed medications until two months later.

The inmate who had back surgery prior to entry was not further evaluated and received no special treatment.

One had prescribed medications stopped at entry and was told to see the doctor who might resume the medications. The inmate frequently requested to see the doctor (i.e., "submitted slips") but has not seen a doctor yet and is thus without medications.

One interviewee who claimed to have been beaten by police and as a result had brain, neck, spinal, and nerve damage was on eight medications, most of which were discontinued.

One woman who was pregnant at entry experienced a nose bleed once incarcerated. She saw the on-call doctor in the prison. She asked for access to prenatal care, but none was provided. Later, she had a fever. Because she was pregnant, she was told she could not take Tylenol. She reported that medical staff promised to check back to see how she was doing, but never returned - no one ever checked her even to monitor her temperature. A month later, after her family complained, she was taken to an external medical facility which prescribed and scheduled an ultrasound. They rescheduled it with the jail twice; even so, it never took place. The female reminded the nurses and officers many times to no avail.

Both women who were pregnant at entry were taking prenatal vitamins. The prison ran out of medications at times leaving the women without medications for weeks.

REQUESTS FOR MEDICAL CARE

Most of the people we interviewed requested medical attention while in the prison (i.e., "submitted slips"). In fact, the reason they offered to participate in our project was because they were so unsatisfied with the responses.

A few did get the care they requested. One who experienced mental health symptoms reported he was seen immediately by a doctor. One said staff responded very quickly when he was ill; he was having a heart attack.

Most, however, reported that their requests were ignored, or, if addressed at all, only very slowly. When they did get attention, in many cases no treatments were prescribed. One was told that he was just getting old.

While in prison, one experienced severe GI problems and reported them to a prison nurse, who responded that the inmate just needed a bowel movement. On furlough, the inmate went to an area hospital emergency room and was immediately transferred to an out-of-area hospital where doctors removed a large cyst.

One who had back surgery before entry was not allowed to go on a prearranged follow up visit to his doctor, despite multiple written requests. A guard eventually intervened to get help.

One tore a tendon in a fall and could not walk. A nurse looked at it and said the inmate was OK. The inmate put in five medical "slips" but never saw a doctor.

One had an accident in the prison gym and suffered head injuries. The inmate now reports recurring headaches and loss of memory, but cannot afford to see a doctor. Prisoners are charged for medications and to see a nurse or doctor.

One developed a rash; the prescribed medication did not arrive for two weeks.

One woman who was pregnant on at entry put a "slip" in every week asking for prenatal care. It took a month to get a response; she waited two months to see a doctor. When she did see a doctor, he turned out to be a psychiatrist.

A pregnant inmate developed abscessed teeth; as the infection spread, her face swelled. After seven days, a nurse finally interceded; she was taken to dentist where several teeth had to be extracted. She was most worried about the infection affecting her baby. The dentist gave her Tylenol. After return, staff would not allow her Tylenol because of her pregnancy. Other inmates pretended to be ill to get Tylenol which they shared with her.

Those who were provided with medicines reported that, except for distribution routines (i.e., "the cart came by"), they were not monitored.

ACCESS TO REVIEW

Several of the patients who claimed to receive no medical care or poor care did not complain to prison officials, in part because they thought they would not listen. Others filed frequent "slips" to complain or reached out to nurses and guards. Most got no or very slow results.

The prison has a grievance procedure. The people we interviewed never actually filed any grievances. Several said they would be ignored if they did, or the grievances would be "torn up" in their faces.

Two independently reported that when one inmate they knew filed a grievance, their inmate's entire unit was locked down while a guard read the details of the inmate's complete medical history over the intercom for all to hear.

PREGNANT INMATES

Because of the incident in the summer of 2007, we were especially concerned about care for pregnant women. Although we did not interview them (but might in the future), we understand that some female prisoners who were pregnant during the summer were transferred out of the prison. We also understand that several women currently incarcerated are pregnant.

We spoke to two former inmates who were pregnant while in prison. Both were given a pregnancy test at entry, but no other check ups. Both reported that they received inconsistent prenatal vitamins and got no prenatal care. Neither was provided with a special diet - each received the same tray as all inmates. They both reported that "everything was soy," even though they needed and asked for milk. As did many other inmates, these two reported that the food in the prison is terrible.[3] When possible, the pregnant women ate only vegetables whenever they could get them. Both were "always hungry." One lost eight pounds while pregnant.

ADDITIONAL INFORMATION

A few of the former and current inmates complimented some nurses and guards; however, for the most part, most view the staff at the prison, whom they know have difficult jobs, as being uncaring. They reserved their major consternation, however, for the jail's medical director. That the person best positioned to provide inmates with care was the one they most disrespected was telling.

On inmate who seemed to have followed the summer incident closely opined that there is a basic conflict of interest at the prison - the county contracted with a firm to provide medical care at the facility; the doctor who serves as the prison's medical director is a principal in the company. The doctor, therefore, "owns" the company for which he works. The inmate we interviewed suggested that money the doctor does not spend on the inmates reverts to his company as profit. Therefore, according this inmate, there is a tendency to short medical services - the less care, the more profit.

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[3] Although we did not ask questions about food (except for the pregnant women), many inmates mentioned that it was awful.

An inmate told us that medicines are routinely replaced or unavailable to save the firm money. Many medicines come in generic wrappers, not even labeled - they are placed in baggies and identified with magic markers. Based on one inmate's experience, most of the prison's medications do not come from US sources. When inmates leave, the staff reuse remaining pills, and bills a second time, one explained. One inmate felt sorry for the nurses who need to keep their jobs but are worried about malpractice.

An inmate informed us that the baby born this summer was delivered in a cell that was filthy. The woman received no care prior to or during the delivery. The baby dropped into vomit and feces.

One told us of another who had multiple sclerosis and could only take a few small steps. His medications usually wore off in the middle of the night and he had to endure till the morning. By then, he could not make it to the medical cart. Another had dystonia, a condition that causes massive muscle cramps. After the medical staff cut his medications, he would curl up and had trouble breathing. At one point, a nurse who came by with medications suggested the inmate was "faking it." He was laid on the floor; by 6:30 AM he was dark blue and curled up in a ball. He stammered that he could not breathe. Later, a nurse visited - with coffee and donut in hand - stating, "I do not have time for this."

One inmate was very concerned about another who was described as probably mentally retarded. The latter gets agitated very easily and, when he does, slams his face to the point of drawing blood. The reporting inmate argued that people like that should not be in prison.

One inmate had major bowel control problems, making the whole medical unit unhealthy. The inmate was moved back to the general population!

One inmate told of another who was kept in a cell for two months straight; was not allowed to exit for any reason. He filed requests to see medical staff, but the slips were thrown in the trash. The inmate we interviewed took them from the trash and mailed them to his own family for safekeeping.

One noted that inmates are tested for TB. If the preliminary test is positive, they are isolated and a second test is prescribed. The problem with that is that the wickets (openings in the cell doors) are left open and inmates can interact.

An inmate who had been incarcerated elsewhere wondered why LCP charges for medical care; the inmate's previous experiences suggested that the federal government covers federal prisoners.

We wondered to some how this summer's review team was able to give the prison such a glowing rating. An inmate told us that the medical block was locked down, the visitors passed by but did not talk to anyone. The day before they arrived, the prison got rid of some challenging inmates; the day they left, those inmates returned.

RECOMMENDATIONS

We received about three dozen requests from former and current inmates who wanted to be interviewed. While we were not able to interview them all, we sincerely respect that each took a risk in sharing with us; we hope there will be no retribution.

Clearly, we tapped only a small number of former and current inmates. Even so, we see several basic themes in our data. Our assumption is that a more significant review of the medical services at the prison would substantiate and maybe amplify the themes.

RECOMMENDATION 1

To confirm our findings - *or to reject them* - we recommend that the Lackawanna County Prison Board immediately contract with an objective outside party, possibly an accrediting group of some sort, to thoroughly evaluate the LCP's medical services.

RECOMMENDATION 2

That the prison's medical director is a principal in the firm that provides care to the prison is a concern, possibly a conflict of interest. We recommend that the Lackawanna County Prison Board immediately review the arrangement.

RECOMMENDATION 3

Inmates told us that when they entered the jail, they received only cursory medical evaluations. We recommend that the Lackawanna County Prison Board immediately review the prison's intake procedures, especially related to medical evaluations. The Board should pay special attention to the fact that female inmates might be pregnant at entry and thus should have a thorough review of their conditions.

RECOMMENDATION 4

We recognize that at least some of the reports provided by our interviewees, especially those who needed medical services while incarcerated, might have been colored by personal motives. Almost all of the former and current inmates we interviewed stated that when they asked for services they were largely ignored, or at least put off, and that the services they eventually received were very poor. Regardless, we recommend that the Lackawanna County Prison Board immediately review the prison's response procedures (e.g., logs of requests for care v. responses).

RECOMMENDATION 5

It is clear from the information we gathered that at least a few current inmates - those with serious mental health and/or medical problems - should not be housed in the LCP. We recommend that the Lackawanna County Prison Board immediately review this possibility and determine where these inmates, and those who present in the future, would be better placed.

RECOMMENDATION 6

It seems to us that a large number of former and current inmates were placed in the LCP for crimes directly related to alcohol/drug abuse. We observe that maybe these people need treatment and education, rather than punishment; maybe they need the services available through Drug Court and its affiliates. Accordingly, we recommend that the Lackawanna County Prison Board immediately review current literature, which is voluminous, to determine the views of experts in the field relative to the differing effects of treatment v. punishment. Possibly the Board might challenge the local colleges and universities to get their professors and students involved in such a project. The Board should share the findings of that project with the members of the criminal justice system which feeds the jail.

RECOMMENDATION 7

Based on what we know of the incident this summer and based on the responses of females who are/were pregnant while in jail, we recommend that the Lackawanna County Prison Board immediately review the prison's policies and procedures related to how women who are pregnant should be addressed. At the very least, we believe, they must receive appropriate and ongoing evaluations of their conditions, should not have to beg to receive medications and vitamins that are necessary to support prenatal development of their babies, and, as soon as their pregnancies are determined, they should be placed on the rich diets they need to enhance the development of their babies. Additionally, with a small window for error, it is not difficult to determine likely delivery dates. As women approach these dates, their medical care should be adjusted to reflect their needs and the medical staff should initiate protocols that ensure that the women deliver their babies in a hospital.

RECOMMENDATION 8

We did not set out to determine the quality of the food at the prison, but clearly those we interviewed found it almost unfit for consumption. Inmates with means have the option to purchase better food in the prison's commissary (at high prices); those without means do not have this option. Because nutrition directly affects health, we recommend that the Lackawanna County Prison Board immediately review the prison's food service system to determine whether the inmates are being properly fed and whether they receive proper nutrition.