John's Personal Message at Christmas, 2015

Merry Christmas and Happy New Year. May the peace and joy of the holiday season be with you and with people you love. I send you my warmest season's greetings. I send this year's message early because there is a change in DOC [Department of Corrections] rules that now prohibit me from receiving greeting cards in colored envelopes. I am allowed to receive greeting cards in white envelopes. There is a long-standing prohibition against: stickers, glue, adhesives, tape, glitter, whiteout, lipstick, unknown substances, watermarks or discolorations. Artwork or homemade cards will be confiscated. I believe the intention of this new rule making colored envelopes into contraband is to prevent illicit mind-altering drugs from entering prisons. However, I believe that these rules and regulations are an example of how the power of government, when unchecked by lawsuits, can introduce bizarre requirements. The Prison Litigation Reform Act (PLRA), enacted in 1996 as part of the Newt Gingrich "Contract with America," undermined prisoners' ability to bring, settle and win lawsuits. The PLRA conditioned court access on prisoner's meticulously correct prior use of onerous and error-inviting prison grievance procedures. It increased filing fees, decreased attorneys' fees and limited damages. It subjected injunctive settlements to limitations, and put in place a rule inviting frequent relitigation of injunctive remedies. The resulting impact on jail and prison litigation has been extremely substantial.

As I reflect over this past year, I recall how last year's Christmas message contained news that my beloved mother, Pauline Ann Minarik, passed away a few months before what would have been her 92nd birthday on Valentine's Day of 2015. I recall how last year I shared news of my "heart attack" and excellent emergency treatment by Somerset Hospital's Emergency Cardiologist, Dr. Pradeep Nair. A catheter was inserted into the femoral artery in my groin area allowing blood clots to be sucked out, and two stents were installed. A balloon pump was installed for two days. I shared how a scholar at the Indiana University of Pennsylvania invited me to be a participant in a study about the composing/writing processes of "flourishing/ successful prison writers."

This year has been another mixture of remarkably excellent health care surgery -- cataract surgery on July 30, 2015 at Somerset Hospital by Dr. Daniel C. Vittone -- along with my writing six essays as requested by the Ph.D. researcher at IUP, including a long 19,250 word essay entitled "THE HISTORY OF PRISON WRITING AND MY ROLE IN IT."

After two pre-operative visits to Dr. Vittone's offices, I had to report to the prison infirmary on Wednesday evening, July 29, at 8:00 p.m., and it was hard to sleep there because of a rather disturbing roommate. But by late Thursday morning, I was being prepped at Somerset Hospital. The whole procedure for my left eye cataract operation was easy and painless and not to be feared. Probably the most uncomfortable thing was when a small piece of gauze with a medication used to dilate the pupil had to be placed and remain under the lower left eyelid. When wheeled on the hospital bed into the operating room, a hood was placed over my head with only my left eye showing. Then the anesthesia started, and I have no memory of being conscious until it was over, and I was being told, "You are all finished, Mr. Minarik" by the nurse.

Based on Internet research and having my Optometrist brother Ken explain the operation to me, the ophthalmologist began by making a small incision with a scalpel in my left cornea. Because there are no blood vessels in the cornea, I did not bleed and did not have to stop taking Plavix (anticoagulant necessary for the uncoated stent implanted in my heart) or aspirin. Then he injected ocular fluid to build up pressure in my eye to keep it from collapsing as he next used ultrasound to break up the cataract (with unfortunate consequences of destroying the original

natural crystalline lens). The next tool sucked out the cataract and lens particles. A flexible plastic lens was inserted through the small incision and unfolded and positioned inside the cornea of the left eye.

The story behind the implantation of the intraocular (inside the eye) lens is fascinating. Sir Harold Ridley was the first to successfully implant an intraocular lens on 29 November 1949, at St. Thomas' Hospital in London. Ridley noticed some RAF (Royal Air Force) WWII pilot's eye had embedded pieces of shattered aircraft canopies from Battle of Britain air combat, and the plastic was inert and not causing inflammation or infection. The idea of implanting a plastic lens is said to have come after an intern asked why he was not replacing the lens removed during cataract surgery. My brother Ken told me that when FDA approval was sought, they required the first lenses be made from aircraft canopy plastic to reduce the experiment's variability. However, the intraocular lens did not find a widespread acceptance in cataract surgery until the 1970s. I am an Anglophile, so having technology installed in me traceable to the Battle of Britain is remarkable.

Advances in lens technology brought about the use of silicone and acrylic both of which are soft, foldable inert materials. This allows the lens to be folded (or rolled up) and inserted into the eye through a small incision. The **www.vittone2020.com** website claims that Ronald B. Vittone, M.D., "was a pioneer in performing small incision, no-stitch cataract surgery, considered the most advanced cataract surgical procedure available today." He claims to have performed over 40,000 cataract operations, making him one of the most experienced ophthalmologists in the United States." The website's "Eye Care" part claims: "The Vittones have performed more than 60,000 cataract surgeries with a very high success rate. They use the most advanced techniques which usually does not require stitches or needles." More than 6 million intraocular lenses are now implanted annually.

There was no stitch made in my cornea. I was back at the prison in an hour and discharged from the infirmary almost immediately. I had to wear a plastic shield over my left eye to avoid touching it, and I had to avoid soap and water in that eye. I wore supplied sunglasses. On Friday, July 31, I was driven to Dr. Vittone's office for a post-op consult. He said my vision was as expected, the lens was in the right position, and it looked good. Each day I saw better out of my left eye, and about eleven days later, I was taken to Dr. Vittone's office for second post-op consult. He said I was healing well. I could clearly see better each day as post-operative swelling diminished. I took eye drops four times a day, and I had my final post-operative consult with Dr. Vittone in September. He made a referral to Dr. Irwin, the Optometrist, for a new pair of glasses. During my two pre-operative consults with Drs. Daniel and Ronald Vittone, respectively, I asked to be made "slightly nearsighted" since my brain is accustomed to being able to see up close without eyeglasses.

When I saw Dr. Irwin on October 28, 2015, he prescribed new eyeglasses, and he referred me back to Dr. Vittone for repair of my right eye cataract. On November 6, my birthday, I wrote a request slip asking for my right eye cataract repair based on having medical recommendations of the Optometrist and Ophthalmologist. Because the Pennsylvania prison system has a "one good eye" policy, my celly, Rich Hollihan, lodged a counseled proposed class action lawsuit alleging the Pennsylvania prison system is violating the Americans with Disabilities Act by denying eye surgery to prisoners who have at least "one good eye," captioned as Hollihan v. Pennsylvania. He is represented by the Pepper Hamilton law firm in Philadelphia with a distinguished group of legal talent, acquired upon recommendation from the Pennsylvania Institutional Law Project.

The same "one good eye" prison policies face legal challenges in other states, including in the U.S. District Court for the Middle District of Alabama, where the Southern Poverty Law Center in June of 2014 launched a broad attack on physical and

mental health care behind bars, including the denial of eye care to inmates with only one bad eye. On August 14, 2014, a three-judge panel of the U.S. Court of Appeals for the Ninth Circuit wrote in Colwell v. Bannister: "[T]he blanket, categorical denial of medically indicated surgery solely on the basis of an administrative policy that 'one eye good enough for prison inmates' is the paradigm for deliberate indifference."

I had a nice visit with my brother Ken and his daughter Emily on August 7, 2015. When we played Monopoly, I could see the player's pieces and read the tiny writing on the deeds and Chance cards. From my left eye, I now see colors much brighter than before, but using my right eye, everything is still cloudy and out of focus even with eyeglasses due to the nuclear cataract. The term nuclear cataract is used to describe a centrally located cataract that pulls the natural crystalline lens in such a way as to change the focus of light, changing the eye's optical power and limiting the ability for eyeglasses to restore vision to anything near 20/20 vision. I see why the cataract surgery is so meaningful.

On Friday, November 13, in response to my request slip, I was informed by Bryan Hyde, the Correctional Health Care Administrator, that my right eye cataract repair "has been written and approved." My right eye cataract will be repaired! As I was sharing with my brother Ken my celebration over this good news that my eyes are bad enough to allow my right eye cataract to be repaired even under the restrictive DOC "one good eye" policy, he told me of how some of his patients are in similar circumstances, celebrating when their eyes are bad enough to qualify under Medicare guidelines to allow their cataracts to be repaired. Health care systems of America all seem to have administrators determining which patients qualify for treatments. My good fortune apparently comes from anisometropia, the inability to wear glasses with vastly different power lenses because the human brain cannot resolve differences in sizes, limits my corrected vision. My right eye lens was at -6.50; Dr. Irwin prescribed a much less powerful lens matching what my left eye needs, resulting in both lenses being -2.25. My vision can only be corrected to 20/60, and with anisometropria, I qualify under Medicare guidelines for right eye cataract repair. I am aware that the DOC "one good eye" policy requires Snellen binocular vision acuity of 20/50 or worse despite corrective devices. My 20/60 corrected vision is worse, and with a dense right eye cataract potentially hiding retinal diseases and with the compromise of activities of daily living, I qualified even under "one good eye" policy for right eye cataract surgery.

On Tuesday, November 17, I picked up my new eyeglasses, and the resulting ability for me to now see at distance with my left eye is wonderful and incredible. It gives me a new respect for the way an Optometrist's prescription of new eyeglasses is every bit as much of a part of successful cataract surgery. And if I am now only seeing with 20/60 corrected binocular vision, I am genuinely looking forward to seeing even better after my right eye is repaired.

I report to you that I have been writing daily, have my writings out being considered for publication, and I had some luck finding a home for my friend Bob Potter's posthumous writings. If you send mail to me, please remember the new prohibition against colored envelopes. I send you my love and friendship. I hope you have a very good year in 2016.

God Bless You,

John Paul Minarik

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