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07/09/18

Deficient Medical Treatment at CMC West

The very serious failure of the California Department of Corrections and Rehabilitation to care for the medical needs of its population is well known and has been the object of litigation and intervention by the state government, the courts, etc. One may think that the problems have been resolved if one reads press releases from CDCR. One should not believe the CDCR entirely, but listen to the voices of inmate patients who are still suffering ~~unnecessarily~~ unnecessarily and in some cases paying a very high price for CDCR neglect.

There are many manifestations of CDCR neglect right now in 2018 even at CMC-West, which is said to be considered a "Medical Facility" within the state prison system to where inmates with chronic illnesses are transferred for supposedly better care. There is a "hospital" (by CDCR standards) at adjacent CDCR East to which sick patients are sent for diagnosis and treatment, but there are many significant to outrageous problems and deficiencies with the system as now operated.

One of the most disturbing problems with the medical system is the unreasonable, unconscientious tolerance for high levels

of prisoner physical suffering due to medical problems.
~~Can~~ Many prisoners wait for extended periods from many weeks to even years for necessary treatments. Prisoners needing back surgery after X-rays reveal problems with discs in their back endure pain for years until surgery at outside hospital is scheduled.

I am attaching a CDCR Form 7362 that I personally filed on behalf of another prisoner (whom I only barely knew) after watching him walking around the prison yard in prolonged and severe agony. He looked like he was always in severe pain, and inmates in his dormitory told me that he often sat up at night all night unable to sleep because of his pain. Finally one day I went up to Tom and asked him what was going on. He told me that he thought he might have a pinched nerve but had been trying for weeks and weeks to get treatment or even a diagnosis, to no avail. So I took it upon myself to request expedited medical treatment for Tom by filling out a Form 7362 request for medical services. The next morning, the triage nurse, who receives those forms, enters the complaints into the prison computer system and recommends appointments with primary care doctors, called me in. He scolded me and told me to never do that again. He said that he could not enter my complaint into the

prison Computer System, and that I had violated patient confidentiality - even though the prisoner, Tom, had shared his medical problem with me quite voluntarily.

So, Tom's suffering continued until weeks later (yet) he learned that he had late stage lung cancer and was given an estimated 2 1/2 years to live. He then was sent to an outside oncologist for radiation therapy to retard the spread of the cancer with no hope of a full cure. But if the cancer had been detected earlier, he very well could have received treatment that would have retarded the spread of the cancer to Stage 4. There were horrific consequences for prison tolerance of Tom's pain and slow diagnosis and treatment. And even after all that - Tom's poor treatment by the prison medical system continues, including unnecessarily slow scheduling to receive ongoing treatment by outside oncologists. I am inviting Tom and other prisoners with cancer who have received poor prison medical care to write down their stories and send them to this archive.

In my own case, I have received some good care here, but also some not-so-good care. I was having eyesight problems when I first arrived and requested an eye exam. The free state ~~opt~~ eye doctor diagnosed cataracts

and I was sent on an expedited basis to a highly skilled surgeon in San Luis Obispo for cataract surgery on both eyes. I am far better off now because of those surgeries. But when I had painful sensitivity to light after the surgery I wrote the surgeon and asked if he could help. He wrote back to say he could help and to have the prison send me back to him, but the prison failed repeatedly to act on it. I had to drop out of a computer class because my eyes were too sensitive to look at the screen for more than a few seconds. And I had to endure significant discomfort in outdoor sunlight for a year until my eyes finally adjusted because the prison showed zero concern for my discomforts.

I also received an adult circumcision from an outside urology clinic to facilitate easier catheterization for prostate / bladder problems. The day after the procedure I was returned to the prison, I woke up from a nap and found that the surgical dressing had come off and my underwear were very bloody. I called "men down" for help and nurses in a prison ambulance were summoned. The senior nurse looked at me and said, "They don't pay me enough for that." and tossed me a roll of ~~gauze~~ gauze bandaging. I was shocked and the words "fake nurse" came to mind.

Since I arrived at CMC West, I have been on amlodipine and lisinopril prescriptions for control of high blood pressure. At one point my primary care doctor reduced my prescription for lisinopril. Within 2 days I was dizzy and requested to have my blood pressure read by the ~~trage~~ triage nurse. The triage nurse was alarmed that the reading was high and potentially unsafe. I asked if she could arrange for more readings to occur and then for me to see my doctor. The readings were confirmed that my blood pressure had risen to dangerous levels after my lisinopril dose was reduced, so the nurses told me that they were writing a note directly to the doctor about the situation and recommending that the doctor see me promptly and restore my original prescription. The nurse also told me that my doctor was intolerably indifferent to moderately high blood pressure readings so to be sure to insist on a restoration of my original lisinopril prescription. Sure enough, I saw the doctor that day and he asked how I was doing and brought up other pending issues but not my blood pressure? When I brought the blood pressure issue up, he did agree to restore my lisinopril prescription, but he would not have it I had not raised the issue - even though the nurse had written him directly about it.

There is no excuse for prison doctors and medical personnel to be indifferent to prisoner suffering and medical needs. If a nurse thinks she is not paid enough to do her job, she should get another job. If a doctor is indifferent to patient suffering and other needs, he should find other work. If administrators cannot run a compassionate, effective medical system, they should go out and contract healthcare to a proven, competent provider who is willing and able to do the work.

One prisoner complained bitterly about poor treatment of his diabetes that resulted in toe amputation after a short stay in prison when he had been coping with Type I diabetes most of his life prior to prison. Bear in mind that more than a few prisoners are here because of a failed court system and criminal justice that rigs the scales of justice towards prosecutors and sends innocent ~~people~~ people to prison. I am in that category, and so are many others. To be put in prison unjustly and then receive lack of medical treatment or indifference to pain and suffering is immoral and should be illegal.