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The Misery of Illness Behind Bars

By

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Misery, anguish, illness behind bars; torture is the process of seeking medical relief from prison. Barbarism is transportation to hospital. Indifference is the practice by the Department of Corrections delivering and returning critical care convicts to and from Lemuel Shattuck Hospital in Jamaica Plain the Commonwealth's medical center for the poor.

This selfish essay is written entirely from personal experience. My experiences gleaned from treatment at the hands of the Massachusetts Department of Corrections. Experience from having my arm broken then set twice at Shattuck and my experience having to face surgery for an inguinal hernia just a few months later.

My ordeal began New Year 2013. As a result of a fight in county jail, I was injured: I sustained a fractured radius. My arm fractured like a twig when I fell in the heat of battling bullies. A broken arm similar to a slip and fall on ice. Only my ice was a house of corrections cell block. After landing two solid punches, my body was pushed or fell - my old bone just above my wrist fractured like a worn branch. I was a winner - but I lost in the end.

A scrum of corrections officers rushed the melee, after we were pulled apart and ordered to the ground, there was some confusion about whether my broken arm should be shackled - thankfully it was not.

I was evacuated to medical. From medical I was taken by jail transport van with legs manackled and uninjured arm secured with waist chains. All the while I supported best I could my broken left arm. I was evacuated to the Beth Israel hospital in Newton.

This would become the beginning of months of long painful convalescence. Months of waiting in cold cells for x-rays and doctor examinations. Months of medication distributed by considerate and kind nurses; and months of obnoxious transportation from correctional facility to Shattuck for hours of waiting in crowded unsanitary holding pens until surgery-after-surgery repaired my fractured bone.

Corrections law allows any physician of any state correctional facility to certify any prisoner held in custody may be placed temporarily in an appropriate hospital or medical facility for treatment. The Lemuel Shattuck Hospital serves the Commonwealth's poor. Needy persons, the indigent, from every social service institution - like the Department of Corrections - ship their critical needs inmates to this old teaching hospital.

Prisoners seeking serious medical attention are taken to Shattuck: Shattuck has a prison ward and cells which are filthy overcrowded dungeons where convict and pre-trial detainee alike must languish. Conditions for prisoner confinement in Lemuel Shattuck Hospital are appalling.

Conditioned from arrest, prisoners come to expect diminished results. Low expectations are demanded. Food, living conditions and medical care are services the rank and file of corrections have nothing but contempt for.

Shackled inmates must seek treatment under cruel indifferent conditions. Cells are squalid and those seeking care must suffer barbaric conditions. A flat screen television, perhaps a concession made to mankind, mocks inmates with poor reception and channels which must be changed by temperamental guards who work tedious details. Corrections permits this twisted public relations stunt so it may exploit public antipathy: "prisoners get flat screen televisions!" The cry goes, What else could they possibly want?"

Corrections officers working this shift keep a callous distance. There is no connection with inmates because of the entirely transient nature of the detail - but who truly wants to coddle sick offenders all day?

Courts are hard pressed to second guess Department of Corrections officials. It is entirely up to patients to protect their rights. Sadly, the legal bar for prisoners is held high, and standards remain dismally low. Wronged inmate-patients must show an unnecessary and wonton infliction of pain that is "repugnant to the conscience of mankind" in order to press a lawsuit. Deliberate indifference is entirely subjective.

Holding cells crowded with prisoners seeking treatment require a variety of procedures. Procedures ranging from radiology, doctor exam's, physical therapy and surgery occupy inmates who must remain handcuffed and afraid for hours - all done in administrative secrecy.

To illustrate the scope of this process, recently the Massachusetts legislature needed to pass a law prohibiting the Department of Corrections from handcuffing and shackling convict-mothers in labor during the act of giving birth.

Visits to a prison hospital begin before dawn. Prisoners are awakened at five a.m. for a long wait for transport vans escorting those approved and referred for care at Shattuck. During my time seeking treatment, I needed x-rays and consultations often once a month. After my first surgery failed to repair the bone, I'd be scheduled for a second.

Seeking medical care at Shattuck grinds down each individual into an angry bitter irrelevance. Adding insult to injury inmate-patients are kept in the dark as to the nature of their care. Many inmates have but a vague idea of why they were even called to hospital.

Feeding inmates meals in Shattuck is a cause of frustration and discontent. Meals - lunch - is not served before 1:00pm. Lunch in most state prisons is served between 11:00am and 12:30pm. This discrepancy is carefully exploited by guards who use meal service against those miserably awaiting care.

Food has gone down hill, say inmate-patients lately. Once meals in Shattuck were considered a good hit. Tasty meals were considered better than routine prison food. Today, meals for inmate-patients have grown sub par, closer to prison than hospital quality. Portions have grown smaller. Here again, Shattuck administration has yielded to the bean counters of corrections whose philosophy of taking privileges is damaging that system, destroying notions of rehabilitation and cultural zeitgeist.

Perhaps the only good news about Shattuck is the medical staff. While there are isolated horror stories - as there are about virtually every institution on the planet - my actual experiences with doctors who have treated me have all been good ones. My orthopedic surgeon was professional and my care first rate.

"Do no harm," I was told immediately by a kind spark of a woman. Clearly busy - she was a blurr of looks and raised arms and knowing expressions. A doctor who seemed to embody the been there, seen it all attitude of a big city surgeon. I felt at once I was in excellent hands.

My first operation would be a closed reduction. My doctor hoped manual manipulation would magically set the fracture - she was hopeful - but I would learn weeks later the procedure was not successful. I would need a second surgery.

"It's not your fault," I was reassured. "We will have to open you up." My doctor told me matter of fact as my chains rattled during examination.

Chained and confused, I simply resigned myself to my care. It was the only care I would receive, why challenge it...why question it?

To my doctors credit, I was carefully told she would attempt to reduce my fracture using pins and wire: much like stitches. She also did not rule out the possibility of a metal plate to secure the fracture. One a relatively simple procedure, the other a not so simple operation fraught with post operative peril.

Convinced I would need a metal plate, I returned to my cell frustrated. Nurses in the correctional facility made their rounds three times daily; I was given tylenol or motrin for pain. I asked for as much information as I could get about my operation. No nurse would answer my questions. Nurses were carefully trained to say little. I was given pills and nothing more.

Weeks would go by before I was finally transported for my second surgery. On the day of my operation, again my doctor advised me I would be getting pins and wire: "pins and wire would secure my fracture." I tried wrapping my mind around this concept. On one level I was relieved. There would be less chance for rejection and infection. "Pins," I was told, "would be easily removed once healed." A metal plate would be relatively permanent, "could be removed after a year;" my surgeon said. Although, will the Department of Corrections be willing to schedule such a non-life threatening procedure a year from now?

I was finally wheeled into a small gray tiled surgical theater. Two young students looked on patiently. Everyone wore scrubs. Young eyes watched me take anaesthesia. Faces were hidden behind cloth sterile masks. One is immediately struck by the age of the institution. I was put under just like that.

Fear of a needed third surgery danced in my head. Fear of deadly flesh eating bacteria fueled hazy nightmares. Malpractice is difficult to prove. Thoughts of malpractice filled me with trepidation.

Fortunately, my fears were unfounded. My surgery was successful. My arm healed without incident a few months later. My surgeon did a great job and I'm

glad. After my cast was removed, I was scheduled for physical therapy. Months of working my hand would bring back strength and dexterity. Little did I know my second crisis would bring me back to Shattuck and at odds with the Department of Corrections.

Nearly a year to the day after my arm was broken, I would find myself injured in MCI-Cedar Junction, the former Walpole State Prison, my groin ruptured as a result of attempting to obey a guards direct order. Ordered to lift and move my property, I sustained an inguinal hernia. My back felt on fire, and I was doubled over in pain, it occurred to me days after the incident - I could have a hernia.

From this incident I would come to learn a great deal about the law governing malpractice and negligence.

Article 26 of the Massachusetts constitution acts like the Eighth Amendment to the U.S. constitution "cruel and unusual punishment clause" Article 26 bars punishments which are found to be cruel or unusual in light of contemporary standards of decency which mark the progress of society."

I found myself making the rounds back and forth to Shattuck Hospital. I carefully documented everything. Every meeting with every doctor. Every test I was subjected to. Every promise made and pill prescribed. I filed grievances, and appealed grievances denied. Writing letters established a paper trail; it seemed important to detail every aspect of my injury and medical treatment.

While principles of sovereign immunity protect the Department of Corrections from a claim of money damages, bringing a civil suit against the Commonwealth for negligence claims is difficult.

To begin a lawsuit, the plaintiff must prove there was a condition or situation which posed a substantial risk of serious harm, and second they must

establish that prison officials had knowledge of the situation and ignored it.

My hernia didn't have the same urgency my broken arm had. In fact, my hernia seemed to be an injury in name only. I was walking wounded. Nothing about my sedentary situation changed. The initial pain grew into an uncomfortable discomfort with occasional shooting pain in my scrotum.

Two weeks passed before I was examined by a nurse practitioner at MCI-Cedar Junction: I did in fact have an inguinal hernia.

What I would learn about medical treatment here in prison would cause me to indict the system entirely. There is an obfuscatory bifurcation scheme going on here in Massachusetts prisons that on its face appears a sinister way of keeping inmates from bringing meaningful grievances and ultimately lawsuits for negligence against the Department of Corrections.

All prisoners must exhaust administrative remedies in order to bring a civil action for damages, according to the Prisoners Litigation Reform Act.

A prisoners first step in exhausting administrative remedies is filing a grievance. I filed a grievance against the prison and the corrections officer: I was told the matter was a medical issue. When I filed a grievance against medical: I was quickly advised the matter was a security concern.

Administrative fingers pointed me in different directions, each away from the target of my grievances.

Who do I grieve? Who indeed. The Department of Corrections and the Health Services Unit are different entities, each with their own autonomy.

Having grieved both entities, I was denied by each - pointed in each others direction - ultimately frustrated by both I filed a presentment letter to the Attorney General's office. A presentment letter states in simple terms my intention to bring a lawsuit against both the Department of Corrections and the Massachusetts Partnership for Correctional Health.

It seems a shame when a convict lectures free society about its moral obligations. Prisons should remind prisoner's of the responsibilities which the citizen has toward his society - not the other way around.

Institutions, like correctional facilities, have a moral and financial obligation. Let's not forget tax dollars - federal and state - support these facilities entirely. Obligation, sadly, is a word which means so much to so many. Gone is the sense of a noble obligation to society as a whole. Instead, obligation for the Department of Corrections - nationwide - is to the rank and file who staff and administrate these far flung institutions.

Correctional facilities have a moral and financial obligation to care and rehabilitate, this is their mission. Make no mistake: prisons, jails, correctional facilities remain a public utility.

Courts and culture speak of evolving standards when speaking of the evolution of liberty. Attitudes about prisoners rights have mired in the muck of fear, prejudice and self interest for ages. Laws and rules which appear egalitarian, become little more than chains binding millions to a system out of control: a system uncontrolable; a behemoth of hipocracy fed by billion dollar budgets. Misery is the end result.

Modern barbarism is not fear of immigrants, or terrorism, or our own governments obsessive intrusion into the worlds communication or even global warming; anguish is failure of our own essential institutions.

Looking at institutions like the Department of Corrections, or state sponsored hospitals for the poor like Shattuck, or ancillary entities like the Massachusetts Partnership for Correctional Health is looking at a piece of a mosaic. Each small tile eventually develops into a big picture.

What remains ungovernable is attitudes; what eludes the law is opinion. Convicts seeking treatment have no voice. Lawyers representing the poor in

civil matters are few in our challenged economy. Here in MCI-Shirley, a typical medium security clink located in eastern Massachusetts, inmates crowd the facility library and joust at windmills. Convicts stumble around the law, pro se, mailing presentment letters to the Attorney General and filing complaints about wrongs done at the hands of medical, or prison administrators: or both.

My own dismal crisis is in full swing; I've yet to be called for my hernia operation. I'm in no hurry. My hernia can wait. Meanwhile, each day across America, prison transports come and go filled with inmates coming and going from correctional facility to hospital under repressive conditions, can these people wait?

Geriatric services are the future of correctional facility design. Ramps here in Shirley World are everywhere. An aging population demands special considerations. Prison populations are growing old. Out dated notions of the economics of crime are being reconsidered. Prosecutorial advocates who once sought stiff sentencing arguing it beneficial for deterrence are re-thinking where they stand on issues like mandatory minimum sentencing and zero tolerance policies. Unfortunately, our justice system has been too long plagued by a kind of unspoken notion the accused is guilty upon arrest. Gone is the presumption of innocence.

With a wink and a nod juries sit back and watch the spectacle of trials. The accused search for the best plea bargain deal they can get. It is innocence which is fleeting in today's criminal justice system.

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