PRISON LAW OFFICE
General Delivery, San Quentin, CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

BY EMAIL ONLY

December 11, 2015

Daniel Struck
Struck Wieneke & Love, P.L.C.
3100 West Ray Road, Suite 300
Chandler, AZ 85226-2473

Re: *Parsons v. Ryan*, 2:12-CV-00601
ADC Prisoners in Need of Immediate Care

Dear Mr. Struck:

We write following the parties' visit to ASPC-Tucson on December 2-4, 2015 to notify you of patients who may be in need of immediate health care. First, during the course of our visit, Dr. Todd Wilcox identified a number of prisoners whom he considered at significant risk of imminent harm, permanent injury, or death unless they received prompt medical attention. In most cases, Dr. Wilcox had the opportunity to both interview the patients and review their medical charts. Dr. Wilcox provided the list below verbally to Kathy Campbell at the end of the visit, and we agreed to provide a written list as well (Section I).

We have included an additional list in Section II of prisoners who likely also require health care for serious medical and/or mental health conditions, as identified by plaintiffs' counsel and/or Dr. Wilcox during the visit. These patients were identified through interviews and/or chart reviews. Section III lists patients we met who require access to physical therapy but have not received it.

I. Patients Identified by Dr. Wilcox As Requiring Urgent Attention to Avoid Imminent Harm

[redacted]

- Dx: Polymyositis
- Age: 48
- Issue: [redacted] is receiving treatment for his polymyositis with interstitial lung disease, which renders him severely immune-compromised. As a result, he is extremely susceptible to infection and, in the last year, nearly died on two occasions when he contracted pneumonia in April and again in August. In both cases, medical staff was slow to recognize the severity of his symptoms. Given his compromised immune system, he requires a treatment plan to

manage his disease, and to ensure a rapid and appropriate response when he does contract an infection.

[redacted]

- Dx: Inclusion Body Myositis
- Age: 45
- Issue: [redacted] has been diagnosed with COPD, but his significant shortness of breath may be due instead to his Inclusion Body Myositis. He needs to be worked up by a pulmonologist to determine whether he is receiving appropriate treatment for his lung weakness, and possibly to receive a CPAP. Additionally, he is suffering progressive muscle weakness in his legs and is now able to walk only short distances. Without physical therapy, he will lose the ability to walk all together. He should be evaluated for physical therapy in the very near future.

  Finally, [redacted] saw a neurologist on 4/16/14, who recommended he be provided, among other things, an elevated shower chair, a wedge pillow, medical shoes, a hospital bed and a wheelchair assessment. He received none of these. He is struggling to complete his ADL's. He should receive these accommodations, as recommended.

[redacted]

- Dx: Colovesicular Fistula, Short Bowel Syndrome
- Age: 43
- Issue: [redacted] has a severe and painful fistula between his intestine and bladder requiring surgical repair. As a result of the fistula, he experiences chronic infections because of the mixing of urine and fecal matter in his bladder and urethra. He has been cleared for surgery by the cardiologist. He needs to be referred to a colo-rectal surgeon and undergo the repair operation as soon as possible.

[redacted]

- Dx: Astrocytoma
- Age: 31
- Issue: [redacted] had surgery to remove a stage 2 astrocytoma (a type of brain cancer) approximately five years ago, prior to incarceration. His neuro-oncologist opined that his cell type was prone to recurrence and to return as a malignant glioblastoma (aggressive stage 4 astrocytoma) and ordered follow up evaluations, including brain MRIs with contrast, every three to six months. [redacted] has not had an MRI since August, 2014, prior to his admission to ADC. He reports that he had developed symptoms, including blurred vision, headaches and balance issues that are the same as those he suffered prior to his first brain surgery. He has filed HNRs describing his symptoms and medical history to no avail. He requires an MRI and a neurosurgery consult immediately.

[redacted]

- Dx: Foot injury, sepsis
- Age: 65

- Issue: [redacted] suffered a foot injury which developed into sepsis in June, 2015. Since then, he has apparently been bedridden in the IPC in Rincon (HU9). His muscles have atrophied and contracted, and he has virtually no muscle mass remaining in his legs. He will require immediate and aggressive physical therapy if there is any chance for him to recover his ability to walk.

[redacted]

- Dx: Post-renal transplant, Blind
- Age: 78
- Issue: [redacted], who underwent a kidney transplant in 2009, recently stopped taking his anti-rejection medications. At the time of his transplant, he reports that he was told that, over time, he might develop an allergy to his anti-rejection medications Prograf and Cellcept,. Starting about a year ago, he developed a severe rash over his whole body. He believes the rash has been caused by these medications so, after many months of unsuccessfully seeking treatment/diagnosis for the rash, he stopped taking the medications on 10/29/15. He says the rash has abated since then, though it is still visible. Without his anti-rejection medications, [redacted] is at extreme risk of losing his kidney, and he requires a consult with a transplant specialist as soon as possible.

[redacted]

- Dx: Probable Crohn's Disease and Frank Rectal Bleeding
- Age: 31
- Issue: [redacted] began having rectal bleeding in October, 2014. Initially, he was treated for hemorrhoids. He submitted several fecal samples, which were positive for blood. He has also been suffering difficulty urinating. He has been experiencing severe pain and, during the week of our visit, had sought care multiple times at the ambulatory clinic. He had received two Toradol injections, which are contraindicated for his condition and must not be continued. He requires consults with a gastroenterologist and a urologist as soon as possible.

[redacted]

- Dx: Elevated PSA's with hip pain
- Age: 65
- Issue: [redacted] has had multiple elevated PSA's and reports sharp pain in his hip. Dr. Hurowitz, a telemed physician, ordered a prostate biopsy, a routine urology consult and an urgent MRI of the hip on 9/1/15. None had been done as of 12/4/15. He requires an immediate work-up for prostate cancer, including the biopsy.

[redacted]

- Dx: Testicular Cancer
- Age: 27
- Issue: [redacted] treatment for cancer has been significantly delayed. He noticed testicular swelling in in July 2015. He saw a urologist in September, who suspected cancer and

scheduled a surgery soon after. However, his surgery was delayed because he was not advised to refrain from eating the day of the surgery and, ultimately, he had surgery on 10/30/15. Although he has urgent referrals for a CT scan and a urology follow up, neither had been done as of 12/4/15. [redacted] surgeon emphasized he needed a post-op appointment in two weeks from 10/30/15, with the CT scan results. As of 12/4/15, he had not had the follow-up appointment. It should be scheduled immediately.

[redacted] has apparently not been referred to an oncologist. He requires an oncology appointment immediately to determine his need for chemo and/or radiation. Testicular cancer is highly treatable, so long as treatment is provided timely. If treatment is delayed, however, it is deadly. (See [redacted] at p. 8, below).

[redacted]

- Dx: Arm injury
- Age: 43
- Issue: [redacted] recently injured his arm, and believes it is fractured. Although his arm has apparently been wrapped, his chart contained no note regarding the injury and no x-ray report as of 12/4/15. [redacted] should undergo x-rays immediately.

[redacted]

- Dx: Metastatic Prostate CA
- Age: 66
- Issue: [redacted] was initially urgently referred to an oncologist on 3/25/15. He apparently saw the oncologist on 4/1/15, and the oncologist recommended diagnostic tests, but there is no consult report in the file. On 9/29/15, he returned to the oncologist who noted that the tests had not been done. He ordered more diagnostic tests, including an MRI. These tests had not been done by 10/15/15 when he again returned to the oncologist. He had a bone scan on 10/16/15, but the results were not satisfactory, and the scan must be redone. The MRI was not ordered until 11/25/15. It appears that, as of 12/4/15, the scan had not been redone. [redacted] must have another bone scan, an MRI, and a follow up oncology appointment immediately. He may also require chemo and/or radiation.

II. Patients Identified by Dr. Wilcox and/or Counsel Who Likely Require Attention

[redacted]

- Dx: Epilepsy
- Age: 34
- Issue: [redacted] reports that since his arrival to ADC in early October, he has not received the correct combination of anti-seizure medications, and medications are not always delivered to him. As a result, he is suffering 2-3 seizures per day, resulting in physical injury and memory loss. He has filed multiple HNRs requesting to see a neurologist (his pre-incarceration neurologist was Dr. Connie Schusse at St. Joseph's in Phoenix). When he was at Lewis prison, a request for neurology consult requested by Lewis NP Ende on 11/9 was

submitted, but he was subsequently transferred to Tucson, and the consult has not been scheduled. [redacted] suffered a seizure on 12/1/15, and NP Daniel Ross noted that [redacted] had "missed several doses of lacomaside in the past three weeks, history of refractive seizures. Also not given Zovisamide few doses missed." NP Ross did not document any treatment plan or request for neurology consult; the only treatment plan was that staff "ensure no more missed doses."

- [redacted] approved neurology consult must be scheduled immediately.

[redacted]

- Issue: Possible kidney mass
- Age: 26
- Issue: [redacted] reports that prior to coming to prison, he had an endoscopy for kidney stones. During that scope, the doctor thought [redacted] might have a mass on his kidneys. [redacted] reported this during intake into ADC and to medical staff in Yuma, who told him he would be scheduled for a CT scan. On October 13, 2015, NP Roberts noted that [redacted] had a possible "kidney growth in 2014, never follow-up." [sic], so she put in a request for an outside radiology consult. This consult has yet to occur. [redacted] needs to have his radiology consult scheduled immediately.

[redacted]

- Dx: Congestive Heart Failure; hx of MI
- Age: 55
- Issue: [redacted] arrived at Tucson from Yuma in October. While at Yuma, NP Ling submitted a request for specialty services on 9/24/15 for him to see a cardiologist for congestive heart failure, which was approved on 10/3. Another cardiology consult was submitted on 10/1, and approved on 11/10. These approvals were sent to the Yuma clinical coordinator for scheduling. [redacted] was transferred from Yuma to Tucson Whetstone on 10/23. His record was reviewed by a Tucson LPN on 10/26, who did not note the approved specialty referral, or notify the Tucson clinical coordinator that the referral had been approved. There is no documentation that [redacted] was seen by a provider for a physical exam after his transfer. He was seen on 11/19/15 by a psych associate because he was on mental health watch, and the psych associate noted that [redacted] had not received his mental health or chronic care medications.[1]
- [redacted] approved cardiology consult must be scheduled immediately.

[1] According to his medical record, [redacted] was last seen by a psychiatrist on 10/1/15 at Yuma.

[redacted]

- Age: 51
- Dx: HIV
- Issue: [redacted] reports that an infectious disease consult was requested on 8/18/15 but he still hasn't been seen. He has been suffering from pain in his abdomen and is experiencing bloating and fluid retention. His HIV/AIDS meds were made DOT, which requires him to stand in pill line for hours, and as a result of being late to work because of the long pill line, he lost his job. He needs his ID consult and to have his medications made KOP.

[redacted]

- Dx: Decubitis ulcer, non-healing
- Age: 31
- Issue: [redacted] developed a decubitis ulcer last year. He was been treated with a wound vac, which apparently exposed a vein. He requires a flap surgery to repair this injury, and reports that he has been told that several surgeons have declined to take his case. In the meantime, he has been bedbound for many months. He requires a surgical consult so that he can undergo this relatively straightforward surgery.

[redacted]

- Dx: Unknown
- Age: 17
- Issue: He was seen by the psychiatrist on 8/17/15, and reported "feeling down" and difficulty sleeping. The psychiatrist ordered follow-up with the psychiatrist in 90 days. This did not occur, and [redacted] still had not seen the psychiatrist when we reviewed his record on 12/2/15. Please ensure that [redacted] is promptly seen by the psychiatrist, as ordered by the psychiatrist on 8/17/15.

[redacted]

- Dx: coccidioidomycosis (Valley Fever)
- Age: 61
- Issue: [redacted] contracted cocci in the early '90s while incarcerated by ADC, for which he is prescribed fluconazole. He reports that one of the side effects of the medication is that immediately upon taking it, especially on an empty stomach, he experiences severe stomach cramps and diarrhea. These side effects were manageable when the medication was KOP, as he could control how and when he took it. This summer the medication was inexplicably changed to watch-swallow, requiring him to stand in the pill line and take it on an empty stomach, far from bathroom facilities. He has stopped taking the fluconazole because of these side effects, putting him at risk of a recurrence of the disease. On two separate occasions the infectious disease specialist, Dr. Po, has recommended that the fluconazole be provided KOP as there is no reason for it to be watch swallow. On 7/16/15, Dr. Po wrote that AZ DOC decided to make fluconazole DOT even though every other Pharmcorr state has the medication as KOP, and recommended [redacted] get the medication KOP. On 10/21/15, Dr. Po wrote

that it was unclear to him why an antifungal medication was DOT, and reiterated his recommendation that the medication be provided KOP.

- [redacted] needs to have his fluconazole provided to him as KOP, so that he can manage the side effects.

[redacted]

- Dx: HIV+
- Age: 35
- Issue: [redacted] was last seen at the Infectious Disease Clinic in February, 2014. He was referred back to the clinic on 8/17/15, but has not yet had his appointment. He reported a two week lapse in his medications when he was sent to ad seg in October. He needs to have his ID consult scheduled expeditiously.

[redacted]

- Dx: Arterial disease
- Age: 60
- Issue: [redacted], a former smoker with arterial disease, noticed his foot was turning black last December. He was referred to a surgeon, whom he saw about a month later. The surgeon removed his leg, below the knee, on an emergent basis. Two days later, the surgeon determined he had to remove the knee as well. [redacted] was told that he would be fitted for a prosthetic many months ago, but he has heard nothing further. He requires a referral to an orthotist.

[redacted]

- Dx: Unaddressed abdominal mass
- Age: 37
- Issue: On April 5, 2015, Dawn Jones, LPN noted that [redacted] needed a provider to examine a "lump in LLQ of abd." However, Ms. Jones did not schedule a provider appointment, and [redacted] has not seen a provider regarding his abdominal mass. On September 24, 2015, [redacted] was seen on a telemed appointment for chronic care. His abdominal mass was not addressed during this appointment. [redacted] needs to see a provider immediately for an examination of his abdominal mass.

[redacted]

- Dx: Enlarged Prostate
- Age: 44
- Issue: On June 3, 2015, [redacted] was diagnosed with an enlarged prostate. He was started on tamsulosin, from which he experienced negative side effects. He was seen by Dr. Armenta on August 15, 2015 and she ordered a provider follow-up appointment in one month. [redacted] has not been seen since August. [redacted] needs to be scheduled for a provider follow-up appointment immediately.

[redacted]

- Dx: Hodgkins Lymphoma
- Age: 37
- Issue: [redacted] was diagnosed before coming to prison with Hodgkins Lymphoma. He underwent chemotherapy and radiation and was in remission. He is, however, supposed to have annual PET scans to ensure he remains in remission. He was due for a PET scan in May 2015. Since his admission to the Department of Corrections, he has yet to see a provider and has not yet had his PET scan. This scan needs to be immediately scheduled.

[redacted]

- Dx: Terminal Cancer
- Age: 30
- Issue: [redacted] experienced extreme delays in detection and treatment of his testicular cancer that are set forth in Dr. Wilcox's fourth expert report, lodged in this action. Since then, his cancer has spread to his internal organs and is now inoperable and untreatable. He has been given less than a year to live. He indicates that Dr. Goodman recently advised him she would sign off on compassionate release paperwork. [redacted] should be promptly processed for compassionate release.

[redacted]

- Dx: Schizoaffective disorder, classified MH4 and SMI.
- Age: 41
- Issue: On 11/24/15 the provider wrote: "IM is floridly psychotic at present and in need of medication for safety and stabilization. MH watch is certainly presently indicated." The provider further noted: "Prognosis guarded. F/U with psychiatry in 7 days, sooner PRN." Despite the provider's order and [redacted]' gravely decompensated state, [redacted] was not seen by psychiatry within 7 days, and indeed had not been seen by the time we reviewed his record on 12/4/15. In addition, his watch check was impermissibly done by an RN on 11/26/15, and he had no watch checks at all on 11/28/15 or 11/29/15 (PM 94). Please ensure that [redacted] is immediately seen by psychiatry, as the provider ordered on 11/24/15.

[redacted]

- Dx: Unknown
- Age: 17
- Issue: [redacted] is a native of Mexico and is not fluent in English. Nevertheless, we saw multiple medical and mental health contacts in his file that contained no indication that interpretation had been provided as required by ¶ 14 of the Stipulation. In particular, multiple mental health group notes indicate that [redacted] was "attentive & gave input," despite the fact that these groups are presumably conducted in English. Many of these notes contained the following identical comment:

> "The following comments were programmatically copied from the Incidental Comments section of this MH Group Counseling encounter on June 24 2015 10:03 am, and appended into the Objective Comments section by eOmis."

Please ensure that [redacted] is henceforth provided language interpretation for all healthcare encounters as required by ¶ 14 of the Stipulation.

[redacted]

- Dx: Severe Sleep Apnea, Type 2 Diabetes, Hypertension, Asthma
- Age: 43
- Issue: [redacted] states he is waking up choking every night and requires a Bi-PAP. He was referred for a sleep study on 5/15/15, and says that he was too ill to go to his consult, scheduled about three months ago. (I found no documentation of any treatment refusals in his medical record.) He submitted an HNR on 10/20/15 regarding his sleep issues. NP Daye wrote on 10/22 that a sleep study referral had been submitted, but there was no referral other than that written 5/15/15 in his file, and [redacted] is not included on the list of pending consult referrals provided by defendants on 12/2/15. [redacted] requires a sleep study, as recommended more than six months ago.

[redacted]

- Dx: Seizures
- Age: 57
- Issue: [redacted] had a seizure while in his cell approximately one week ago. He reports a previous history of seizures when he is given too much insulin for his diabetes. He reports it took medical four hours to send a nurse in response to his seizure. He has not yet seen a provider. If he hasn't already been seen by a provider, [redacted] needs to be scheduled immediately with a provider.

[redacted]

- Dx: Squamous Cell CA, on both arms
- Age: 79
- Issue: [redacted] had a 10/27/15 pathology report showing invasive well-differentiated squamous cell CA on both arms. Although NP Daye reviewed the report on 10/29/15, and subsequently saw [redacted] on 11/17 and 11/19, she has not discussed the results with him, and there is no treatment plan in the record. [redacted] requires a treatment plan for his cancer.

[redacted]

- Dx: Heart Disease
- Age: 51
- Issue: [redacted] suffered heart attacks in 2013 and 2014. He reports he was placed on Plavix, but that he stopped receiving it in July, 2015, and that his multiple HNRs on the issue

have been ignored. He also states that he saw the cardiologist three months ago and was told he would return to the cardiologist two weeks later. That appointment has not happened, and [redacted] does not appear on the list of patients with pending specialty referrals produced to plaintiffs on 12/2/15. [redacted] case must be reviewed to ensure that he receives his prescriptions and cardio follow-up.

[redacted]

- Dx: Extreme Headaches
- Age: 35
- Approximately one year ago, [redacted] reports he began experiencing severe headaches, when he had never had headaches before. These headaches were often accompanied by chest pains. [redacted] submitted an HNR and was twice put on the provider line, but his medical record contains no record of an appointment with a provider. On July 29, 2014, he was scheduled for a sick call appointment with the nurse. The entry for this appointment is blank in his record. On November 11, 2014, Jennifer Slusser opened an entry for a sick call appointment under the musculoskeletal category but entered no subjective or objective notes. On March 25, 2015, [redacted] was again called to medical for a sick call appointment. In this entry, Ms. Slusser noted that he was experiencing pain in his clavicle and indicated that he would be scheduled with the provider. [redacted] has not yet seen the provider. He needs to be immediately scheduled with the provider to address his ongoing headaches and chest pains.

[redacted]

- Dx: Wasting, Hypertension
- Age: 62
- Issue: [redacted] is 5'9" and reports his normal weight as 135-150. Recently, he has had rapid unexplained weight loss, and now weighs 118. He reports he was prescribed a "wasting" diet, but says that he receives it only intermittently. It does not appear that his weight loss has been evaluated. [redacted] must see a provider to work up his weight loss, and must be provided his wasting diet on a consistent basis.

[redacted]

- Dx: Pressure Ulcer, Paraplegia, Neurogenic Bladder
- Age:41
- Issue: [redacted] apparently suffers from pressure ulcers. He is currently housed in the Manzanita Special Needs Unit. We attempted to interview him about his condition, but it was not clear whether he could hear or understand us, and he did not appear to be able to talk. We did not find anything in his record that would explain his apparent aphasia. He should be worked up to have a comprehensive treatment plan to address his ulcers, bladder, apparent aphasia, as well as any other relevant ailments.

III. Patients Identified by Dr. Wilcox Requiring Physical Therapy

[redacted]

- Dx: post-CVA
- Age: 45
- Issue: [redacted] suffered three strokes a year ago, and currently uses a wheelchair. He received speech and physical therapy for about six months while in Rincon IPC. Since transferring to Manzanita in July, he reports receiving no PT, although he has submitted several HNRs requesting it. He saw a provider on 9/10/15 who wrote that [redacted] gait was "slow but steady" and noted to check the status of [redacted] PT. There are no further references to PT until two months later, on 11/17/15. According to the record, it appears [redacted] referral is still pending UM approval.

[redacted]

- Dx: Post-laminectomy Syndrome, Morbid obesity, Neuropathy
- Age: 25
- Issue: [redacted] suffered a slipped disc/pinched nerve, for which he had surgery. He was discharged from the Lewis Health Unit to Tucson-Manzanita on 7/31/15, with a medical plan that indicated " needs PT and weight reduction." [redacted] currently weighs about 320 lbs., uses a wheelchair and can walk only a short distance. He says that he has sharp pains in his feet, and has skin breakdowns from sitting in his chair without a cushion. [redacted] should be evaluated by a physical therapist so that he can stop relying on the wheelchair, and should see a dietician for a dietary plan.

[redacted]

- Dx: Post-CVA
- Age: 59
- Issue: [redacted] suffered a stroke about a year ago. He saw a physical therapist on 3/13/15 who noted he had left hemiparesis from his CVA and stated he should be seen on a weekly basis for ADL's, gait training and neuromuscular education. When the PT was not scheduled, [redacted] submitted at least two HNRs, on 4/25/15 and 11/6/15 requesting the therapy, but it has not been scheduled.

Thank you for your attention to this matter. We look forward to your response and ADC/Corizon's prompt attention to these patients' health care needs.

Sincerely yours,

/s/ Alison Hardy

Alison Hardy
Staff Attorney

Cc: Counsel of Record